Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1994

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

100 MEDICAL DR.
LAKE JACKSON, TX 77566-5674

2b Employer Identification Number (EIN)
74-1385192

2c Plan Sponsor's telephone number
979-299-2886

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	CHRISTOPHER CALIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

5	Total number of participants at the beginning of the plan year	**5**	992
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)**	709
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	678
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	308
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	986
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	986
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	676
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	23
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 2L 2M 2T

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 2 **A** (Insurance Information)
- **(4)** [X] **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

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

A Name of plan
BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BRAZOSPORT MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
74-1385192

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

1 Coverage Information:

(a) Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	666213	686	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
30000	2887

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24000	2659	BROKER COMMISSION AND FEES	3

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6000	228	BROKER COMMISSION AND FEES	3

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

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

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

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

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

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

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

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

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

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

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	5094064
5	Current value of plan's interest under this contract in separate accounts at year end	5	20808024

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 ▶ UNALLOCATED ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	4564856
c	Additions: (1) Contributions deposited during the year	7c(1)	470483		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	154338		
	(4) Transferred from separate account	7c(4)	182935		
	(5) Other (specify below)	7c(5)	70380		
	▶ LOAN REPAYMENTS, TRANSFERS, ETC.				
	(6)Total additions			7c(6)	878136
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	5442992
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	340379		
	(2) Administration charge made by carrier	7e(2)	6127		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	2422		
	▶ LOAN DISBURSEMENTS, TRANSFERS, ETC.				
	(5) Total deductions			7e(5)	348928
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	5094064

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BRAZOSPORT MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
74-1385192

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

1 Coverage Information:

(a) Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF6085	87	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
1676	155

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

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

JULIE ANDERSON
621 UNIVERSITY BLVD.
GALVESTON, TX 77550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1257	139	BROKER COMMISSIONS AND FEES	3

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
419	16	BROKER COMMISSIONS AND FEES	3

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

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

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

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

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

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

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

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

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

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

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	151396
5	Current value of plan's interest under this contract in separate accounts at year end	5	663762

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 ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	153759
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	4623		
	(4) Transferred from separate account	7c(4)	114107		
	(5) Other (specify below)	7c(5)	23676		
	▶ LOAN REPAYMENTS, TRANSFERS, ETC.				
	(6)Total additions			7c(6)	142406
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	296165
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	89639		
	(2) Administration charge made by carrier	7e(2)	2		
	(3) Transferred to separate account	7e(3)	23605		
	(4) Other (specify below)	7e(4)	31523		
	▶ LOAN DISBURSEMENTS, TRANSFERS, ETC.				
	(5) Total deductions			7e(5)	144769
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	151396

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)**	0
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)**	0
(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)**	0
(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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BRAZOSPORT MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
74-1385192

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INS AND ANNUITY CO
P.O. BOX990067
HARTFORD, CT 06199-0067

71-0294708

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

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

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

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

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

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

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

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BRAZOSPORT MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
74-1385192

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)	467597	482554
(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)	19345499	21471786
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4718612	5245460
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	24531708	27199800
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	24531708	27199800

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	418382	
	(B) Participants	2a(1)(B)	1584800	
	(C) Others (including rollovers)	2a(1)(C)	54071	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2057253
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)	26250	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		26250
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1852642
c Other income	2c		23290
d Total income. Add all **income** amounts in column (b) and enter total	2d		3959435
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1271548	
(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)		1271548
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	19795	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		19795
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1291343
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2668092
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: BKD, LLP **(2)** EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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.

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

A Name of plan
BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BRAZOSPORT MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
74-1385192

Part I Distributions

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

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

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

EIN(s): 71-0294708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

EIN 74-1385192 PN 002

Independent Auditor's Report and Financial Statements

December 31, 2014 and 2013

BKD LLP
CPAs & Advisors

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

December 31, 2014 and 2013

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BKD LLP
CPAs & Advisors

2800 Post Oak Boulevard, Suite 3200 // Houston, TX 77056-6167
713.499.4600 // fax 713.499.4699 // bkd.com

Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 3, which was certified by Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company), the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes transactions related to these assets. The Plan Administrator has obtained certifications from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the custodian is complete and accurate to the best of their knowledge.

Praxity
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Disclaimer of Opinion

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

Other Matter

The supplemental schedule listed in the table of contents is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With Department of Labor Rules and Regulations

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

BKD, LLP

Houston, Texas
October 12, 2015

Federal Employer Identification Number: 44-0160260

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

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	2014	2013
Assets		
Investments, at Fair Value	$ 26,717,246	$ 24,064,111
Notes Receivable From Participants	482,554	467,597
Net Assets Available for Benefits	$ 27,199,800	$ 24,531,708

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

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2014 and 2013

	2014	2013
Investment Income		
Net appreciation in fair value of investments	$ 1,702,308	$ 3,911,324
Interest	150,334	140,136
Other	23,290	6,683
Net investment income	1,875,932	4,058,143
Interest Income on Notes Receivable From Participants	26,250	22,071
Contributions		
Employer	418,382	370,606
Participants	1,584,800	1,492,861
Rollovers	54,071	29,006
Total contributions	2,057,253	1,892,473
Total additions	3,959,435	5,972,687
Deductions		
Benefits paid to participants	1,271,548	2,771,902
Administrative expenses	19,795	19,288
Total deductions	1,291,343	2,791,190
Net Increase	2,668,092	3,181,497
Net Assets Available for Benefits, Beginning of Year	24,531,708	21,350,211
Net Assets Available for Benefits, End of Year	$ 27,199,800	$ 24,531,708

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

Notes to Financial Statements

December 31, 2014 and 2013

Note 1: Description of the Plan

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

General

The Plan is a defined contribution plan sponsored by Brazosport Regional Health System d/b/a Brazosport Memorial Hospital (the Hospital) for the benefit of all its employees. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Voya Retirement Insurance and Annuity Company (Voya) (formerly ING Insurance and Annuity Company) serves as the Plan's custodian and recordkeeper.

Contributions

The Plan permits eligible employees, through a salary deferral election, to have the Hospital make annual contributions up to 100 percent of eligible compensation. Employee rollover and catch-up contributions are also permitted. The Hospital, at its discretion, may make matching contributions for eligible employees. From January 1, 2013 through November 1, 2014, the Hospital matched 100 percent of each eligible participant's compensation, up to a maximum match of 2 percent of employees' compensation. Effective November 2, 2014, the Hospital matched 100 of each eligible participant's compensation, up to a maximum match of 2.5 percent of employees' compensation. Contributions are subject to certain limitations.

Participant Investment Account Options

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

Participant Accounts

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

Vesting

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

Payment of Benefits

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

Forfeited Accounts

At December 31, 2014 and 2013, forfeited non-vested accounts totaled $504,600 and $492,794, respectively. These accounts will be used to reduce future Hospital's contributions or pay to Plan expenses.

Notes Receivable From Participants

The *Plan Document* includes provisions authorizing loans from the Plan to active eligible participants. The minimum amount of a loan shall be $1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of $50,000 or 50 percent of the participant's vested account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings, unless the participant is paying the loan in full. Interest rates for all loans are established at 2 percent above the prime lending rate of a commercial U.S. bank within reasonable geographic vicinity.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

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

Notes to Financial Statements

December 31, 2014 and 2013

Use of Estimates

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

Valuation of Investments and Income Recognition

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

The GICs with the insurance company are valued at contract value, which approximates fair value as estimated by Voya.

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

Notes Receivable From Participants

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

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

Notes to Financial Statements

December 31, 2014 and 2013

Note 3: Certification of Plan Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Voya, the custodian of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate to the best of their knowledge:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2014 and 2013.
- Investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2014 and 2013.
- Investment information included in the accompanying schedule of assets (held at year end) as of December 31, 2014.

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

Note 4: Investments

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

	2014	
	Net Appreciation in Fair Value During Year	Fair Value at End of Year
Pooled separate accounts	$ 1,702,308	$ 21,471,786
GICs	-	5,245,460
	$ 1,702,308	$ 26,717,246

	2013	
	Net Appreciation in Fair Value During Year	Fair Value at End of Year
Pooled separate accounts	$ 3,911,324	$ 19,345,499
GICs	-	4,718,612
	$ 3,911,324	$ 24,064,111

The fair value of individual investments that represented 5 percent or more of the Plan's net assets available for benefits as of December 31, 2014 and 2013, were as follows:

	2014	2013
Invesco Growth & Income Fund	$ 7,000,598	$ 1,459,427
Voya Fixed Plus Account (Formerly ING Fixed Plus Account)	5,098,104	4,569,562
Voya T. Rowe Price Capital Appreciation Port - Serv Class Fund (Formerly ING T. Rowe Price Capital Appreciation Port - Serv Class Fund)	4,553,190	3,982,852
Voya JPMorgan Mid Cap Value Portfolio - Service Class Fund (Formerly ING JPMorgan Mid Cap Value Portfolio Service Class Fund)	3,286,836	1,372,418
American Funds EuroPacific Class R-3 Fund	2,012,613	2,005,658
ING Growth and Income Portfolio - Class S Fund	*	4,964,457

*Investment did not represent 5 percent or more of the Plan's net assets at the respective year-end.

Note 5: Party-in-interest Transactions

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

Certain Plan investments are units of pooled separate accounts managed by Voya, which is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Hospital pays directly any other fees related to the Plan's operations.

The Plan paid $19,795 and $19,288 of recordkeeping fees to Voya during 2014 and 2013. The Hospital provides certain administrative services at no cost to the Plan.

Note 6: Disclosures About Fair Value of Plan Assets

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

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

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities.

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2014 and 2013.

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

Notes to Financial Statements

December 31, 2014 and 2013

	2014			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts:				
Blended funds	$ 7,995,415	$ -	$ 7,995,415	$ -
Bond funds	903,985	-	903,985	-
Growth funds	1,590,019	-	1,590,019	-
Money market funds	578,114	-	578,114	-
Value funds	10,404,203	-	10,404,203	-
Other funds	50	-	50	-
Total pooled separate accounts	21,471,786	0	21,471,786	0
GICs	5,245,460	-	-	5,245,460
Total investments	$ 26,717,246	$ 0	$ 21,471,786	$ 5,245,460

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

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2014 and 2013. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

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

Fair value determinations for Level 3 measurements of securities are the responsibility of the Plan Administrator. Fair value estimates are generated and provided by Voya. The Plan Administrator challenges the reasonableness of the assumptions used and reviews the methodology to ensure the estimated fair value complies with accounting standards generally accepted in the United States of America.

Level 3 Reconciliation

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

	GICs
Balance, January 1, 2013	$ 4,542,663
Purchases	663,211
Sales	(487,262)
Balance, December 31, 2013	4,718,612
Purchases	882,739
Sales	(355,891)
Balance, December 31, 2014	$ 5,245,460

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

Unobservable (Level 3) Inputs

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

	Fair Value	Valuation Technique	Unobservable Inputs	Weighted Average
December 31, 2014:				
GICs	$ 5,245,460	Discounted cash flow	Contractual interest rate	3.00%
December 31, 2013:				
GICs	4,718,612	Discounted cash flow	Contractual interest rate	3.00%

Note 7: Investment Contracts With Insurance Company

The GICs are fully benefit-responsive investment contracts with Voya. Voya maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan.

As described in the basis of accounting disclosure, because the GIC is fully benefit responsive, contract value, which approximates fair value as estimated by Voya, is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the GIC. Contract

value, as reported to the Plan by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contracts at December 31, 2014 and 2013, was $5,245,460 and $4,718,612. At December 31, 2014 and 2013, the Voya Fixed Plus Account (formerly ING Fixed Plus Account) and Voya Fixed Plus Account II (formerly ING Fixed Plus Account II) have minimum guaranteed interest rates of 3.00 percent. At December 31, 2014 and 2013, the Voya Fixed Account (formerly ING Fixed Account) has a minimum guaranteed interest rate of 1.40 percent and 1.80 percent, respectively. Such interest rates are reviewed on a quarterly basis for resetting.

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

The GICs do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Note 8: Plan Termination

Although it has not expressed any intent to do so, the Sponsor 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 percent vested in their employer contributions.

Note 9: Tax Status

The Plan, together with the investment vehicles, is intended to be a tax-sheltered annuity plan under Section 403(b) of the Internal Revenue Code of 1986, as amended. The Plan has not requested or obtained a determination letter, as the Internal Revenue Service does not currently provide that service for 403(b) plans. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and not subject to tax.

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 Department of Labor or Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2011 issued.

Note 10: Risks and Uncertainties

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

Note 11: Subsequent Events

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

Supplemental Schedule

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

EIN 74-1385192 PN 002

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

December 31, 2014

(a)(b) Identity of Issuer	(c) Description of Investment	(e) Current Value**
Guaranteed Investment Contracts		
* Voya Fixed Plus Account	4,098,473 units, 3.00% interest rate	$ 5,098,104
* Voya Fixed Plus Account II	120,139 units, 3.00% interest rate	130,959
* Voya Fixed Account	28,455 units, 1.55% interest rate	16,397
Pooled Separate Accounts		
Invesco Growth & Income Fund	263,775 units	7,000,598
* Voya T. Rowe Price Capital Appreciation Port - Serv Class Fund	158,655 units	4,553,190
* Voya JPMorgan Mid Cap Value Portfolio - Service Class Fund	144,590 units	3,286,836
American Funds EuroPacific Class R-3 Fund	43,525 units	2,012,613
AIM Small Cap Growth Fund - Class A Fund	31,237 units	1,122,981
Templeton Global Bond Fund - Class A Fund	70,087 units	877,101
* Voya Index Solutions 2035 Portfolio - Service Class Fund	65,860 units	789,660
* Voya Money Market Fund	575,468 units	575,468
American funds Growth Fund - R3	4,822 units	202,600
* Voya Index Solutions 2025 Portfolio - Service Class Fund	13,137 units	152,518
* Voya Index Solutions Income Portfolio	13,941 units	148,607
* Voya Index Solutions 2015 Portfolio - Service Class Fund	7,062 units	75,914
* Voya Strategic Allocation Growth Portfolio - Class I Fund	4,265 units	74,038
Oppenheimer International Small Co-A	1,907 units	61,873
* Voya T. Rowe Price Diversified Mid Cap Growth Port - Initial Fund	2,364 units	55,889
* Voya Growth and Income Portfolio - Class I Fund	3,304 units	54,666
* Voya Oppenhmr Global Portfolio I Fund	2,090 units	41,008
* Voya Large Cap Growth Portfolio - Class I Fund	2,166 units	38,766
Fidelity VIP Contrafund Portfolio - Initial Class Fund	1,128 units	37,680
* Voya Large Cap Value Portfolio - Class I Fund	2,004 units	28,469
American Funds Growth Fund Class R-4 Fund	1,169 units	25,928
* Voya Index Solutions 2045 Portfolio - Service Class Fund	2,058 units	25,359
* Voya Index Plus LargeCap Portfolio - Class I Fund	942 units	19,919
American Funds New Perspective Fund - Class R-4 Fund	730 units	16,962
* Voya Invesco Equity & Income I Fund	887 units	16,904
* Voya Balanced Portfolio, Inc. - Class I Fund	716 units	14,414
* Voya American Century Small-Mid Cap Value Portfolio - Service Fund	472 units	14,358

*A party-in-interest as defined by ERISA.
**Column (d) cost information is not presented because all investments are participant directed.

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

EIN 74-1385192 PN 002

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

December 31, 2014

(a)(b) Identity of Issuer	(c) Description of Investment	(e) Current Value**
Pooled Separate Accounts (Continued)		
* Voya Templeton Foreign Equity Portfolio - Initial Class Fund	1,388 units	$ 14,295
* Voya Intermediate Bond Portfolio - Class I Fund	563 units	12,283
* Voya Global Bond Portfolio - Initial Class Fund	843 units	12,173
* Voya Invesco Comstock Portfolio - Service Class Fund	549 units	12,162
American Funds Washington Mutual Investors Fund Class R-4	568 units	11,721
* Voya Strategic Allocation Moderate Portfolio - Class I Fund	510 units	9,114
* Voya Small Cap Opportunities Portfolio - Class I Fund	457 units	8,560
* Voya Index Plus MidCap Portfolio - Class I Fund	201 units	8,377
* Voya International Value Portfolio - Class I Fund	505 units	8,053
* Voya Small Company Portfolio - Class I Fund	213 units	7,592
American Funds EuroPacific Class R-4 Fund	357 units	7,391
* Voya Global Resources Portfolio - Service Class Fund	503 units	5,708
Fidelity VIP Equity-Income Portfolio - Initial Class Fund	201 units	4,420
* Voya MidCap Opportunities Portfolio - Class I Fund	150 units	4,165
* Voya T. Rowe Price Growth Equity Portfolio - Initial Class Fund	135 units	3,724
Wanger Select Fund	133 units	3,016
Fidelity VIP Growth Portfolio - Initial Class Fund	126 units	2,839
* Voya Money Market Portfolio	202 units	2,667
Oppenheimer Developing Markets Fund A Fund	33 units	2,634
* Voya PIMCO Total Return Fund - Class A	124 units	1,319
Invesco V.I. Core Equity Fund - Series I Shares Fund	68 units	1,137
* Voya Aggregate Bond Portfolio Service Class Fund	63 units	1,098
* Voya Index Solutions 2055 Portfolio - Service Class Fund	46 units	677
Wells Fargo Advantage Special Small Cap Value Fund - Class A Fund	17 units	673
Invesco Van Kampen VI American Franchise Fund	10 units	519
* Voya JPMorgan Emerging Markets Equity Portfolio - Service Class Fund	18 units	404
* Voya Multi-Manager Large Cap Core	18 units	293
* Voya Columbia Contrarian Core Pt Srv	9 units	261
* Voya International Index Portfolio - Class I Fund	9 units	88
Pioneer High Yield VCT Portfolio - Class I Fund	2 units	39

*A party-in-interest as defined by ERISA.
**Column (d) cost information is not presented because all investments are participant directed.

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

EIN 74-1385192 PN 002

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

December 31, 2014

(a)(b) Identity of Issuer	(c) Description of Investment	(e) Current Value**
Pooled Separate Accounts (Continued)		
* Voya Baron Growth Portfolio - Service Class Fund	1 unit	$ 30
Oppenheimer Global Securities Fund/VA Fund	1 unit	12
* Voya Index Plus SmallCap Portfolio - Class I Fund	1 unit	6
Franklin Small Cap Value VIP Fund - Class 2 Fund	1 unit	6
Janus Aspen Series Flexible Bond Portfolio - Inst Shares Fund	1 unit	6
Oppenheimer Global Strategic Income Fund	1 unit	5
Participant Loans		
* Participant loans	Interest rates ranging from 3.92% to 6.84%, varying maturity dates through 2029	482,554
		$ 27,199,800

*A party-in-interest as defined by ERISA.
**Column (d) cost information is not presented because all investments are participant directed.

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

Name of Plan:

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

Employer Identification Number:► 74-1385192

For plan year (beginning/ending):► 01/01/2014 - 12/31/2014 Plan number:► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment includVOYA maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	VOYA	American Funds EuroPacific R3		$2,012,613.11
*	VOYA	American Funds Growth America R-3		$202,599.69
*	VOYA	AIM Small Cap Growth Fund (A)		$1,122,981.40
*	VOYA	VOYA JPMorgan Mid Cap Val Port Srv		$3,272,233.70
*	VOYA	Oppenheimer Intl Small Fund		$61,872.92
*	VOYA	PIMCO Total Return- Class A		$1,319.21
*	VOYA	VOYA Index Solution Income Profile		$148,607.42
*	VOYA	Invesco Growth and Income Fund (A)		$7,000,598.02
*	VOYA	VOYA TRowePrice Captl Apprec Pt Srv		$4,494,564.74
*	VOYA	VOYA Index Solution 2015 Port-Svc		$75,914.25
*	VOYA	VOYA Index Solution 2025 Port-Svc		$152,517.84
*	VOYA	VOYA Index Solution 2035 Port-Svc		$789,660.17
*	VOYA	VOYA Index Solution 2045 Port-Svc		$25,359.04
*	VOYA	VOYA Index Solution 2055 Port-Svc		$677.22
*	VOYA	Templeton Global Bond Fund		$871,036.74
*	VOYA	VOYA Money Market Fund - Cl A		$575,468.26
*	VOYA	VOYA Fixed Plus Account		$5,094,064.27
*	VOYA	Voya Growth and Income Port I		$54,666.48
*	VOYA	VOYA Fixed Account		$16,396.69
*	VOYA	Voya Money Market Portfolio I		$2,666.85
*	VOYA	Voya Intermediate Bond Port I		$12,282.94
*	VOYA	Voya Balanced Portfolio I		$14,413.97
*	VOYA	VOYA Fixed Plus Account		$4,040.14
*	VOYA	Voya Strategic Alloc Growth Port I		$74,037.74
*	VOYA	Voya Strategic Alloc Moderate Port I		$9,113.55
*	VOYA	Voya Index Plus LargeCap Port I		$19,919.69
*	VOYA	VOYA Fixed Plus Account II		$130,958.83
*	VOYA	Voya Small Company Portfolio I		$7,591.99
*	VOYA	Voya Index Plus SmallCap Portfolio I		$6.49
*	VOYA	Voya Index Plus MidCap Portfolio I		$8,377.52
*	VOYA	Franklin Small Cap Value Fund 2		$6.22
*	VOYA	Invesco VanKamp V.I. American Franchise Fnd SI		$519.49
*	VOYA	Invesco V.I. Core Equity Fund SI		$1,137.47
*	VOYA	Oppenheimer Global Securities Fnd/VA		$11.62
*	VOYA	Oppenheimer Strategic Bond Fund/VA		$4.92

Name of Plan:

►

Employer Identification Number:► 74-1385192

For plan year (beginning/ending):► 01/01/2014 - 12/31/2014 Plan number:► 002

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

Name of Plan:

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

Employer Identification Number:► 74-1385192

For plan year (beginning/ending):► 01/01/2014 - 12/31/2014 Plan number:► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment includVOYA maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	VOYA	Fidelity VIP Eqty-Income Port I		$4,419.51
*	VOYA	Fidelity VIP Growth Portfolio I		$2,838.54
*	VOYA	VOYA TRowePrice Grwth Eqty Port I		$3,723.81
*	VOYA	Janus Aspen Srs Flex Bd Port Inst		$5.52
*	VOYA	Fidelity VIP Contrafund Port I		$37,680.11
*	VOYA	Templeton Global Bond Fund A		$6,063.58
*	VOYA	Oppenheimer DevelopVOYA Markets Fnd A		$2,633.52
*	VOYA	WellsFargoAdv Spec Sm Cp Val Fd A		$673.18
*	VOYA	VY Col Cont Core Port Srv		$261.21
*	VOYA	Voya Global Bond Port I		$12,172.85
*	VOYA	VY Oppenhmr Global Port I		$41,007.69
*	VOYA	VY JPMorgan Mid Cap Val Port Srv		$14,601.79
*	VOYA	VY Baron Small Cap Grwth Port Srv		$29.79
*	VOYA	VY Inv Coms Port Srv		$12,161.82
*	VOYA	VY PIMCO Bond Port Srv		$1,097.51
*	VOYA	VY AmCen Sm-Md Cp Val Port Srv		$14,358.24
*	VOYA	VY TRowePrice Divr MdCp Gr Pt I		$55,889.31
*	VOYA	VY Inv Equ and Inc Port- Initial Class		$16,904.12
*	VOYA	American Funds Growth Fnd R4		$25,928.14
*	VOYA	American Funds EuroPacific R4		$7,390.77
*	VOYA	Voya Large Cap Growth Portfolio Inst		$38,765.87
*	VOYA	Voya Pioneer Fund Portfolio Inst		$292.55
*	VOYA	VY JPMorgan Emrg Mkts Eq Port Srv		$403.90
*	VOYA	VY TRowePrice Captl Apprec Pt Srv		$58,625.16
*	VOYA	American Funds Nw Prspctv R4		$16,962.33
*	VOYA	American Funds Wash Mtual R4		$11,721.42
*	VOYA	Wanger Select		$3,016.32
*	VOYA	Pioneer High Yield VCT Portfolio I		$39.14
*	VOYA	Voya MidCap Opp Port Inst		$4,164.73
*	VOYA	Voya Large Cap Value Port Inst		$28,469.27
*	VOYA	Voya International Index Port I		$88.19
*	VOYA	VY Templeton Foreign Eqty Port I		$14,295.34
*	VOYA	Voya Global Resources Portfolio Srv		$5,707.08
*	VOYA	Voya SmallCap Opportunities Prt I		$8,560.04
*	VOYA	Voya International Value Port I		$8,053.18
		Loans		$482,553.00
			Total	**$27,199,801.13**