

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information												
1a Name of plan <u>IRMC 403(B) PLAN</u> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>INDIAN RIVER MEDICAL CENTER, INC</u> <u>1000 36TH STREET</u> <u>VERO BEACH, FL 32960</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>59-2496294</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>772-567-4311</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2003</u>		2b Employer Identification Number (EIN) <u>59-2496294</u>		2c Plan Sponsor's telephone number <u>772-567-4311</u>		2d Business code (see instructions) <u>622000</u>			
1b Three-digit plan number (PN) ▶	<u>002</u>												
1c Effective date of plan <u>01/01/2003</u>													
2b Employer Identification Number (EIN) <u>59-2496294</u>													
2c Plan Sponsor's telephone number <u>772-567-4311</u>													
2d Business code (see instructions) <u>622000</u>													

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	KAREN MITCHELL
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2269
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1585
a(2) Total number of active participants at the end of the plan year	6a(2) 1733
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 741
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2474
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 2474
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1915
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: 2F 2G 2H 2L 2M 2T 2S	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan IRMC 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 INDIAN RIVER MEDICAL CENTER, INC	D Employer Identification Number (EIN) 59-2496294

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

(a) Name of insurance carrier

VARIABLE ANNUITY LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	48781	1123	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2809	0

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

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

PICKETT, JERROL G
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2024			3

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

SORRENTION, VINCE
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
255			3

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

Schedule A (Form 5500) 2014
v. 140124

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

RICE, ELLAN R

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
161			3

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

VAN BUREN, RODNEY J

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
78			3

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

LOFLIN, BRENDA M

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
48			3

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

SILVA, DANIEL

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30			3

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

ANDERSON III, HUGH GRANT

2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

TURNBAUGH, YVETTE

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27			3

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

RODRIGUEZ, SEAN P

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26			3

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

JARVIS, STEVEN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24			3

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

HALL, JOHN B

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23			3

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

THOMAS, WALTER G

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21			3

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

CRUMPACKER, DANIEL K

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19			3

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

KLEINE-KRACHT, II, JOSEPH M

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17			3

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

FOSTER, PAIGE L

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15			3

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

PETERSON, KEVIN M

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	6753793
5 Current value of plan's interest under this contract in separate accounts at year end	5	18685988

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

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

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

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

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

b Balance at the end of the previous year.....	7b	6972059
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c Additions: (1) Contributions deposited during the year.....	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	182125	
(4) Transferred from separate account.....	7c(4)	217671	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions..... **7c(6)** 399796

d Total of balance and additions (add lines 7b and 7c(6))	7d	7371855
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	458268	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	156176	
(4) Other (specify below)	7e(4)	3618	
▶ CONTRACT SURRENDER CHARGES			

(5) Total deductions..... **7e(5)** 618062

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	6753793
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan IRMC 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 INDIAN RIVER MEDICAL CENTER, INC		
		D Employer Identification Number (EIN) 59-2496294

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

(a) Name of insurance carrier VARIABLE ANNUITY LIFE INSURANCE CO					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	48781	1505	01/01/2014	12/31/2014

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 6415591**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 4966357**c** Additions: (1) Contributions deposited during the year **7c(1)** 1850690(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 126976(4) Transferred from separate account **7c(4)** 109612(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 2087278**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 7053635**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 387237(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 246502(4) Other (specify below) **7e(4)** 4305▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 638044**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 6415591

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>IRMC 403(B) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INDIAN RIVER MEDICAL CENTER, INC</u>	D Employer Identification Number (EIN) <u>59-2496294</u>	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
<u>VARIABLE ANNUITY LIFE INSURANCE CO</u>

74-1625348

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

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

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 37 66 28 52 19 29 33 49 59 64 72 99 60 63	NO RELATIONSHIP	32114	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VALIC RETIREMENT SERVICES CO

51-0396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 29 33 49 52 59 60 61 63 64 72 99	NO RELATIONSHIP	53518	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>IRMC 403(B) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INDIAN RIVER MEDICAL CENTER, INC</u>	D Employer Identification Number (EIN) <u>59-2496294</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	181562	381664
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	33130860	38637248
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	12289236	13473720
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	45601658	52492632

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	45601658	52492632
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2025645	
(B) Participants	2a(1)(B)	4552015	
(C) Others (including rollovers)	2a(1)(C)	1232697	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7810357

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	20687	
(F) Other	2b(1)(F)	310222	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		330909

(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)	1022160	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1022160

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(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)		1020557
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10183983

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3158566	
(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)		3158566
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		48810
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	85633	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		85633
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3293009

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		6890974
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: CROWE HORWATH

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>IRMC 403(B) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INDIAN RIVER MEDICAL CENTER, INC</u>	D Employer Identification Number (EIN) <u>59-2496294</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>76-0519990</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

IRMC 403(b) PLAN
Vero Beach, Florida

FINANCIAL STATEMENTS
December 31, 2014 and 2013

IRMC 403(b) PLAN
Vero Beach, Florida

FINANCIAL STATEMENTS
December 31, 2014 and 2013

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INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the IRMC 403(b) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Variable Annuity Life Insurance Company ("VALIC") and AIG Federal Savings Bank, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that VALIC and AIG Federal Savings Bank hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from VALIC and AIG Federal Savings Bank as of December 31, 2014 and 2013 and for the year ended December 31, 2014 that the information provided to the plan administrator by VALIC and AIG Federal Savings Bank 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 Matters

The supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by VALIC and AIG Federal Savings Bank, 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.

A handwritten signature in black ink that reads "Crowe Horwath LLP". The signature is written in a cursive, flowing style.

Crowe Horwath LLP

Miami, Florida
October 6, 2015

IRMC 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets		
Investments, at fair value (Notes 3 and 4)	\$ 52,479,460	\$ 45,768,099
Receivables		
Employer contributions	1,158,697	1,033,625
Participant contributions	146,303	3,799
Notes from participants (Note 3)	<u>384,579</u>	<u>181,562</u>
Total receivables	<u>1,689,579</u>	<u>1,218,986</u>
Total and net assets available for benefits	<u><u>\$ 54,169,039</u></u>	<u><u>\$ 46,987,085</u></u>

See accompanying notes to financial statements.

IRMC 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2014

Investment income	
Net appreciation in fair value of investments	\$ 1,018,687
Interest and dividends	<u>1,356,160</u>
Total investment income	2,374,847
Contributions	
Participants'	4,693,995
Employer's	2,150,717
Rollovers	<u>1,232,697</u>
Total contributions	8,077,409
Benefits paid	(3,184,669)
Administrative expenses (Note 7)	<u>(85,633)</u>
Net increase	7,181,954
Net assets available for benefits	
Beginning of year	<u>46,987,085</u>
End of year	<u><u>\$ 54,169,039</u></u>

See accompanying notes to financial statements.

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 1 – DESCRIPTION OF PLAN

The following description of the IRMC 403(b) Plan (the “Plan”), as amended and restated effective October 3, 2011, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

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

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

Additionally, upon completion of one year of service, participants that are not classified as fixed rate, temporary or per diem are eligible to receive employer basic contributions. The employer basic contribution is at the Hospital’s discretion and may vary year to year. For the year ended December 31, 2014, the employer basic contribution to the Plan amounted to \$1,125,189.

Participant Accounts: Each participant’s account is credited with the participant’s contributions and an allocation of (a) the Hospital’s contributions, (b) Plan earnings, and (c) forfeitures of employer contributions, and is charged with his or her withdrawals and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

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

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

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

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Payment of Benefits: On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or receive regular installments over a set number of years, if such vested interest is greater than \$5,000. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Vested benefits in amounts less than \$5,000 may be distributed in a lump-sum amount without the participant election. Participants may request hardship withdrawals of elective deferrals, rollover contributions, and vested employer contributions under certain circumstances as defined in the Plan document.

Assets Pledged as Collateral: Loans are available to participants through VALIC, subject to certain limitations. Loans are issued directly to Plan participants from the funds owned by VALIC. The loans are secured by assets held in the participant's Fixed Account. Issuance of these loans has no impact on the statement of net assets available for benefits. The amount of the Plan assets pledged as collateral for loans issued to participants by VALIC at December 31, 2014 and 2013, was \$644,599 and \$674,179, respectively.

Forfeitures: Any non-vested account balance remaining after the distribution of a terminated participant's vested account balance is forfeited. As of December 31, 2014 and 2013, forfeited nonvested accounts totaled \$28,229 and \$24,645, respectively. These accounts will be used to reduce future Hospital contributions. During the year ended December 31, 2014, \$39,044 was used to reduce Hospital contributions.

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

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

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

Payment of Benefits: Benefits are recorded when paid.

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

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

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

	<u>2014</u>	<u>2013</u>
Investment contract - VALIC guaranteed account		
Fixed Account Plus	\$ 6,542,913	\$ 6,898,286
Fixed Interest Option	6,415,591	4,966,357
 VALIC Separate Account A	 18,041,389	 18,581,803
 Subaccounts of VALIC Separate Account A		
Vanguard Wellington Fund	3,145,157	3,188,182
Global Strategy Fund	2,114,683 *	2,444,111
 Mutual Funds		
American Funds Europacific Fund	3,584,727	2,735,662
MFS Lifetime 2030 R3	2,889,658	2,071,455 *

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

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

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

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

Variable annuity contracts	\$ 1,198,417
Mutual funds	<u>(179,730)</u>
	<u>\$ 1,018,687</u>

NOTE 4 – FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

Variable Annuity Contracts: The fair values of participation units held in variable annuity contract subaccounts of VALIC Separate Account A are based on the net asset values reported by VALIC as of the financial statement dates and recent transaction prices (level 2 inputs). The net asset values of the subaccounts are updated daily based upon the investment performance of the underlying mutual fund they invest in less a deduction for charges. VALIC Separate Account A, which is structured as a unit investment trust, is comprised of numerous subaccounts which each invest in a single mutual fund managed either by an affiliate of VALIC or a by an independent third party. The investment strategies of these subaccounts are consistent with each of the mutual funds identified in the name of the fund.

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Participants direct their investments to certain of the underlying “subaccounts” of VALIC Separate Account A available to them under the Plan. Each subaccount provides for daily redemptions by the Plan with no advance notice requirements, and has redemption prices that are determined by the fund’s net asset value per unit.

Investment Contracts: As of December 31, 2014 and 2013, the fair values of the investment contracts have been determined based on the terms of the contracts to approximate contract value (level 3 inputs), as the terms of the contracts prohibit transfer or assignment of rights under the contracts, provide for frequent re-setting of contractual interest rates based upon market conditions, and have no defined maturities. In addition, management has determined that no adjustment from contract value is required for credit quality considerations.

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 December 31, 2014 Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investment contracts with insurance company	\$ -	\$ -	\$13,842,212
Variable annuity contracts categorized by nature of underlying investments of the subaccounts:			
Large cap funds	-	7,008,226	-
Mid cap funds	-	3,680,780	-
Small cap funds	-	1,120,142	-
International funds	-	3,492,451	-
Intermediate government bond funds	-	994,698	-
Fixed income funds	-	1,673,284	-
Short-term investments	-	71,808	-
	-	18,041,389	-
Mutual funds			
Large cap funds	4,644,210	-	-
Mid cap funds	3,025,685	-	-
Small cap funds	2,492,395	-	-
International funds	4,044,674	-	-
Fixed income funds	2,545,273	-	-
Target retirement	3,843,622	-	-
	20,595,859	-	-
Total	\$ 20,595,859	\$ 18,041,389	\$13,842,212

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

	Fair Value Measurements at December 31, 2013 Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investment contracts with insurance company	\$ -	\$ -	\$12,637,240
Variable annuity contracts categorized by nature of underlying investments of the subaccounts:			
Large cap funds	-	6,731,524	-
Mid cap funds	-	4,040,611	-
Small cap funds	-	1,167,150	-
International funds	-	4,078,947	-
Intermediate government bond funds	-	961,192	-
Fixed income funds	-	1,521,232	-
Short-term investments	-	81,147	-
	-	18,581,803	-
Mutual funds			
Large cap funds	3,380,511	-	-
Mid cap funds	2,075,499	-	-
Small cap funds	1,706,533	-	-
International funds	3,091,818	-	-
Fixed income funds	1,522,335	-	-
Target retirement	2,772,360	-	-
	14,549,056	-	-
Total	\$14,549,056	\$ 18,581,803	\$12,637,240

The table below presents a reconciliation of all investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended December 31, 2014:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3) Investment Contracts
Balance, January 1, 2014	\$ 12,637,240
Interest income on investment contracts held at end of year	336,272
Purchases	1,697,086
Sales	(828,386)
Balance, December 31, 2014	\$ 13,842,212

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 5 – TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform to the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The plan administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain the tax exempt status for plan participants under Section 403(b).

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 IRS. 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 6 – RIGHTS UPON PLAN TERMINATION

Although it has not expressed any intent to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions and earnings thereon.

NOTE 7 – PARTIES-IN-INTEREST

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

(Continued)

IRMC 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013, to the Form 5500:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 54,169,039	\$ 46,987,085
Less:		
Employer contributions receivable	(1,158,697)	(1,033,625)
Participant contributions receivable	(146,303)	(3,799)
Defaulted loans	<u>(371,407)</u>	<u>(348,003)</u>
Net assets per the Form 5500	<u>\$ 52,492,632</u>	<u>\$ 45,601,658</u>

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2014, per the financial statements to the net income reported in the 2014 Form 5500:

Increase in net assets available for benefits per the financial statements	\$ 7,181,954
Add:	
Prior year contributions receivable	1,037,424
Prior year defaulted loans	348,003
Less:	
Current year contributions receivable	(1,305,000)
Current year defaulted loans	<u>(371,407)</u>
Net income per the Form 5500	<u>\$ 6,890,974</u>

NOTE 9 – SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 6, 2015 which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

IRMC 403(B) PLAN
SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

Name of Plan Sponsor: IRMC 403(b) Plan
Employer Identification Number: 59-2496294
Three-Digit Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) (e) Cost Current value	
			Cost	Current value
		Guaranteed Investment Accounts:		
*	VALIC	Fixed Account Plus	#	\$ 6,542,913
*	VALIC	Short-Term Fixed Account	#	883,708
*	VALIC	Valic Fixed-Interest	#	6,415,591
		Sub-accounts of VALIC Separate Account A:		
*	VALIC	Aggressive Growth Lifestyle	#	35,122
*	VALIC	AM Beac Holland LG Cap Growth	#	311
*	VALIC	Ariel Appreciation Fund	#	889,614
*	VALIC	Ariel Fund	#	887,599
*	VALIC	Blue Chip Growth Fund	#	77,239
*	VALIC	Broad Cap Value Inc	#	2,683
*	VALIC	Capital Appreciation Fund	#	474
*	VALIC	Capital Conservation	#	223,796
*	VALIC	Conservative Growth Lifestyle	#	22,181
*	VALIC	Core Bond Fund	#	469,953
*	VALIC	Dividend Value	#	101,289
*	VALIC	Emerging Economies	#	284,078
*	VALIC	Foreign Value	#	259,393
*	VALIC	Global Real Estate Fund	#	151,052
*	VALIC	Global Social Awareness Fund	#	121,686
*	VALIC	Global Strategy	#	2,114,683
*	VALIC	Government Securities Fund	#	149,792
*	VALIC	Growth & Income Fund	#	19,692
*	VALIC	Growth Fund	#	3,358
*	VALIC	Health Sciences Fund	#	78,037
*	VALIC	High Yield Bond Fund	#	87,299
*	VALIC	Inflation Protected Fund	#	188,057
*	VALIC	International Equities Fund	#	88,765
*	VALIC	International Government Bond	#	5,376
*	VALIC	International Growth Fund	#	361,472
*	VALIC	Intl Opportunities	#	262,374

(Continued)

IRMC 403(B) PLAN
SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	VALIC	Large Cap Core	#	72,204
*	VALIC	Large Cap Value Fund	#	26,325
*	VALIC	Large Capital Growth	#	7,093
*	VALIC	Mid Cap Growth Fund	#	18,756
*	VALIC	Mid Cap Index Fund	#	1,340,015
*	VALIC	Mid Cap Strategic Gwth	#	111,354
*	VALIC	Mid Cap Value Fund	#	355,405
*	VALIC	Money Market I Fund	#	69,664
*	VALIC	Money Market II Fund	#	2,144
*	VALIC	NASDAQ-100 R Index Fund	#	196,461
*	VALIC	Science & Technology Fund	#	68,184
*	VALIC	SM Cap Aggressive Gwth	#	22,738
*	VALIC	Small Cap Fund	#	5,816
*	VALIC	Small Cap Growth Fund	#	42,418
*	VALIC	Small Cap Index Fund	#	815,060
*	VALIC	Small Cap Special Value Fund	#	50,595
*	VALIC	Small Cap Value Fund	#	181,651
*	VALIC	Small Mid Growth Fund	#	1,864
*	VALIC	Socially Responsible Fund	#	319,387
*	VALIC	Stock Index Fund	#	1,267,059
*	VALIC	Strategic Bond Fund	#	574,723
*	VALIC	Sunam 2020 High Watermark	#	13
*	VALIC	Value Fund	#	9,119
*	VALIC	Vanguard Lifestrategy Conervative	#	3,805
*	VALIC	Vanguard Lifestrategy Growth	#	105,903
*	VALIC	Vanguard Lifestrategy Moderate	#	52,054
*	VALIC	Vanguard Long-Term Treasury	#	693,854
*	VALIC	Vanguard LT Inv-Grade Fund	#	124,067
*	VALIC	Vangudard Wellington Fund, Inc.	#	3,145,157
*	VALIC	Vanguard Windsor II	#	1,473,126

(Continued)

IRMC 403(B) PLAN
SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

	(b)	(c)		
(a)	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Mutual funds:		
	American Funds	American Funds Europacific Fund	#	3,584,727
	Columbia	Columbia Acorn Intl Select A	#	73,065
	Dreyfus	Dreyfus Midcap Index	#	2,029,411
	Dreyfus	Dreyfus S&P 500 Index	#	2,496,753
	Dreyfus	Dreyfus Sm Cap Stk Index	#	2,030,516
	Federated	Federated S/T Income Instl SVC	#	1,675
	Goldman Sachs	Goldman Sachs MD CP Val A	#	945,340
	JP Morgan	JP Morgan Small Cap Gr A	#	80,827
	Loomis Sayles Funds	Loomis Sayles Bond Ret	#	856,688
	MFS	MFS Growth R3	#	485,555
	MFS	MFS Lifetime 2020 R3	#	693,053
	MFS	MFS Lifetime 2030 R3	#	2,889,658
	MFS	MFS Lifetime 2040 R3	#	75,197
	MFS	MFS Lifetime 2050 R3	#	123,563
	MFS	MFS Lifetime Income R3	#	62,151
	MFS	MFS Research Bond A	#	1,686,910
	MSIF	MSIF Trust Mid Cap Growth A	#	50,934
	OppenheimerFunds	Oppenheimer Develop MKTA	#	386,882
	RidgeWorth	Ridgeworth Small Cap Val Eq A	#	381,052
	T. Rowe Price	T Rowe Price EQ Inc Adv	#	1,661,902
*	Participants	Notes receivable from participants (All Notes have an interest rate of 4.25% maturing from 2015 through 2027)		<u>384,579</u>
				<u>\$ 52,864,039</u>
*	Indicates a party-in-interest as defined by ERISA.			
#	Cost information is not required for participant directed investments.			

Form 5500 -2014

Attachment

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

Name of plan IRMH 403(b) Plan			Three-digit ERISA plan number 002	
Name of plan sponsor as shown on line 2a of Form 5500 Indian River Medical Center, Inc.			Employer Identification Number 59-2496294	
Contract Number: 48781 Plan Number: 002				
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS		5,898,314
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		855,479
	VALIC GENERAL ACCOUNT	FORFEITURE		28,229
	VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE		35,122
	VALIC SEPARATE ACCOUNT A	AM BEAC HOLLAND LG CAP GROWTH		311
	VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND		889,614
	VALIC SEPARATE ACCOUNT A	ARIEL FUND		887,599
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		77,239
	VALIC SEPARATE ACCOUNT A	BROAD CAP VALUE INC		2,683
	VALIC SEPARATE ACCOUNT A	CAPITAL APPRECIATION FUND		474
	VALIC SEPARATE ACCOUNT A	CAPITAL CONSERVATION		223,796
	VALIC SEPARATE ACCOUNT A	CONSERVATIVE GROWTH LIFESTYLE		22,181
	VALIC SEPARATE ACCOUNT A	CORE BOND FUND		469,953
	VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE		101,289
	VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES		284,078
	VALIC SEPARATE ACCOUNT A	FOREIGN VALUE		259,393
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		151,052
	VALIC SEPARATE ACCOUNT A	GLOBAL SOCIAL AWARENESS FUND		121,686
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		2,114,683
	VALIC SEPARATE ACCOUNT A	GOVERNMENT SECURITIES FUND		149,792
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		19,692
	VALIC SEPARATE ACCOUNT A	GROWTH FUND		3,358
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND		78,037
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND		87,299
	VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND		188,057
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL EQUITIES FUND		88,765
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GOVERNMENT BOND		5,376
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH I FUND		361,472
	VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES		262,374
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		72,204
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		26,325
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		7,093
	VALIC SEPARATE ACCOUNT A	MID CAP GROWTH FUND		18,756
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		1,340,015
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		111,354
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		355,405
	VALIC SEPARATE ACCOUNT A	MONEY MARKET I FUND		69,664
	VALIC SEPARATE ACCOUNT A	MONEY MARKET II FUND		2,144
	VALIC SEPARATE ACCOUNT A	NASDAQ-100(R) INDEX FUND		196,461
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		68,184
	VALIC SEPARATE ACCOUNT A	SM CAP AGGRESSIVE GWTH		22,738
	VALIC SEPARATE ACCOUNT A	SMALL CAP FUND		5,816
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND		42,418
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		815,060
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		50,595
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		181,651
	VALIC SEPARATE ACCOUNT A	SMALL MID GROWTH FUND		1,864
	VALIC SEPARATE ACCOUNT A	SOCIALLY RESPONSIBLE FUND		319,387
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		1,267,059
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND		574,723
	VALIC SEPARATE ACCOUNT A	SUNAM 2020 HIGH WATERMARK		13
	VALIC SEPARATE ACCOUNT A	VALUE FUND		9,119
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY CONSER		3,804
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY GROWTH		105,903
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY MODERA		52,054
	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY		693,854
	VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND		124,067
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND, INC.		3,145,157

	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		1,473,126
	Participant Loans	(3% - 4.25%)		657,771
	VALIC FIXED-INTEREST	VALIC FIXED-INTEREST		6,415,591
	AMER FUNDS EUROPAC R4	MUTUAL FUND - AMER FUNDS EUROPAC R4		3,584,727
	COLUMBIA ACORN INTL SELECT A	MUTUAL FUND - COLUMBIA ACORN INTL SELECT A		73,065
	DREYFUS MIDCAP INDEX	MUTUAL FUND - DREYFUS MIDCAP INDEX		2,029,411
	DREYFUS S&P 500 INDEX	MUTUAL FUND - DREYFUS S&P 500 INDEX		2,496,753
	DREYFUS SM CAP STK INDX	MUTUAL FUND - DREYFUS SM CAP STK INDX		2,030,516
	FEDERATED S/T INCOME INSTL SVC	MUTUAL FUND - FEDERATED S/T INCOME INSTL SVC		1,675
	GOLDMAN SACHS MD CP VAL A	MUTUAL FUND - GOLDMAN SACHS MD CP VAL A		945,340
	JP MORGAN SMALL CAP GR A	MUTUAL FUND - JP MORGAN SMALL CAP GR A		80,827
	LOOMIS SAYLES BOND RET	MUTUAL FUND - LOOMIS SAYLES BOND RET		856,688
	MFS GROWTH R3	MUTUAL FUND - MFS GROWTH R3		485,555
	MFS LIFETIME 2020 R3	MUTUAL FUND - MFS LIFETIME 2020 R3		693,053
	MFS LIFETIME 2030 R3	MUTUAL FUND - MFS LIFETIME 2030 R3		2,889,658
	MFS LIFETIME 2040 R3	MUTUAL FUND - MFS LIFETIME 2040 R3		75,197
	MFS LIFETIME 2050 R3	MUTUAL FUND - MFS LIFETIME 2050 R3		123,563
	MFS LIFETIME RETIREMENT INC R3	MUTUAL FUND - MFS LIFETIME RETIREMENT INC R3		62,151
	MFS RESEARCH BOND A	MUTUAL FUND - MFSRESEARCH BOND A		1,686,910
	MFS TRUST MID CAP GROWTH A	MUTUAL FUND - MFS TRUST MID CAP GROWTH A		50,934
	OPPENHEIMER DEVELOP MKTA	MUTUAL FUND - OPPENHEIMER DEVELOP MKTA		386,882
	RIDGEWORTH SMALL CAP VAL EQ A	MUTUAL FUND - RIDGEWORTH SMALL CAP VAL EQ A		381,052
	T ROWE PRICE EQ INC ADV	MUTUAL FUND - T ROWE PRICE EQ INC ADV		1,661,902