Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN & TRUST AGREEMENT

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1985

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

INDIAN RIVER MEMORIAL HOSPITAL, INC

1000 36TH STREET
VERO BEACH, FL 32960-6592

2b Employer Identification Number (EIN)
59-2496294

2c Sponsor's telephone number
772-567-4311

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2015	WARREN FULLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	1547
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	282
b	Retired or separated participants receiving benefits	**6b**	679
c	Other retired or separated participants entitled to future benefits	**6c**	539
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1500
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	40
f	Total. Add lines **6d** and **6e**.	**6f**	1540
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

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

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

A Name of plan
INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INDIAN RIVER MEMORIAL HOSPITAL, INC

D Employer Identification Number (EIN)
59-2496294

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

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

Part I Basic Information

1	Enter the valuation date: Month 10 Day 01 Year 2013			
2	Assets:			
	a Market value	**2a**		72239570
	b Actuarial value	**2b**		69150440
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	679	42308927
	b For terminated vested participants	**3b**	562	15783026
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		1651
	(2) Vested benefits	**3c(2)**		13195118
	(3) Total active	**3c(3)**	308	13196769
	d Total	**3d**	1549	71288722
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	**4a**		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.27 %
6	Target normal cost	**6**		400000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	07/09/2015 Date
LORI WOLFERSBERGER Type or print name of actuary	14-07341 Most recent enrollment number
TOWERS WATSON DELAWARE INC. Firm name	215-246-6000 Telephone number (including area code)
1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-4790 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 9.87 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		198765
	b Interest on (a) using prior year's effective interest rate of 6.97 % except as otherwise provided (see instructions)		13854
	c Total available at beginning of current plan year to add to prefunding balance		212619
	d Portion of (c) to be added to prefunding balance		212619
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	212619

Part III Funding Percentages

14	Funding target attainment percentage	14	96.70 %
15	Adjusted funding target attainment percentage	15	96.70 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2014	217525				
04/15/2014	217525				
07/15/2014	217525				
10/15/2014	217525				
01/16/2015	381705				
04/15/2015	381705				
			Totals ► 18(b)	1633510	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1536265

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

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

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	400000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2350901	1126818
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1526818

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	1526818
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1536265

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

a Total (excess, if any, of line 37 over line 36)	**38a**	9447
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

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

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDIAN RIVER MEMORIAL HOSPITAL, INC

D Employer Identification Number (EIN)
59-2496294

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ASTON/RIVER DIV A/C VAL 2 I

45-5079797

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

GMO QUALITY FUND III

56-2427157

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

BMO PYRFORD INTL STOCK I

45-3830629

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

STRALEM EQUITY FUND INST

13-4085156

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

DREYFUS INTERNATIONAL STOCK I

20-5992762

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

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

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

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

STATE STREET BANK

04-3224380

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	81518	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

TOWERS WATSON DELAWARE INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	80630	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LCG ASSOCIATES

72-0734507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	53144	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CROWE HORWATH LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	23220	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
INDIAN RIVER MEMORIAL HOSPITAL, INC

D Employer Identification Number (EIN)
59-2496294

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. AGGREGATE BOND INDX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-069	C	19645767

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. AGGREGATE BOND INDX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-070	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDIAN RIVER MEMORIAL HOSPITAL, INC

D Employer Identification Number (EIN)
59-2496294

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		980935
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	199	55
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		3726987
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	72239371	19645767
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		51663874
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	72239570	76017618
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	32548	281393
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	32548	281393
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	72207022	75736225

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1633510	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1633510
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1054	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1054
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4462490	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4462490
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2147904
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8244958
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4272844	
(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)		4272844
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)	103850	
(2) Contract administrator fees	2i(2)	34151	
(3) Investment advisory and management fees	2i(3)	100511	
(4) Other	2i(4)	204399	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		442911
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4715755
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3529203
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: CROWE HORWATH LLP **(2)** EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDIAN RIVER MEMORIAL HOSPITAL, INC

D Employer Identification Number (EIN)
59-2496294

Part I Distributions

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

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

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

EIN(s): _____ _____

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 | 1

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 69% Investment-Grade Debt: 31% 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):

EIN/PN 59-2496294/001

INDIAN RIVER MEMORIAL HOSPITAL, INC.
PENSION PLAN

FINANCIAL STATEMENTS
September 30, 2014 and 2013

INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN
Vero Beach, Florida

FINANCIAL STATEMENTS
September 30, 2014 and 2013

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Crowe Horwath LLP
Independent Member Crowe Horwath International

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Indian River Memorial Hospital, Inc. Pension Plan
Vero Beach, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Indian River Memorial Hospital, Inc. Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2014 and 2013, 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 the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by State Street Bank & Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of September 30, 2014 and 2013 and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

(Continued)

Other Matter

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of September 30, 2014 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

Crowe Horwath LLP

Crowe Horwath LLP

Miami, Florida
July 15, 2015

	2014	2013
ASSETS		
Investments, at fair value (Note3)	$ 75,036,628	$ 72,239,371
Receivables		
Employer's contribution	980,935	-
Accrued interest	55	199
Total receivables	980,990	199
Total assets	76,017,618	72,239,570
LIABILITIES		
Accounts payable	281,393	32,548
Total liabilities	281,393	32,548
NET ASSETS AVAILABLE FOR BENEFITS	$ 75,736,225	$ 72,207,022

See accompanying notes to financial statements.

	2014	2013
Net investment income		
Net appreciation in fair value of investments	$ 2,148,048	$ 6,271,983
Interest and dividends	4,463,399	320,802
Total investment income	6,611,447	6,592,785
Employer contributions	1,633,510	1,098,538
Benefits paid to participants	(4,272,844)	(4,048,055)
Administrative expenses	(442,910)	(325,702)
Net increase	3,529,203	3,317,566
Net assets available for benefits:		
Beginning of year	72,207,022	68,889,456
End of year	$ 75,736,225	$ 72,207,022

See accompanying notes to financial statements.

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Indian River Memorial Hospital, Inc. Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit pension plan covering substantially all employees of Indian River Memorial Hospital, Inc. (the "Hospital"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

As of December 31, 2002, entry to the Plan was frozen to all employees under the age of 60. As of January 1, 2006, entry to the Plan was frozen to all employees regardless of age and benefit accruals were frozen for all participants.

Vesting: Participants are fully vested upon completion of 5 years of credited service. Participants with less than 5 years of credited service are not vested. In the event employees terminate before rendering 5 years of credited service, they forfeit the right to receive their accumulated plan benefits.

Pension Benefits: Participants with 5 or more years of credited service are entitled to a monthly pension benefit beginning at normal retirement age (65). The Plan permits early retirement at any time after age 55 and completion of 5 years of credited service. Benefits under the Plan are based on participants' compensation during their years of credited service. The accumulated plan benefits for active participants are based on their average compensation during the highest 5 calendar years ending on the date as of which the benefit information is presented (valuation date).

Death and Disability Benefits: Participants who die after completing 5 years of credited service shall have a survivor benefit payable on their behalf. The surviving spouse or designated beneficiary shall receive a benefit equal to one-half of the vested accrued benefit paid in the form of a lump sum distribution unless an alternate election had been made prior to death.

Participants who become totally disabled after completing 5 years of credited service, or become totally disabled from performance of service to the Hospital regardless of the years of credited service, are entitled to a monthly disability benefit equal to a percentage of monthly base pay in effect on the date of disability. Such benefits are payable for life, unless the participant recovers from the disability prior to retirement date.

Administrative and Investment Management Expenses: The Plan's trustee fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The Plan's financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value as further described in Note 4. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(Continued)

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits.

Risks and Uncertainties: The Plan's investments are exposed to various risks such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain Plan investments as well as the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of certain Plan investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Payment of Benefits: Benefits are recorded when paid.

Reclassification: Certain prior year investment classifications have been reclassified and applicable fair value measurements disclosures updated accordingly, to conform to the current year presentation.

NOTE 3 – INVESTMENTS - UNAUDITED INFORMATION

State Street Bank & Trust Company (SSBT), the trustee of the Plan, holds investment assets and executes transactions therein, and substantially all information pertaining to the Plan's investments included in the financial statements has been certified by them. This information has not been audited by independent accountants.

The following table presents the fair values of investments that represent 5% or more of the Plan's net assets available for benefits as of September 30, 2014 and 2013.

	2014	2013
Collective trusts		
SSBT U.S. Aggregate Bond Market Index SL Fund	$ -	$12,252,034
SSBT U.S. Aggregate Bond Market Index Fund	-	6,699,147
SSBT Aggregate Bond Index K Fund	19,645,767	-
SSBT Short-Term Investment Fund	3,726,987*	7,492,757
Mutual funds		
Aston RiverRoad Dividend A/C Value Fund	14,373,089	12,593,277
GMO Quality Fund III	14,216,367	12,138,360
BMO Pyrford International Stock Fund	4,576,683	4,332,192
Stralem Domestic Equity Fund	14,327,349	12,546,741
Dreyfus International Stock Fund	4,170,386	4,184,863

* Investment amount did not represent 5% of the Plan's net assets. Shown for comparative purposes only.

(Continued)

NOTE 3 – INVESTMENTS - UNAUDITED INFORMATION (Continued)

During the years ended September 30, 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated/(depreciated) in value by:

	2014	2013
Collective trusts	$ 5,380,348	$ 4,644,377
Mutual funds	(3,232,300)	1,627,606
	$ 2,148,048	$ 6,271,983

During the years ended September 30, 2014 and 2013, the Plan earned interest and dividend income of $4,463,399 and $320,802, respectively.

NOTE 4 – FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

Collective trusts: The fair values of participation units held in collective trusts are based upon the net asset values of the funds reported by the fund managers as of the financial statement dates and recent transaction prices (Level 2 inputs). The investment objectives are as follows: the fixed income funds' objectives are to: 1) provide safety of principal, daily liquidity and a competitive yield over the long term; and 2) to approximate, as closely as possible, before expenses, the performance of the U.S. aggregate bond indexes over the long-term.

(Continued)

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

No redemption restrictions exist. Each collective trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirements.

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

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

	Fair Value Measurements at September 30, 2014 Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments – Collective Trusts			
Fixed income	$ -	$ 23,372,754	$ -
Mutual funds			
Domestic equity	42,916,805	-	-
International equity	8,747,069	-	-

	Fair Value Measurements at September 30, 2013 Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments – Collective Trusts			
Fixed income	$ -	$ 26,443,938	$ -
Mutual Funds			
Domestic equity	37,278,378	-	-
International equity	8,517,055	-	-

(Continued)

NOTE 5 – FUNDING POLICY

The Hospital's funding policy is to make contributions to the Plan, which are sufficient to satisfy the minimum funding requirements of ERISA, as determined by the Plan's actuary based on data submitted by the Hospital. The Hospital's contributions to the Plan for the years ended September 30, 2014 and 2013 satisfied the minimum funding requirements of ERISA. Participant contributions are not permitted under the Plan.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intention to do so, the Hospital has the right under the Plan to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their years of credited service. The accumulated plan benefits for active employees are based on their average compensation for the highest five calendar years ending on the date as of which the benefit information is presented (valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

(Continued)

NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The significant actuarial assumptions used in the valuations as of September 30, 2013 were as follows:

Mortality:	2013: RP-2014 with Scale BB-2D 2012: Non-annuitants: based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2028 using Scale AA. Annuitants: based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2020 using Scale AA.
Retirement age:	Graded from 55 to 65+
Settlement interest rate:	2013: 5.00%; 2012: 4.00%

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

The actuarial present value of accumulated plan benefit information as of September 30, 2013 was as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 48,389,709
Other participants	37,255,885
	85,645,594
Nonvested benefits	2,433
Total actuarial present value of accumulated plan benefits	$ 85,648,027

The change in the actuarial present value of accumulated plan benefits for the year ended September 30, 2013 is as follows:

Actuarial present value of accumulated plan benefits as of September 30, 2012	$ 91,585,572
Increase (decrease) during the year attributable to:	
Actuarial (gains)/losses	(407,295)
Increase for interest due to the decrease in the discount period	3,582,462
Benefits paid directly to participants	(4,048,055)
Change in actuarial assumptions	(5,064,657)
Net decrease	(5,937,545)
Actuarial present value of accumulated plan benefits as of September 30, 2013	$ 85,648,027

The actuarial valuation as of September 30, 2013 used a settlement interest rate of 5.00% resulting in a decrease of the actuarial present value of accumulated plan benefits of $9,130,419. Plan management also updated the mortality rate assumption resulting in an increase of the actuarial present value of accumulated plan benefits of $4,065,762. An actuarial valuation of the Plan's accumulated plan benefits as of September 30, 2014 has not yet been completed.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

Parties in interest are defined under Department of Labor regulations as any fiduciary of the plan, any party rendering service to the plan, the employer, and certain others. The Plan invests in collective trusts issued by State Street Bank & Trust Company and managed by State Street Global Advisors (SSGA) Funds Management, Inc., an affiliate of the trustee. Transactions in such investments and the Plan's payment of fees to State Street Bank & Trust Company and SSGA qualify as party-in-interest transactions. Amounts paid by the Plan to parties in interest also include fees paid for actuarial services.

NOTE 9 – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Hospital by a letter dated April 12, 2011 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The determination made by the IRS was subject to the Plan sponsor's adoption of proposed amendments provided to the IRS which have not yet been executed. The Plan has also been amended since receiving the determination letter. Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE 10 – SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through July 15, 2015 which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

Name of Plan Sponsor: Indian River Memorial Hospital, Inc.
Employer Identification Number: 59-2496294
Three-Digit Plan Number: 001

(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
		Collective Trusts		
*	State Street Bank & Trust Co	Short-Term Investment Fund	$ 3,726,987	$ 3,726,987
*	State Street Bank & Trust Co	Aggregate Bond Index K Fund	19,606,554	19,645,767
		Mutual Funds		
	Aston Funds	Aston RiverRoad Dividend A/C Value Fund	12,415,004	14,373,089
	GMO	Quality Fund	14,605,152	14,216,367
	BMO Funds, Inc.	BMO Pyrford International Stock Fund	4,216,727	4,576,683
	Stralem Fund	Stralem Domestic Equity Fund	12,727,594	14,327,349
	Dreyfus Funds	Dreyfus International Stock Fund	4,061,487	4,170,386
				$ 75,036,628

Name of Plan Sponsor: Indian River Memorial Hospital, Inc.
Employer Identification Number: 59-2496294
Three-Digit Plan Number: 001

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category (i): A single transaction in excess of 5% of the current value of Plan assets:								
State Street Bank & Trust Co.	Aggregate Bond Index K Fund	$ 12,674,192	$ -	$ -	$ -	$ 12,674,192	$ 12,674,192	$ -
State Street Bank & Trust Co.	Aggregate Bond Index K Fund	$ 6,932,362	$ -	$ -	$ -	$ 6,932,362	$ 6,932,362	$ -
State Street Bank & Trust Co.	U.S. Aggregate Bond Market Index SL	$ -	$12,674,192	$ -	$ -	$ 8,587,004	$ 12,674,192	$ 4,087,188
State Street Bank & Trust Co.	U.S. Aggregate Bond Market Index	$ -	$ 6,932,362	$ -	$ -	$ 5,689,064	$ 6,932,362	$ 1,243,298
Category (iii): A series of transactions in the same security in excess of 5% of the current value of the Plan's assets.								
State Street Bank & Trust Co.	Aggregate Bond Index K Fund	$ 19,606,554	$ -	$ -	$ -	$ 19,606,554	$ 19,606,554	$ -
State Street Bank & Trust Co.	U.S. Aggregate Bond Market Index SL	$ -	$12,674,192	$ -	$ -	$ 8,587,004	$ 12,674,192	$ 4,087,188
State Street Bank & Trust Co.	U.S. Aggregate Bond Market Index	$ -	$ 6,932,362	$ -	$ -	$ 5,689,064	$ 6,932,362	$ 1,243,298

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	June 2013
Interest rate basis	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.94%	1.43%
Second segment rate	6.15%	4.10%
Third segment rate	6.76%	5.15%
Effective interest rate	6.27%	

Annual rates of increase

Compensation:	4.00%
Future Social Security wage bases	3.50%
Statutory limits on compensation	None

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion Date

Employees who were participants in the plan as of September 30, 2013 were valued as current participants. Effective December 31, 2002, no new participants were allowed to enter the plan.

Mortality

Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2028 using Scale AA), and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2020 using Scale AA).

Retirement

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

Percentage retiring during the year	
Age	**Rate**
55	5.0%
56	5.0%
57	5.0%
58	5.0%
59	5.0%
60	5.0%
61	5.0%
62	10.0%
63	5.0%
64	5.0%
65+	100.0%

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	**Males**	**Females**
25	0.03%	0.03%
30	0.03%	0.04%
35	0.04%	0.07%
40	0.08%	0.13%
45	0.16%	0.24%
50	0.33%	0.40%
55+	0.00%	0.00%

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan and Trust Agreement
EIN / PN: 59-2496294/001
Plan Sponsor: Indian River Memorial Hospital, Inc.
Valuation Date October 1, 2013

SCHEDULE SB ATTACHMENTS

Termination

Vested Participants terminating after reaching age 55 are assumed to retire immediately.

Percentage leaving during the year	
Age	Rates
25	20.0%
30	17.0%
35	13.2%
40	10.2%
45	7.2%
50	5.1%
55	3.6%
60	2.1%
65+	0.0%

Form of Payment

Participants are assumed to elect the normal form.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

Employees

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

Plan Compensation

Total Compensation is reported on the federal W-2 form plus any contributions made on a salary reduction basis under Code section 125, 401(k), or 403(b). Pay cannot exceed $250,000 indexed according to applicable statutes. Pay does not include compensation given to those below:

(a) Fixed rate employees.

(b) Effective October 1, 1995, pooled, temporary, or per diem employees.

(c) Prior to October 1, 1995, employees who opted out of participation.

Cash flow and timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Valuation date

First day of plan year

SCHEDULE SB ATTACHMENTS

Funding target

Present value of accrued benefits.

Asset Method

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2013 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits Not Valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Indian River Memorial Hospital, Inc. regarding the likelihood that these benefits will be paid. Towers Watson has reviewed the plan provisions with Indian River Memorial Hospital, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Participant Data

Employee data was supplied by Indian River Memorial Hospital as of the valuation date.

Tax Policy

The actuarial valuation performed for the plan year ending September 30, 2014 is used to determine the maximum deductible contribution for the tax year ending September 30, 2014.

Plan-related Expenses

The amount included this year for plan-related expenses is $400,000.

Changes in Assumptions and Methods Since Last Actuarial Valuation

- The segment interest rates used to determine minimum funding requirements and benefit restrictions were updated from an applicable month of June 2012 to June 2013 and also reflect the segment interest rate corridors of MAP-21.

- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

- The assumed plan-related expenses added to the target normal cost were changed from $203,000 for 2012 to $400,000 for 2013.

SCHEDULE H ATTACHMENTS

The required Information is included in the Accountants Opinion attachment

SCHEDULE H ATTACHMENTS

The required Information is included in the Accountants Opinion attachment

SCHEDULE H ATTACHMENTS

The required Information is included in the Accountants Opinion attachment

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of October 1, 2013

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		2		0		0		0		0		0		0		0		0	
35 - 39	0		7		1		0		0		0		0		0		0		0	
40 - 44	1		14		10		2		0		0		0		0		0		0	
45 - 49	0		18		11		15		1		0		0		0		0		0	
50 - 54	0		13		16		18		11		10		0		0		0		0	
55 - 59	0		18		20		14		12		13		10		1		0		0	
60 - 64	0		15		11		4		7		10		4		0		0		0	
65 - 69	0		9		4		3		1		1		0		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		1		0	

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan and Trust Agreement
EIN / PN: 59-2496294/001
Plan Sponsor: Indian River Memorial Hospital, Inc.
Valuation Date October 1, 2013

SCHEDULE H ATTACHMENTS

The required Information is included in the Accountants Opinion attachment

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of October 1, 2013

1	2	3	4	5	6
Age	Number of Surviving BOY	Rate of Retirement	Number of Retiring (2*3)	Number of Surviving EOY (2-4)	Weighted Retirement by Age (1*4/1000)
55	1000.00	5%	50.00	950.00	2.75
56	950.00	5%	47.50	902.50	2.66
57	902.50	5%	45.13	857.38	2.57
58	857.38	5%	42.87	814.51	2.49
59	814.51	5%	40.73	773.78	2.40
60	773.78	5%	38.69	735.09	2.32
61	735.09	5%	36.75	698.34	2.24
62	698.34	10%	69.83	628.50	4.33
63	628.50	5%	31.43	597.08	1.98
64	597.08	5%	29.85	567.22	1.91
65	567.22	100%	567.22	0.00	36.87
Sum			1000.00		62.52

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Effective Date and Most Recent Amendment

The plan was originally effective February 1, 1972. The plan was amended and restated January 1, 1989, and has since been amended six times, the most recent amendment effective January 1, 2006.

Plan Freeze

Effective December 31, 2002, benefits stopped accruing for all highly compensated employees and any non-highly compensated employees who had not attained age 60 as of December 31, 2002, except for a select group of Union employees.

Effective December 31, 2005, benefits stopped accruing for the collectively bargained employees.

Plan Year

The twelve-month period ending September 30.

Coverage and Participation

Effective December 31, 2002, no new participants are allowed to enter the plan.

Credited Service/Vesting Service
One year of service shall be credited for each Plan Year an employee completes at least 1,000 hours of service. Service before January 1, 1985 is credited based on years and completed months. Hours of service are not counted toward Credited Service, only Vesting Service, for the following:

(a) Fixed rate employees.

(b) Effective October 1, 1995, pooled, temporary, or per diem employees.

(c) Prior to October 1, 1995, employees who opted out of participation.

Credited service is not earned after 12/31/2002 for non-grandfathered employees and not after 12/31/2005 for union employees.

SCHEDULE SB ATTACHMENTS

Final Average Compensation/Salary

The monthly average is the highest 60 consecutive months of a participant's pay out of the last 120 consecutive months preceding termination for grandfathered participants, 12/31/2005 for union participants and 12/31/2002 for non-grandfathered participants.

Covered Compensation

The average (without indexing) of the Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains (or will attain) Social Security Retirement Age.

Normal Retirement Benefit

Normal Retirement Date:

The first day of the month coincident with or next following attainment of age 65 if hired prior to January 1, 1988. Otherwise, the first day of the month coincident with or next following attainment of age 65 and earlier of 5th anniversary of participation or five years of Vesting Service.

Benefit Formula:

Accrued Benefit with service to Normal Retirement Date.

Normal Form of Benefit:

Employees married at retirement- actuarially reduced Joint and 50% Survivor Annuity. Others- Single Life Annuity.

Late Retirement

Accrued Benefit with service to actual date of retirement.

Accrued Benefits

Greater of (a) or (b)

(a) 1.5% multiplied by Average Monthly Earnings times Credited Service; minimum benefit of $10 multiplied by Credited Service.

(b) 1.45% multiplied by Average Monthly Earnings up to Covered Compensation multiplied by Credited Service), plus (2.10% multiplied by Average Monthly Earnings in excess of Covered Compensation multiplied by Credited Service up to 35 years).

SCHEDULE SB ATTACHMENTS

Early Retirement Date

The first day of the month coincident with or next following the attainment of age 55 and the completion of five years of Vesting Service.

Early Retirement Benefit

Greater of (a) or (b)

(a) 1.5% multiplied by Average Monthly Earnings times Credited Service; minimum benefit of $10 multiplied by Credited Service. The benefit is reduced by 0.25 percent for each month by which benefit commencement precedes Normal Retirement.

(b) 1.45% multiplied by Average Monthly Earnings up to Covered Compensation times Credited Service reduced by .25 percent for each month by which benefit commencement precedes normal retirement), plus 2.10% multiplied by Average Monthly Earnings in excess of Covered Compensation multiplied by Credited Service up to 35 years, multiplied by the appropriate factor shown below.

Age at Commencement	Factor
55	0.6380
56	0.6692
57	0.7000
58	0.7311
59	0.7623
60	0.7930
61	0.8347
62	0.8759
63	0.9171
64	0.9588

Disability Benefit

1. Eligibility: Totally and permanently disabled after completion of five years of Vesting Service while an active employee. No service requirement for occupational disability.

2. Benefit: Lesser of (a) or (b):

   (a) 20% of monthly base pay rate at disability, or

   (b) Benefit based on Credited Service projected to Normal Retirement and Average Monthly Earnings at time of disability.

SCHEDULE SB ATTACHMENTS

Vested Benefits upon Termination of Service

1. Eligibility: Five years of Vesting Service

2. Benefit: Accrued Benefit to date of termination payable at the normal retirement age or as early as age 55. The benefit payable is reduced by the same factors presented in the Early Retirement Benefit section.

Death Benefits for Participants in Active Service

Pre-Retirement Death Benefits:

If death occurs before first eligible for retirement, the benefit payable is 50% of the deferred vested retirement benefit with commencement on the date the participant would have attained early retirement eligibility (payable as a 50% joint and survivor annuity). In lieu of a monthly benefit, a lump sum equal to the greater of (a) or (b) may be payable:

(a) 50% of the present value of the participant's accrued benefit, or

(b) Actuarial equivalent of the benefit paid to surviving spouse.

Post-Retirement Death Benefits:

If death occurs after the first eligible for retirement, the benefit payable to the spouse is 50% of the applicable immediate early or normal retirement benefit (payable as a 50% joint and survivor annuity).

Optional Forms of Retirement Income in Lieu of Normal Form

Life Annuity (for married participants), 50% Joint and Survivor Annuity, 75% Joint and Survivor Annuity, 100% Joint and Survivor Annuity, 10-Year Certain and Continuous Annuity.

Pension Increases

None.

Plan Participants' Contributions

None.

SCHEDULE SB ATTACHMENTS

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future plan changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Towers Watson is not aware of any future plan changes which are required to be reflected other than scheduled pension increases contained in the Collective Bargaining Agreement.

Changes in Plan Provisions since Last Actuarial Valuation

There were no changes in the plan provisions since the prior valuation.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The assumed plan-related expenses added to the target normal cost were changed from $203,000 for 2012 to $400,000 for 2013.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

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

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

A Name of plan	B Three-digit plan number (PN) ▶
INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN & TRUST AGREEMENT	001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN)
INDIAN RIVER MEMORIAL HOSPITAL, INC.	59-2496294

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 1 Year 2013

2 Assets:			
a Market value	2a		72,239,570
b Actuarial value	2b		69,150,440
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	679	42,308,927
b For terminated vested participants	3b	562	15,783,026
c For active participants:			
(1) Non-vested benefits	3c(1)		1,651
(2) Vested benefits	3c(2)		13,195,118
(3) Total active	3c(3)	308	13,196,769
d Total	3d	1,549	71,288,722
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		6.27 %
6 Target normal cost	6		400,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Lori Wolfersberger

Signature of actuary

7/9/2015

Date

Lori Wolfersberger

Type or print name of actuary

14-07341

Most recent enrollment number

Towers Watson Delaware Inc.

Firm name

(215) 246-6000

Telephone number (including area code)

1500 Market Street
Centre Square East
Philadelphia PA 19102-4790

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 9.87 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		198,765
	b Interest on (a) using prior year's effective interest rate of 6.97 % except as otherwise provided (see instructions)		13,854
	c Total available at beginning of current plan year to add to prefunding balance		212,619
	d Portion of (c) to be added to prefunding balance		212,619
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	212,619

Part III Funding Percentages

14	Funding target attainment percentage	14	96.70 %
15	Adjusted funding target attainment percentage	15	96.70 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2014	217,525				
04/15/2014	217,525				
07/15/2014	217,525				
10/15/2014	217,525				
01/16/2015	381,705				
04/15/2015	381,705				
			Totals ▶ 18(b)	1,633,510	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,536,265

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94 %	6.15 %	6.76 %	☐ N/A, full yield curve used

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

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	400,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,350,901	1,126,818
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	1,526,818

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	1,526,818
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,536,265
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	9,447
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Indian River Memorial Hospital, Inc.
EIN/PN	59-2496294/001
Plan Name	Indian River Memorial Hospital, Inc. Pension Plan and Trust Agreement
Valuation Date	October 1, 2013
Enrolled Actuary	Lori Wolfersberger
Enrollment Number	14-07341

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

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

The plan sponsor has elected to not apply corridor extensions under HATFA for funding (IRC §430) or benefit restriction purposes (IRC §436) for the 2013 plan year. Thus corridors for the 2013 plan year are set at 85%/115%.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of October 1, 2013

1	2	3	4	5	6
Age	Number of Surviving BOY	Rate of Retirement	Number of Retiring (2*3)	Number of Surviving EOY (2-4)	Weighted Retirement by Age (1*4/1000)
55	1000.00	5%	50.00	950.00	2.75
56	950.00	5%	47.50	902.50	2.66
57	902.50	5%	45.13	857.38	2.57
58	857.38	5%	42.87	814.51	2.49
59	814.51	5%	40.73	773.78	2.40
60	773.78	5%	38.69	735.09	2.32
61	735.09	5%	36.75	698.34	2.24
62	698.34	10%	69.83	628.50	4.33
63	628.50	5%	31.43	597.08	1.98
64	597.08	5%	29.85	567.22	1.91
65	567.22	100%	567.22	0.00	36.87
Sum			1000.00		62.52

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	June 2013
Interest rate basis	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.94%	1.43%
Second segment rate	6.15%	4.10%
Third segment rate	6.76%	5.15%
Effective interest rate	6.27%	

Annual rates of increase

Compensation:	4.00%
Future Social Security wage bases	3.50%
Statutory limits on compensation	None

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion Date

Employees who were participants in the plan as of September 30, 2013 were valued as current participants. Effective December 31, 2002, no new participants were allowed to enter the plan.

Mortality

Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2028 using Scale AA), and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2020 using Scale AA).

Retirement

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

Percentage retiring during the year	
Age	**Rate**
55	5.0%
56	5.0%
57	5.0%
58	5.0%
59	5.0%
60	5.0%
61	5.0%
62	10.0%
63	5.0%
64	5.0%
65+	100.0%

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	**Males**	**Females**
25	0.03%	0.03%
30	0.03%	0.04%
35	0.04%	0.07%
40	0.08%	0.13%
45	0.16%	0.24%
50	0.33%	0.40%
55+	0.00%	0.00%

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan and Trust Agreement
EIN / PN: 59-2496294/001
Plan Sponsor: Indian River Memorial Hospital, Inc.
Valuation Date October 1, 2013

SCHEDULE SB ATTACHMENTS

Termination

Vested Participants terminating after reaching age 55 are assumed to retire immediately.

Percentage leaving during the year	
Age	Rates
25	20.0%
30	17.0%
35	13.2%
40	10.2%
45	7.2%
50	5.1%
55	3.6%
60	2.1%
65+	0.0%

Form of Payment

Participants are assumed to elect the normal form.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

Employees

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

Plan Compensation

Total Compensation is reported on the federal W-2 form plus any contributions made on a salary reduction basis under Code section 125, 401(k), or 403(b). Pay cannot exceed $250,000 indexed according to applicable statutes. Pay does not include compensation given to those below:

(a) Fixed rate employees.

(b) Effective October 1, 1995, pooled, temporary, or per diem employees.

(c) Prior to October 1, 1995, employees who opted out of participation.

Cash flow and timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Valuation date

First day of plan year

SCHEDULE SB ATTACHMENTS

Funding target

Present value of accrued benefits.

Asset Method

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2013 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits Not Valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Indian River Memorial Hospital, Inc. regarding the likelihood that these benefits will be paid. Towers Watson has reviewed the plan provisions with Indian River Memorial Hospital, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Participant Data

Employee data was supplied by Indian River Memorial Hospital as of the valuation date.

Tax Policy

The actuarial valuation performed for the plan year ending September 30, 2014 is used to determine the maximum deductible contribution for the tax year ending September 30, 2014.

Plan-related Expenses

The amount included this year for plan-related expenses is $400,000.

Changes in Assumptions and Methods Since Last Actuarial Valuation

- The segment interest rates used to determine minimum funding requirements and benefit restrictions were updated from an applicable month of June 2012 to June 2013 and also reflect the segment interest rate corridors of MAP-21.

- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

- The assumed plan-related expenses added to the target normal cost were changed from $203,000 for 2012 to $400,000 for 2013.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Effective Date and Most Recent Amendment

The plan was originally effective February 1, 1972. The plan was amended and restated January 1, 1989, and has since been amended six times, the most recent amendment effective January 1, 2006.

Plan Freeze

Effective December 31, 2002, benefits stopped accruing for all highly compensated employees and any non-highly compensated employees who had not attained age 60 as of December 31, 2002, except for a select group of Union employees.

Effective December 31, 2005, benefits stopped accruing for the collectively bargained employees.

Plan Year

The twelve-month period ending September 30.

Coverage and Participation

Effective December 31, 2002, no new participants are allowed to enter the plan.

Credited Service/Vesting Service
One year of service shall be credited for each Plan Year an employee completes at least 1,000 hours of service. Service before January 1, 1985 is credited based on years and completed months. Hours of service are not counted toward Credited Service, only Vesting Service, for the following:

(a) Fixed rate employees.

(b) Effective October 1, 1995, pooled, temporary, or per diem employees.

(c) Prior to October 1, 1995, employees who opted out of participation.

Credited service is not earned after 12/31/2002 for non-grandfathered employees and not after 12/31/2005 for union employees.

SCHEDULE SB ATTACHMENTS

Final Average Compensation/Salary

The monthly average is the highest 60 consecutive months of a participant's pay out of the last 120 consecutive months preceding termination for grandfathered participants, 12/31/2005 for union participants and 12/31/2002 for non-grandfathered participants.

Covered Compensation

The average (without indexing) of the Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains (or will attain) Social Security Retirement Age.

Normal Retirement Benefit

Normal Retirement Date:

The first day of the month coincident with or next following attainment of age 65 if hired prior to January 1, 1988. Otherwise, the first day of the month coincident with or next following attainment of age 65 and earlier of 5th anniversary of participation or five years of Vesting Service.

Benefit Formula:

Accrued Benefit with service to Normal Retirement Date.

Normal Form of Benefit:

Employees married at retirement- actuarially reduced Joint and 50% Survivor Annuity. Others- Single Life Annuity.

Late Retirement

Accrued Benefit with service to actual date of retirement.

Accrued Benefits

Greater of (a) or (b)

(a) 1.5% multiplied by Average Monthly Earnings times Credited Service; minimum benefit of $10 multiplied by Credited Service.

(b) 1.45% multiplied by Average Monthly Earnings up to Covered Compensation multiplied by Credited Service), plus (2.10% multiplied by Average Monthly Earnings in excess of Covered Compensation multiplied by Credited Service up to 35 years).

SCHEDULE SB ATTACHMENTS

Early Retirement Date

The first day of the month coincident with or next following the attainment of age 55 and the completion of five years of Vesting Service.

Early Retirement Benefit

Greater of (a) or (b)

(a) 1.5% multiplied by Average Monthly Earnings times Credited Service; minimum benefit of $10 multiplied by Credited Service. The benefit is reduced by 0.25 percent for each month by which benefit commencement precedes Normal Retirement.

(b) 1.45% multiplied by Average Monthly Earnings up to Covered Compensation times Credited Service reduced by .25 percent for each month by which benefit commencement precedes normal retirement), plus 2.10% multiplied by Average Monthly Earnings in excess of Covered Compensation multiplied by Credited Service up to 35 years, multiplied by the appropriate factor shown below.

Age at Commencement	Factor
55	0.6380
56	0.6692
57	0.7000
58	0.7311
59	0.7623
60	0.7930
61	0.8347
62	0.8759
63	0.9171
64	0.9588

Disability Benefit

1. Eligibility: Totally and permanently disabled after completion of five years of Vesting Service while an active employee. No service requirement for occupational disability.

2. Benefit: Lesser of (a) or (b):

   (a) 20% of monthly base pay rate at disability, or

   (b) Benefit based on Credited Service projected to Normal Retirement and Average Monthly Earnings at time of disability.

SCHEDULE SB ATTACHMENTS

Vested Benefits upon Termination of Service

1. Eligibility: Five years of Vesting Service

2. Benefit: Accrued Benefit to date of termination payable at the normal retirement age or as early as age 55. The benefit payable is reduced by the same factors presented in the Early Retirement Benefit section.

Death Benefits for Participants in Active Service

Pre-Retirement Death Benefits:

If death occurs before first eligible for retirement, the benefit payable is 50% of the deferred vested retirement benefit with commencement on the date the participant would have attained early retirement eligibility (payable as a 50% joint and survivor annuity). In lieu of a monthly benefit, a lump sum equal to the greater of (a) or (b) may be payable:

(a) 50% of the present value of the participant's accrued benefit, or

(b) Actuarial equivalent of the benefit paid to surviving spouse.

Post-Retirement Death Benefits:

If death occurs after the first eligible for retirement, the benefit payable to the spouse is 50% of the applicable immediate early or normal retirement benefit (payable as a 50% joint and survivor annuity).

Optional Forms of Retirement Income in Lieu of Normal Form

Life Annuity (for married participants), 50% Joint and Survivor Annuity, 75% Joint and Survivor Annuity, 100% Joint and Survivor Annuity, 10-Year Certain and Continuous Annuity.

Pension Increases

None.

Plan Participants' Contributions

None.

SCHEDULE SB ATTACHMENTS

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future plan changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Towers Watson is not aware of any future plan changes which are required to be reflected other than scheduled pension increases contained in the Collective Bargaining Agreement.

Changes in Plan Provisions since Last Actuarial Valuation

There were no changes in the plan provisions since the prior valuation.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The assumed plan-related expenses added to the target normal cost were changed from $203,000 for 2012 to $400,000 for 2013.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of October 1, 2013

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		2		0		0		0		0		0		0		0		0	
35 - 39	0		7		1		0		0		0		0		0		0		0	
40 - 44	1		14		10		2		0		0		0		0		0		0	
45 - 49	0		18		11		15		1		0		0		0		0		0	
50 - 54	0		13		16		18		11		10		0		0		0		0	
55 - 59	0		18		20		14		12		13		10		1		0		0	
60 - 64	0		15		11		4		7		10		4		0		0		0	
65 - 69	0		9		4		3		1		1		0		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		1		0	

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan and Trust Agreement
EIN / PN: 59-2496294/001
Plan Sponsor: Indian River Memorial Hospital, Inc.
Valuation Date October 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of October 1, 2013

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	10/01/2013	2,754,591	7	2,754,591	459,719
2	Shortfall	10/01/2012	(11,336,320)	6	(10,183,796)	(1,924,052)
3	Shortfall	10/01/2011	4,437,717	5	3,216,512	706,786
4	Shortfall	10/01/2010	8,170,211	4	5,048,871	1,354,925
5	Shortfall	10/01/2009	3,207,640	3	1,514,723	529,440
Total					2,350,901	1,126,818

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan and Trust Agreement
EIN / PN: 59-2496294/001
Plan Sponsor: Indian River Memorial Hospital, Inc.
Valuation Date October 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Indian River Memorial Hospital, Inc.
EIN/PN	59-2496294/001
Plan Name	Indian River Memorial Hospital, Inc. Pension Plan and Trust Agreement
Valuation Date	October 1, 2013
Enrolled Actuary	Lori Wolfersberger
Enrollment Number	14-07341

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

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

The plan sponsor has elected to not apply corridor extensions under HATFA for funding (IRC §430) or benefit restriction purposes (IRC §436) for the 2013 plan year. Thus corridors for the 2013 plan year are set at 85%/115%.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of October 1, 2013

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