

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| 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:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                       |                                                              |     |                                                      |  |                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----|------------------------------------------------------|--|------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                              | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                        |                                                              |     |                                                      |  |                                                      |  |
| <b>1a</b> Name of plan<br>BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>01/01/1994</td> </tr> </table>                                                     | <b>1b</b> Three-digit plan number (PN) ▶                     | 002 | <b>1c</b> Effective date of plan<br>01/01/1994       |  |                                                      |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                    | 002                                                                                                                                                                                                                                                                                                                                                   |                                                              |     |                                                      |  |                                                      |  |
| <b>1c</b> Effective date of plan<br>01/01/1994                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                       |                                                              |     |                                                      |  |                                                      |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br>BRAZOSPORT MEMORIAL HOSPITAL<br><br>100 MEDICAL DR.<br>LAKE JACKSON, TX 77566-5674 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/>74-1385192</td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/>979-299-2886</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/>622000</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>74-1385192 |     | <b>2c</b> Sponsor's telephone number<br>979-299-2886 |  | <b>2d</b> Business code (see instructions)<br>622000 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>74-1385192                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                       |                                                              |     |                                                      |  |                                                      |  |
| <b>2c</b> Sponsor's telephone number<br>979-299-2886                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                       |                                                              |     |                                                      |  |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>622000                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                       |                                                              |     |                                                      |  |                                                      |  |

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

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

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/15/2014 | CHRISTOPHER CALIA                                            |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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)                       |
|                                                                                                            |                                                   |            |                                                              |

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

Form 5500 (2013)  
v. 130118

|                                                                                                                                                                                                                   |                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                           | <b>5</b> 952                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                            |                                                                                                                                                                  |
| <b>a</b> Active participants .....                                                                                                                                                                                | <b>6a</b> 709                                                                                                                                                    |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                               | <b>6b</b> 0                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                 | <b>6c</b> 283                                                                                                                                                    |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                          | <b>6d</b> 992                                                                                                                                                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                        | <b>6e</b> 0                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                           | <b>6f</b> 992                                                                                                                                                    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                   | <b>6g</b> 689                                                                                                                                                    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                       | <b>6h</b> 16                                                                                                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                               | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2G 2L 2M 2T                                    |                                                                                                                                                                  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>2</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2013</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

|                                                                                                       |                                                                    |            |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN</b> | <b>B</b> Three-digit plan number (PN)                              | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BRAZOSPORT MEMORIAL HOSPITAL</b>  | <b>D</b> Employer Identification Number (EIN)<br><b>74-1385192</b> |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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

**ING LIFE INSURANCE AND ANNUITY 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     |
| 71-0294708 | 86509         | 666213                                | 697                                                                         | 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.

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 30000                                       | 929                                  |

**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

**JULIE E. ANDERSON**  
**621 UNIVERSITY BLVD.**  
**GALVESTON, TX 77550**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                            | (e) Organization code |
|-----------------------------------------------|---------------------------------|----------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose                |                       |
| 24000                                         | 791                             | BROKER COMMISSION AND FEES | 3                     |

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

**RICHARD J. GLASER**  
**13701 NORTHWEST BLVD., SUTE D2**  
**CORPUS CHRISTI, TX 78410**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                            | (e) Organization code |
|-----------------------------------------------|---------------------------------|----------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose                |                       |
| 6000                                          | 138                             | BROKER COMMISSION AND FEES | 3                     |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 4564855  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 18642960 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ **UNALLOCATED ANNUITY CONTRACT**

|                                                        |           |         |
|--------------------------------------------------------|-----------|---------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 4380125 |
|--------------------------------------------------------|-----------|---------|

|                                                                       |              |        |  |
|-----------------------------------------------------------------------|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 459019 |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> | 0      |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 135255 |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> | 279529 |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 72400  |  |
| ▶ <b>LOAN REPAYMENTS, TRANSFERS, ETC.</b>                             |              |        |  |

(6) Total additions .....

**7c(6)** 946203

|                                                                                       |           |         |
|---------------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 5326328 |
|---------------------------------------------------------------------------------------|-----------|---------|

**e Deductions:**

|                                                                                 |              |        |  |
|---------------------------------------------------------------------------------|--------------|--------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 750940 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 6242   |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 0      |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 4290   |  |

▶ **LOAN DISBURSEMENTS, TRANSFERS, ETC.**

(5) Total deductions .....

**7e(5)** 761472

|                                                                                                         |           |         |
|---------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 4564856 |
|---------------------------------------------------------------------------------------------------------|-----------|---------|

**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:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2013</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

|                                                                                                       |                                                                    |            |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN</b> | <b>B</b> Three-digit plan number (PN) ►                            | <b>002</b> |
|                                                                                                       |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BRAZOSPORT MEMORIAL HOSPITAL</b>  | <b>D</b> Employer Identification Number (EIN)<br><b>74-1385192</b> |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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

**ING LIFE INSURANCE AND ANNUITY 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     |
| 71-0294708 | 86509         | VF6085                                | 94                                                                          | 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.

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 1579                                        | 48                                   |

**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

**JULIE ANDERSON**  
**621 UNIVERSITY BLVD.**  
**GALVESTON, TX 77550**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-----------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose                 |                       |
| 1184                                          | 39                              | BROKER COMMISSIONS AND FEES | 3                     |

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

**RICHARD J. GLASER**  
**13701 NORTHWEST BLVD., SUITE D2**  
**CORPUS CHRISTI, TX 78410**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-----------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose                 |                       |
| 395                                           | 9                               | BROKER COMMISSIONS AND FEES | 3                     |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 153757 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 702539 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ **GROUP PENSION FUNDING**

|                                                        |           |        |
|--------------------------------------------------------|-----------|--------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 162538 |
|--------------------------------------------------------|-----------|--------|

|                                                                       |              |       |  |
|-----------------------------------------------------------------------|--------------|-------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 0     |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> | 0     |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 4881  |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> | 87931 |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 21116 |  |

▶ **TRANSFERS, LOAN REPAYMENTS, ETC.**

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 113928 |
|---------------------------|--------------|--------|

|                                                                                       |           |        |
|---------------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 276466 |
|---------------------------------------------------------------------------------------|-----------|--------|

**e Deductions:**

|                                                                                 |              |       |  |
|---------------------------------------------------------------------------------|--------------|-------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 92541 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 31    |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 17257 |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 12878 |  |

▶ **TRANSFERS, LOAN DISBURSEMENTS, ETC.**

|                            |              |        |
|----------------------------|--------------|--------|
| (5) Total deductions ..... | <b>7e(5)</b> | 122707 |
|----------------------------|--------------|--------|

|                                                                                                         |           |        |
|---------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 153759 |
|---------------------------------------------------------------------------------------------------------|-----------|--------|

**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:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2013</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                                |                                                             |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN | <b>B</b> Three-digit plan number (PN) ▶ 002                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BRAZOSPORT MEMORIAL HOSPITAL  | <b>D</b> Employer Identification Number (EIN)<br>74-1385192 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| ING LIFE INSURANCE AND ANNUITY COMP P.O. BOX990067<br>HARTFORD, CT 06199-0067                                     |
| 71-0294708                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation  |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     | 60 65                                                                                                                                                              |                                           |
| (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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <b>01/01/2013</b> and ending <b>12/31/2013</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN</b>    | <b>B</b> Three-digit plan number (PN) ►                                | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BRAZOSPORT MEMORIAL HOSPITAL</b>     | <b>D</b> Employer Identification Number (EIN)<br><br><b>74-1385192</b> |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                              |                        |
| <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                              |                        |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                              |                        |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                              |                        |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                              |                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                              |                        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                              |                        |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                              |                        |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                              |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                              |                        |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 462846                       | 467597                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                              |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 16344702                     | 19345499               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 | 4542663                      | 4718612                |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                              |                        |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 21350211              | 24531708        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 21350211 | 24531708 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 370606     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1492861    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 29006      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1892473   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 22071      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 22071     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 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) |            | 4051460   |
| c Other income.....                                                                            | 2c     |            | 6683      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 5972687   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 2771902 |         |
| (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) |         | 2771902 |
| f Corrective distributions (see instructions).....                                  | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         |         |
| h Interest expense.....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) |         |         |
| (2) Contract administrator fees.....                                                | 2i(2) |         |         |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 19288   |         |
| (4) Other.....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 19288   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 2791190 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 3181497 |
| 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: **BKD, LLP**

(2) EIN: **44-0160260**

**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  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>j</b> 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  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |         |
| <b>n</b> 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. ....                                      |     |    |         |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>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<br>BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶                                                                | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BRAZOSPORT MEMORIAL HOSPITAL                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>74-1385192                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  | 1                                                                                               | 0   |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 71-0294708                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 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)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: 0.0% Investment-Grade Debt: \_\_\_\_\_% 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): \_\_\_\_\_

**Brazosport Memorial Hospital's 403(b) Matching  
Tax Deferred Annuity Plan**

EIN 74-1385192 PN 002

Auditor's Report and Financial Statements

December 31, 2013 and 2012



**Brazosport Memorial Hospital's 403(b) Matching  
Tax Deferred Annuity Plan  
December 31, 2013 and 2012**

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## Independent Auditor's Report

Board of Trustees and Plan Administrator  
Brazosport Memorial Hospital's 403(b) Matching  
Tax Deferred Annuity Plan  
Lake Jackson, Texas

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years 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 our audits 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, auditing procedures with respect to the information summarized in Note 3, which was certified by ING Life Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes transactions related to these assets. The Plan Administrator has obtained certifications from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the Plan Administrator by the custodian is complete and accurate to the best of their knowledge.

***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 listed in the table of contents 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 the purpose 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 this supplemental schedule.

**Report on Form and Content in Compliance With Department of Labor 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

*BKD, LLP*

Houston, Texas  
October 14, 2014

Federal Employer Identification Number: 44-0160260

**Brazosport Memorial Hospital's 403(b) Matching  
Tax Deferred Annuity Plan**

**Statements of Net Assets Available for Benefits**

**December 31, 2013 and 2012**

|                                    | <b>2013</b>                 | <b>2012</b>                 |
|------------------------------------|-----------------------------|-----------------------------|
| <b>Assets</b>                      |                             |                             |
| Investments, At Fair Value         | \$ 24,064,111               | \$ 20,887,365               |
| Notes Receivable From Participants | <u>467,597</u>              | <u>462,846</u>              |
| Net Assets Available for Benefits  | <u><u>\$ 24,531,708</u></u> | <u><u>\$ 21,350,211</u></u> |

# Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

## Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2013 and 2012

|                                                              | 2013                 | 2012                 |
|--------------------------------------------------------------|----------------------|----------------------|
| <b>Investment Income</b>                                     |                      |                      |
| Net appreciation in fair value of investments                | \$ 3,911,324         | \$ 2,155,568         |
| Interest                                                     | 140,136              | 130,091              |
| Other                                                        | 6,683                | -                    |
|                                                              | <u>4,058,143</u>     | <u>2,285,659</u>     |
| Net investment income                                        |                      |                      |
|                                                              | <u>4,058,143</u>     | <u>2,285,659</u>     |
| <b>Interest Income on Notes Receivable From Participants</b> | <u>22,071</u>        | <u>29,767</u>        |
| <b>Contributions</b>                                         |                      |                      |
| Employer                                                     | 370,606              | 244,921              |
| Participants                                                 | 1,492,861            | 1,348,277            |
| Rollovers                                                    | 29,006               | -                    |
|                                                              | <u>1,892,473</u>     | <u>1,593,198</u>     |
| Total contributions                                          |                      |                      |
|                                                              | <u>1,892,473</u>     | <u>1,593,198</u>     |
| Total additions                                              |                      |                      |
|                                                              | <u>5,972,687</u>     | <u>3,908,624</u>     |
| <b>Deductions</b>                                            |                      |                      |
| Benefits paid to participants                                | 2,771,902            | 1,402,925            |
| Administrative expenses                                      | 19,288               | 23,571               |
|                                                              | <u>2,791,190</u>     | <u>1,426,496</u>     |
| Total deductions                                             |                      |                      |
|                                                              | <u>2,791,190</u>     | <u>1,426,496</u>     |
| <b>Net Increase</b>                                          | 3,181,497            | 2,482,128            |
| <b>Net Assets Available for Benefits, Beginning of Year</b>  | <u>21,350,211</u>    | <u>18,868,083</u>    |
| <b>Net Assets Available for Benefits, End of Year</b>        | <u>\$ 24,531,708</u> | <u>\$ 21,350,211</u> |

# **Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan**

## **Notes to Financial Statements**

**December 31, 2013 and 2012**

### **Note 1: Description of the Plan**

The following description of the Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan (the Plan) provides only general information. Participants should refer to the *Plan Document* and *Summary Plan Description* for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

#### ***General***

The Plan is a defined contribution plan sponsored by Brazosport Regional Health System d/b/a Brazosport Memorial Hospital (the Hospital) for the benefit of all its employees who have completed 30 days of employment with the Hospital. Effective November 1, 2012, the Plan was amended and the 30 days' minimum service requirement was eliminated. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). ING Life Insurance and Annuity Company (ING) serves as the Plan's custodian and recordkeeper.

#### ***Contributions***

The Plan permits eligible employees, through a salary deferral election, to have the Hospital make annual contributions up to 100 percent of eligible compensation. Employee rollover and catch-up contributions are also permitted. The Hospital, at its discretion, may make matching contributions for eligible employees with 30 days of employment. Effective November 1, 2012, the minimum service requirement for matching contributions was eliminated. Beginning July 15, 2012, the Hospital matched 100 percent of each eligible participant's compensation, up to a maximum match of 2 percent of employees' compensation. Contributions are subject to certain limitations.

#### ***Participant Investment Account Options***

Participants direct the investment of their contributions, as well as the Hospital's contributions, into various investment options offered by the Plan. The Plan offers various pooled separate accounts and guaranteed investment contracts (GICs) as investment options for participants.

#### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, the Hospital's contributions and plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefits to which a participant is entitled are the benefits which can be provided from the participant's vested account.

# **Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan**

## **Notes to Financial Statements**

**December 31, 2013 and 2012**

### ***Vesting***

Participants are immediately vested in their voluntary contributions, plus earnings thereon. Vesting in the Hospital's contribution portion of their accounts, plus earnings thereon, is based on years of continuous service. A participant is fully vested after three years of continuous service. The non-vested balance is forfeited upon termination of service. Forfeitures are used to reduce the Hospital's contributions.

### ***Payment of Benefits***

Upon retirement or death, participants or beneficiaries are entitled to a distribution equal to the total value of their accounts. Upon termination of service, a participant's vested benefits may be paid out as a lump-sum distribution, installment payments (joint and survivor annuity) or a direct rollover. The Plan also permits withdrawals from the Plan due to circumstances of financial hardship, in accordance with provisions specified in the *Plan Document*. While employed, a participant may make withdrawals from their fully vested account, as defined in the *Plan Document*. Certain additional in-service withdrawals are permitted upon attainment of age 59½.

### ***Forfeited Accounts***

At December 31, 2013 and 2012, forfeited non-vested accounts totaled \$492,794 and \$477,153, respectively.

### ***Notes Receivable From Participants***

The *Plan Document* includes provisions authorizing loans from the Plan to active eligible participants. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50 percent of the participant's vested account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings, unless the participant is paying the loan in full. Effective December 5, 2012, interest rates for all loans are established at 2 percent above the prime lending rate of a commercial U.S. bank within a reasonable geographic vicinity. Previously, interest on the loans is based on Moody's Corporate Bond Yield Average – Monthly Average Corporates, as published by Moody's Investors Service, Inc., for the calendar month ending two months before the date that the new loan interest rate is effective.

### ***Plan Termination***

Although it has not expressed an intention 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 will become 100 percent vested in their accounts.

# **Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan**

## **Notes to Financial Statements**

**December 31, 2013 and 2012**

### **Note 2: Summary of Significant Accounting Policies**

#### ***Basis of Accounting***

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

#### ***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

#### ***Valuation of Investments and Income Recognition***

Pooled separate accounts are valued at estimated fair value as provided by ING. The separate accounts are individually controlled variable annuities and are valued at the unit value of the accumulation units held by the Plan, as provided by ING. The accumulation unit value is determined daily by ING based on the net asset value of shares of the underlying fund, the fund's dividends and the contract's separate account charges.

The GICs with the insurance company are valued at contract value, which approximates fair value as estimated by ING. Contract value, as reported by ING, represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits and administrative expenses. The GICs with ING are not considered fully benefit-responsive investment contracts and have minimum guaranteed interest rates. At December 31, 2013 and 2012, the ING Fixed Plus Account and ING Fixed Plus Account II have minimum guaranteed interest rates of 3.00 percent. At December 31, 2013 and 2012, the ING Fixed Account has a minimum guaranteed interest rate of 1.80 percent. The investment contracts with ING contain restrictions and certain surrender charges.

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

#### ***Notes Receivable From Participants***

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the *Plan Document*.

# Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

## Notes to Financial Statements

December 31, 2013 and 2012

### ***Plan Tax Status***

The Plan has not requested or obtained a determination letter as the Internal Revenue Service does not currently provide that service for 403(b) plans. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, not subject to tax. With a few exceptions, the Plan is no longer subject to U.S. Federal, state and local, or non-U.S. income tax examinations by tax authorities for years before 2010.

### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

### ***Administrative Expenses***

Administrative expenses may be paid by the Hospital or the Plan, at the Hospital's discretion.

### **Note 3: Investments**

The Plan's investments are held by ING. The fair value of the Plan's investments at the end of the years and the Plan's investments (including investments bought, sold and held during the year) appreciated in fair value as follows:

|                                 | <b>2013</b>                                                   |                                      |
|---------------------------------|---------------------------------------------------------------|--------------------------------------|
|                                 | <b>Net<br/>Appreciation<br/>in Fair Value<br/>During Year</b> | <b>Fair Value at<br/>End of Year</b> |
| Pooled separate accounts        | \$ 3,911,324                                                  | \$ 19,345,499                        |
| Guaranteed investment contracts | -                                                             | 4,718,612                            |
|                                 | <u>\$ 3,911,324</u>                                           | <u>\$ 24,064,111</u>                 |
|                                 | <b>2012</b>                                                   |                                      |
|                                 | <b>Net<br/>Appreciation<br/>in Fair Value<br/>During Year</b> | <b>Fair Value at<br/>End of Year</b> |
| Pooled separate accounts        | \$ 2,155,568                                                  | \$ 16,344,702                        |
| Guaranteed investment contracts | -                                                             | 4,542,663                            |
|                                 | <u>\$ 2,155,568</u>                                           | <u>\$ 20,887,365</u>                 |

# Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

## Notes to Financial Statements

**December 31, 2013 and 2012**

The fair value of individual investments that represented 5 percent or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012, were as follows:

|                                                                  | <b>2013</b>  | <b>2012</b>  |
|------------------------------------------------------------------|--------------|--------------|
| ING Fixed Plus Account Fund                                      | \$ 4,569,562 | \$ 4,384,744 |
| ING Growth and Income Portfolio - Class S Fund                   | 4,964,457    | 4,342,484    |
| ING T. Rowe Price Capital Appreciation Port -<br>Serv Class Fund | 3,982,852    | 3,148,998    |
| American Funds EuroPacific Class R-3 Fund                        | 2,005,658    | 1,788,868    |
| Invesco Growth & Income Fund                                     | 1,459,427    | 1,190,296    |
| ING JPMorgan Mid Cap Value Portfolio -<br>Service Class Fund     | 1,372,418    | 1,089,668    |

Interest realized on the Plan's investments for the years ended December 31, 2013 and 2012, was \$140,136 and \$130,091, respectively.

### **Note 4: Party-in-interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

The Plan invests in pooled separate accounts managed by the Plan custodian. The Hospital provides certain administrative services at no cost to the Plan.

### **Note 5: Disclosures About Fair Value of Plan Assets**

Fair value is the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

**Level 1** Quoted prices in active markets for identical assets or liabilities.

# Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

## Notes to Financial Statements

**December 31, 2013 and 2012**

- Level 2**      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 for substantially the full term of the assets or liabilities.
- Level 3**      Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities.

### ***Recurring Measurements***

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2013 and 2012:

| <b>2013</b>                     |                      |                                                                                               |                                                                      |                                                              |
|---------------------------------|----------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|
|                                 | <b>Fair Value</b>    | <b>Fair Value Measurements Using</b>                                                          |                                                                      |                                                              |
|                                 |                      | <b>Quoted<br/>Prices in<br/>Active<br/>Markets for<br/>Identical<br/>Assets<br/>(Level 1)</b> | <b>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> |
| Pooled separate accounts:       |                      |                                                                                               |                                                                      |                                                              |
| Blended funds                   | \$ 12,736,400        | \$ -                                                                                          | \$ 12,736,400                                                        | \$ -                                                         |
| Bond funds                      | 836,901              | -                                                                                             | 836,901                                                              | -                                                            |
| Growth funds                    | 1,391,721            | -                                                                                             | 1,391,721                                                            | -                                                            |
| Money market funds              | 570,270              | -                                                                                             | 570,270                                                              | -                                                            |
| Value funds                     | 3,810,126            | -                                                                                             | 3,810,126                                                            | -                                                            |
| Other funds                     | 81                   | -                                                                                             | 81                                                                   | -                                                            |
| Total pooled separate accounts  | 19,345,499           | 0                                                                                             | 19,345,499                                                           | 0                                                            |
| Guaranteed investment contracts | 4,718,612            | -                                                                                             | -                                                                    | 4,718,612                                                    |
| Total investments               | <u>\$ 24,064,111</u> | <u>\$ 0</u>                                                                                   | <u>\$ 19,345,499</u>                                                 | <u>\$ 4,718,612</u>                                          |

# Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

## Notes to Financial Statements

December 31, 2013 and 2012

| 2012                              |                               |                                                                                  |                                                           |                                                    |
|-----------------------------------|-------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                   | Fair Value Measurements Using |                                                                                  |                                                           |                                                    |
|                                   | Fair Value                    | Quoted<br>Prices in<br>Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| Pooled separate accounts:         |                               |                                                                                  |                                                           |                                                    |
| Blended funds                     | \$ 10,803,671                 | \$ -                                                                             | \$ 10,803,671                                             | \$ -                                               |
| Bond funds                        | 925,697                       | -                                                                                | 925,697                                                   | -                                                  |
| Growth funds                      | 978,920                       | -                                                                                | 978,920                                                   | -                                                  |
| Money market funds                | 572,040                       | -                                                                                | 572,040                                                   | -                                                  |
| Value funds                       | 3,064,144                     | -                                                                                | 3,064,144                                                 | -                                                  |
| Other funds                       | 230                           | -                                                                                | 230                                                       | -                                                  |
|                                   |                               |                                                                                  |                                                           |                                                    |
| Total pooled separate<br>accounts | 16,344,702                    | 0                                                                                | 16,344,702                                                | 0                                                  |
| Guaranteed investment contracts   | 4,542,663                     | -                                                                                | -                                                         | 4,542,663                                          |
|                                   |                               |                                                                                  |                                                           |                                                    |
| Total investments                 | <u>\$ 20,887,365</u>          | <u>\$ 0</u>                                                                      | <u>\$ 16,344,702</u>                                      | <u>\$ 4,542,663</u>                                |

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2013 and 2012. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

### **Investments**

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. The Plan holds no Level 1 securities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include the pooled separate accounts. Units of pooled separate accounts are recorded at estimated unit value based on the estimated market value of the underlying assets net of annual expense charges divided by the beginning units. Inputs include market quotations or price, reported trades, broker/dealer quotes, bids, and offers of the underlying investments obtained from external appraisals, independent pricing sources and market research publications. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the

# Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

## Notes to Financial Statements

**December 31, 2013 and 2012**

hierarchy and include the GICs. The GICs are valued at contract value, which approximates fair value as estimated by ING. See Note 2 for definition of inputs utilized to determine fair value of Level 3 securities.

Fair value determinations for Level 3 measurements of securities are the responsibility of the Plan Administrator. The Plan Administrator contracts with a pricing specialist to generate fair value estimates on a monthly or quarterly basis. The Plan Administrator challenges the reasonableness of the assumptions used and reviews the methodology to ensure the estimated fair value complies with accounting standards generally accepted in the United States of America.

### ***Level 3 Reconciliation***

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying statements of net assets available for benefits using significant unobservable (Level 3) inputs:

|                            | <b>Guaranteed<br/>Investment<br/>Contracts</b> |
|----------------------------|------------------------------------------------|
|                            | <hr/>                                          |
| Balance, January 1, 2012   | \$ 4,247,066                                   |
| Purchases                  | 726,765                                        |
| Sales                      | <hr/> (431,168)                                |
|                            | <hr/>                                          |
| Balance, December 31, 2012 | 4,542,663                                      |
| Purchases                  | 663,210                                        |
| Sales                      | <hr/> (487,261)                                |
|                            | <hr/>                                          |
| Balance, December 31, 2013 | <u><u>\$ 4,718,612</u></u>                     |

As the GICs are valued at contract value, which approximates fair value, there are no realized and unrealized gains and losses for these investments included in net increase (decrease) in net assets available for benefits.

### ***Unobservable (Level 3) Inputs***

On the following page is quantitative information about unobservable inputs used in recurring Level 3 fair value measurements.

# Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

## Notes to Financial Statements

December 31, 2013 and 2012

|                                 | Fair Value   | Valuation<br>Technique  | Unobservable<br>Inputs       | Weighted<br>Average |
|---------------------------------|--------------|-------------------------|------------------------------|---------------------|
| December 31, 2013:              |              |                         |                              |                     |
| Guaranteed investment contracts | \$ 4,718,612 | Discounted<br>cash flow | Contractual<br>interest rate | 3.00%               |
| December 31, 2012:              |              |                         |                              |                     |
| Guaranteed investment contracts | \$ 4,542,663 | Discounted<br>cash flow | Contractual<br>interest rate | 2.99%               |

### Note 6: Risks and Uncertainties

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

### Note 7: Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

## **Supplemental Schedule**

# Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

EIN 74-1385192 PN 002

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2013

| (a)(b)<br>Identity of Issuer                                       | (c)<br>Description of<br>Investment  | (e)<br>Current<br>Value** |
|--------------------------------------------------------------------|--------------------------------------|---------------------------|
| <u>Guaranteed Investment Contracts</u>                             |                                      |                           |
| * ING Fixed Plus Account Fund                                      | 4,098,473 units, 3.00% interest rate | \$ 4,569,562              |
| * ING Fixed Plus Account II Fund                                   | 120,139 units, 3.00% interest rate   | 133,149                   |
| * ING Fixed Account Fund                                           | 28,455 units, 1.95% interest rate    | 15,901                    |
| <u>Pooled Separate Accounts</u>                                    |                                      |                           |
| * ING Growth and Income Portfolio - Class S Fund                   | 158,204 units                        | 4,964,457                 |
| * ING T. Rowe Price Capital Appreciation Port - Serv Class Fund    | 141,290 units                        | 3,982,852                 |
| * American Funds EuroPacific Class R-3 Fund                        | 41,672 units                         | 2,005,658                 |
| * Invesco Growth & Income Fund                                     | 54,013 units                         | 1,459,427                 |
| * ING JPMorgan Mid Cap Value Portfolio - Service Class Fund        | 64,365 units                         | 1,372,418                 |
| * ING FMR Diversified Mid Cap Portfolio - Service Class Fund       | 47,888 units                         | 993,672                   |
| * Templeton Global Bond Fund - Class A Fund                        | 61,523 units                         | 812,052                   |
| * ING Solution 2035 Portfolio - Service Class Fund                 | 50,786 units                         | 717,611                   |
| * ING Money Market Portfolio - Class I Fund                        | 567,587 units                        | 570,270                   |
| * Keeley Small Cap Value Fund                                      | 11,782 units                         | 452,209                   |
| * AIM Mid Cap Core Equity Fund - Class A Fund                      | 15,914 units                         | 401,023                   |
| * ING Columbia Small Cap Value Portfolio - Service Class Fund      | 24,824 units                         | 395,201                   |
| * AIM Small Cap Growth Fund - Class A Fund                         | 4,708 units                          | 186,820                   |
| * ING Solution 2025 Portfolio - Service Class Fund                 | 12,513 units                         | 165,418                   |
| * ING Solution Income Portfolio - Service Class Fund               | 12,277 units                         | 140,081                   |
| * ING Solution 2015 Portfolio - Service Class Fund                 | 6,826 units                          | 81,780                    |
| * ING Strategic Allocation Growth Portfolio - Class I Fund         | 4,435 units                          | 72,671                    |
| * ING Growth and Income Portfolio - Class I Fund                   | 3,895 units                          | 58,569                    |
| * ING T. Rowe Price Diversified Mid Cap Growth Port - Initial Fund | 2,533 units                          | 53,887                    |
| * ING Oppenhrmr Global Portfolio I Fund                            | 2,184 units                          | 42,153                    |
| * Fidelity VIP Contrafund Portfolio - Initial Class Fund           | 1,245 units                          | 37,375                    |
| * ING Large Cap Value Portfolio - Class I Fund                     | 2,614 units                          | 33,919                    |
| * ING Large Cap Growth Portfolio - Class I Fund                    | 1,846 units                          | 29,254                    |
| * American Funds Growth Fund Class R-4 Fund                        | 1,332 units                          | 27,196                    |
| * ING Index Plus LargeCap Portfolio - Class I Fund                 | 1,254 units                          | 23,416                    |
| * ING Invesco Equity & Income I Fund                               | 1,209 units                          | 21,277                    |
| * ING Solution 2045 Portfolio - Service Class Fund                 | 1,350 units                          | 19,839                    |
| * ING Templeton Foreign Equity Portfolio - Initial Class Fund      | 1,717 units                          | 19,048                    |

\*A party-in-interest as defined by ERISA.

\*\*Column (d) cost information is not presented because all investments are participant directed.

# Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

EIN 74-1385192 PN 002

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2013

| (a)(b)<br>Identity of Issuer                                             | (c)<br>Description of<br>Investment | (e)<br>Current<br>Value** |
|--------------------------------------------------------------------------|-------------------------------------|---------------------------|
| <u>Pooled Separate Accounts (Continued)</u>                              |                                     |                           |
| * American Funds New Perspective Fund - Class R-4 Fund                   | 781 units                           | \$ 17,720                 |
| * ING Balanced Portfolio, Inc. - Class I Fund                            | 716 units                           | 13,652                    |
| * ING American Century Small-Mid Cap Value Portfolio -<br>Service Fund   | 472 units                           | 12,843                    |
| * ING Global Resources Portfolio - Service Class Fund                    | 981 units                           | 12,700                    |
| * ING Global Bond Portfolio - Initial Class Fund                         | 843 units                           | 12,194                    |
| * ING Intermediate Bond Portfolio - Class I Fund                         | 563 units                           | 11,584                    |
| * ING Van Kampen Comstock Portfolio - Service Class Fund                 | 549 units                           | 11,211                    |
| * Oppenheimer Developing Markets Fnd A Fund                              | 127 units                           | 10,824                    |
| * American Funds Washington Mutual Investors FundSM -<br>Class R-4 Fund  | 560 units                           | 10,454                    |
| * ING BlackRock Large Cap Growth Portfolio - Inst Class Fund             | 648 units                           | 8,963                     |
| * ING Strategic Allocation Moderate Portfolio - Class I Fund             | 510 units                           | 8,594                     |
| * ING International Value Portfolio - Class I Fund                       | 503 units                           | 8,522                     |
| * ING Small Cap Opportunities Portfolio - Class I Fund                   | 457 units                           | 8,153                     |
| * ING Index Plus MidCap Portfolio - Class I Fund                         | 208 units                           | 7,975                     |
| * ING Small Company Portfolio - Class I Fund                             | 228 units                           | 7,671                     |
| * American Funds EuroPacific Class R-4 Fund                              | 350 units                           | 7,479                     |
| * ING MidCap Opportunities Portfolio - Class I Fund                      | 285 units                           | 7,314                     |
| * ING JPMorgan Emerging Markets Equity Portfolio - Service<br>Class Fund | 275 units                           | 6,120                     |
| * Fidelity VIP Equity-Income Portfolio - Initial Class Fund              | 201 units                           | 4,090                     |
| * ING T. Rowe Price Growth Equity Portfolio - Initial Class Fund         | 151 units                           | 3,868                     |
| * ING International Index Portfolio - Class I Fund                       | 376 units                           | 3,790                     |
| * Wanger Select Fund                                                     | 133 units                           | 2,942                     |
| * Fidelity VIP Growth Portfolio - Initial Class Fund                     | 126 units                           | 2,566                     |
| * Invesco Van Kampen VI American Franchise Fund                          | 22 units                            | 1,087                     |
| * Invesco V.I. Core Equity Fund - Series I Shares Fund                   | 68 units                            | 1,058                     |
| * ING PIMCO Total Return Portfolio - Service Class Fund                  | 66 units                            | 1,050                     |
| * Wells Fargo Advantage Special Small Cap Value Fund -<br>Class A Fund   | 17 units                            | 631                       |
| * ING MFS Utilities Portfolio - Service Class Fund                       | 11 units                            | 261                       |
| * ING Multi-Manager Large Cap Core                                       | 18 units                            | 255                       |

\*A party-in-interest as defined by ERISA.

\*\*Column (d) cost information is not presented because all investments are participant directed.

# Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

EIN 74-1385192 PN 002

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2013

| (a)(b)<br>Identity of Issuer                                     | (c)<br>Description of<br>Investment                                                   | (e)<br>Current<br>Value** |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------|
| <u>Pooled Separate Accounts (Continued)</u>                      |                                                                                       |                           |
| * ING Columbia Contrarian Core Pt Srv                            | 9 units                                                                               | \$ 233                    |
| ING BlackRock Health Sciences Opportunities Portfolio - Srv Fund |                                                                                       |                           |
| *                                                                | 2 units                                                                               | 42                        |
| * Pioneer High Yield VCT Portfolio - Class I Fund                | 2 units                                                                               | 39                        |
| * ING Baron Small Cap Growth Portfolio - Service Class Fund      | 1 unit                                                                                | 29                        |
| * Oppenheimer Global Securities Fund/VA Fund                     | 1 unit                                                                                | 11                        |
| * ING Index Plus SmallCap Portfolio - Class I Fund               | 1 unit                                                                                | 6                         |
| * Franklin Small Cap Value Securities Fund - Class 2 Fund        | 1 unit                                                                                | 5                         |
| * Janus Aspen Series Flexible Bond Portfolio - Inst Shares Fund  | 1 unit                                                                                | 5                         |
| * Oppenheimer Global Strategic Income Fund                       | 1 unit                                                                                | 5                         |
| <u>Participant Loans</u>                                         |                                                                                       |                           |
| * Participant loans                                              | Interest rates ranging from 3.92% to<br>6.85%, varying maturity dates<br>through 2029 | 467,597                   |
|                                                                  |                                                                                       | \$ 24,531,708             |

\*A party-in-interest as defined by ERISA.

\*\*Column (d) cost information is not presented because all investments are participant directed.

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Employer Identification Number:► 74-1385192

For plan year (beginning/ending):► 01/01/2012 - 12/31/2012

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 |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | ING                                                       | American Funds EuroPacific R3                                                                              |          | \$2,005,657.90    |
| *   | ING                                                       | AIM Mid Cap Core Equity Fund (A)                                                                           |          | \$401,023.01      |
| *   | ING                                                       | AIM Small Cap Growth Fund (A)                                                                              |          | \$186,820.15      |
| *   | ING                                                       | ING JPMorgan Mid Cap Val Port Srv                                                                          |          | \$1,359,642.52    |
| *   | ING                                                       | ING FMR Div Mid Cap Port-Svc                                                                               |          | \$993,672.35      |
| *   | ING                                                       | ING Columbia Sm Cap Val II Pt Srv                                                                          |          | \$395,201.40      |
| *   | ING                                                       | Keeley Small Cap Val Fd                                                                                    |          | \$452,209.66      |
| *   | ING                                                       | ING Grth and Incm PrtCl S                                                                                  |          | \$4,964,457.12    |
| *   | ING                                                       | BlackRock Large Cap Val Fd-A                                                                               |          | \$0.00            |
| *   | ING                                                       | Invesco Growth and Income Fund (A)                                                                         |          | \$1,459,426.95    |
| *   | ING                                                       | ING TRowePrice Captl Apprec Pt Srv                                                                         |          | \$3,926,486.01    |
| *   | ING                                                       | ING Solution 2015 Port-Svc                                                                                 |          | \$81,780.06       |
| *   | ING                                                       | ING Solution 2025 Port-Svc                                                                                 |          | \$165,417.83      |
| *   | ING                                                       | ING Solution 2035 Port-Svc                                                                                 |          | \$717,611.17      |
| *   | ING                                                       | ING Solution 2045 Port-Svc                                                                                 |          | \$19,839.23       |
| *   | ING                                                       | ING Solution Income Port-Svc                                                                               |          | \$140,081.11      |
| *   | ING                                                       | Templeton Global Bond Fund                                                                                 |          | \$806,046.30      |
| *   | ING                                                       | ING Money Market Fund - Cl A                                                                               |          | \$567,587.04      |
| *   | ING                                                       | ING Fixed Plus Account                                                                                     |          | \$4,564,855.20    |
| *   | ING                                                       | Voya Growth and Income Port I                                                                              |          | \$58,568.55       |
| *   | ING                                                       | ING Fixed Account                                                                                          |          | \$15,901.83       |
| *   | ING                                                       | Voya Money Market Portfolio I                                                                              |          | \$2,682.49        |
| *   | ING                                                       | Voya Intermediate Bond Port I                                                                              |          | \$11,583.94       |
| *   | ING                                                       | Voya Balanced Portfolio I                                                                                  |          | \$13,651.77       |
| *   | ING                                                       | ING Fixed Plus Account                                                                                     |          | \$4,706.37        |
| *   | ING                                                       | Voya Strategic Alloc Growth Port I                                                                         |          | \$72,670.51       |
| *   | ING                                                       | Voya Strategic Alloc Moderate Port I                                                                       |          | \$8,593.62        |
| *   | ING                                                       | Voya Index Plus LargeCap Port I                                                                            |          | \$23,416.31       |
| *   | ING                                                       | ING Fixed Plus Account II                                                                                  |          | \$133,149.15      |
| *   | ING                                                       | Voya Small Company Portfolio I                                                                             |          | \$7,670.83        |
| *   | ING                                                       | ING BlackRock Sci & Tech Op Pt I                                                                           |          | \$0.00            |
| *   | ING                                                       | Voya Index Plus SmallCap Portfolio I                                                                       |          | \$6.19            |
| *   | ING                                                       | Voya Index Plus MidCap Portfolio I                                                                         |          | \$7,975.15        |
| *   | ING                                                       | Franklin Small Cap Value Fund 2                                                                            |          | \$6.22            |
| *   | ING                                                       | Invesco VanKamp V.I. American Franchise Fnd SI                                                             |          | \$1,087.15        |
| *   | ING                                                       | Invesco V.I. Core Equity Fund SI                                                                           |          | \$1,058.12        |
| *   | ING                                                       | Oppenheimer Global Securities Fnd/VA                                                                       |          | \$11.43           |
| *   | ING                                                       | Oppenheimer Strategic Bond Fund/VA                                                                         |          | \$4.81            |
| *   | ING                                                       | ING Growth and Income Core Port I                                                                          |          | \$0.00            |
| *   | ING                                                       | ING UBS U.S. Lrg Cap Eqty Port I                                                                           |          | \$0.00            |
| *   | ING                                                       | Fidelity VIP Overseas Portfolio I                                                                          |          | \$0.00            |

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Employer Identification Number:► 74-1385192

For plan year (beginning/ending):► 01/01/2012 - 12/31/2012

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      |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|------------------------|
| *   | ING                                                       | Fidelity VIP Eqty-Income Port I                                                                            |          | \$4,089.58             |
| *   | ING                                                       | Fidelity VIP Growth Portfolio I                                                                            |          | \$2,565.74             |
| *   | ING                                                       | ING TRowePrice Grwth Eqty Port I                                                                           |          | \$3,868.22             |
| *   | ING                                                       | Janus Aspen Srs Flex Bd Port Inst                                                                          |          | \$5.29                 |
| *   | ING                                                       | Fidelity VIP Contrafund Port I                                                                             |          | \$37,375.11            |
| *   | ING                                                       | Templeton Global Bond Fund A                                                                               |          | \$6,005.26             |
| *   | ING                                                       | Oppenheimer Developing Markets Fnd A                                                                       |          | \$10,823.76            |
| *   | ING                                                       | WellsFargoAdv Spec Sm Cp Val Fd A                                                                          |          | \$630.81               |
| *   | ING                                                       | VY Col Cont Core Port Srv                                                                                  |          | \$232.95               |
| *   | ING                                                       | Voya Global Bond Port I                                                                                    |          | \$12,194.36            |
| *   | ING                                                       | VY Oppenhrm Global Port I                                                                                  |          | \$42,152.89            |
| *   | ING                                                       | VY JPMorgan Mid Cap Val Port Srv                                                                           |          | \$12,775.00            |
| *   | ING                                                       | VY Baron Small Cap Grwth Port Srv                                                                          |          | \$28.72                |
| *   | ING                                                       | VY Inv Coms Port Srv                                                                                       |          | \$11,211.05            |
| *   | ING                                                       | VY PIMCO Bond Port Srv                                                                                     |          | \$1,049.68             |
| *   | ING                                                       | VY AmCen Sm-Md Cp Val Port Srv                                                                             |          | \$12,842.74            |
| *   | ING                                                       | VY TRowePrice Divr MdCp Gr Pt I                                                                            |          | \$53,887.05            |
| *   | ING                                                       | VY Inv Equ and Inc Port- Initial Class                                                                     |          | \$21,276.74            |
| *   | ING                                                       | American Funds Growth Fnd R4                                                                               |          | \$27,195.82            |
| *   | ING                                                       | American Funds EuroPacific R4                                                                              |          | \$7,478.95             |
| *   | ING                                                       | Voya Large Cap Growth Portfolio Inst                                                                       |          | \$29,254.35            |
| *   | ING                                                       | VY MFS Utilities Portfolio Srv                                                                             |          | \$260.65               |
| *   | ING                                                       | Voya Pioneer Fund Portfolio Inst                                                                           |          | \$255.24               |
| *   | ING                                                       | VY BlackRock Hlth Sci Oppt Pt Srv 2                                                                        |          | \$42.39                |
| *   | ING                                                       | VY JPMorgan Emrg Mkts Eq Port Srv                                                                          |          | \$6,119.69             |
| *   | ING                                                       | VY TRowePrice Captl Apprec Pt Srv                                                                          |          | \$56,365.56            |
| *   | ING                                                       | American Funds Nw Prspctv R4                                                                               |          | \$17,719.54            |
| *   | ING                                                       | American Funds Wash Mtual R4                                                                               |          | \$10,453.99            |
| *   | ING                                                       | Wanger Select                                                                                              |          | \$2,942.05             |
| *   | ING                                                       | Pioneer High Yield VCT Portfolio I                                                                         |          | \$39.34                |
| *   | ING                                                       | Voya MidCap Opp Port Inst                                                                                  |          | \$7,313.71             |
| *   | ING                                                       | Voya Large Cap Value Port Inst                                                                             |          | \$33,918.87            |
| *   | ING                                                       | ING Pioneer Mid Cap Value Port Inst                                                                        |          | \$0.00                 |
| *   | ING                                                       | Voya International Index Port I                                                                            |          | \$3,790.24             |
| *   | ING                                                       | VY Templeton Foreign Eqty Port I                                                                           |          | \$19,047.75            |
| *   | ING                                                       | VY BlackRock Lrg Cp Grw Port Inst                                                                          |          | \$8,963.41             |
| *   | ING                                                       | Voya Global Resources Portfolio Srv                                                                        |          | \$12,700.13            |
| *   | ING                                                       | Voya SmallCap Opportunities Prt I                                                                          |          | \$8,153.39             |
| *   | ING                                                       | Voya International Value Port I                                                                            |          | \$8,522.37             |
| *   | ING                                                       | Participant Loans                                                                                          |          | \$467,299.76           |
|     |                                                           | <b>Total</b>                                                                                               |          | <b>\$24,531,411.60</b> |