

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
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☒ special extension (enter description) <u>HURRICANE MATTHEW DISASTER ZONE</u>

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>IRMC 403(B) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>01/01/2003</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INDIAN RIVER MEDICAL CENTER, INC</u> <u>1000 36TH STREET</u> <u>VERO BEACH, FL 32960</u>	2b Employer Identification Number (EIN) <u>59-2496294</u> 2c Plan Sponsor's telephone number <u>772-567-4311</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>11/17/2016</u>	<u>WARREN FULLER</u>
	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)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2473
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1723 6a(2) 1859 6b 0 6c 828 6d 2687 6e 0 6f 2687 6g 2086 6h 69
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2H 2L 2M 2T 2S b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	48781	1018	01/01/2015	12/31/2015

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 1582	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

PICKETT, JERROL G
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1222			3

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

SORRENTION, VINCE
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
148			3

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

Schedule A (Form 5500) 2015
v. 150123

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

RICE, ELLAN R

2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

VAN BUREN, RODNEY J

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43			3

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

LOFLIN, BRENDA M

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
37			3

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

RODRIGUEZ, SEAN P

2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

SILVA, DANIEL

2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

ANDERSON III, HUGH GRANT

2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

TURNBAUGH, YVETTE

2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

JARVIS, STEVEN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12			3

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

DANIEL K CRUMPACKER

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11			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	
			3

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	6476202
5 Current value of plan's interest under this contract in separate accounts at year end	5	16341167

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

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

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

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

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

b Balance at the end of the previous year	7b	6753793
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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)	174364	
(4) Transferred from separate account	7c(4)	291558	
(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	465922
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d Total of balance and additions (add lines 7b and 7c(6))	7d	7219715
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	661654	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	78826	
(4) Other (specify below)	7e(4)	3033	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions	7e(5)	743513
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	6476202
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	48781	1703	01/01/2015	12/31/2015

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 0	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

(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** 8540261**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 6415591**c** Additions: (1) Contributions deposited during the year **7c(1)** 2000868(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 158977(4) Transferred from separate account **7c(4)** 587366(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 2747211**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 9162802**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 507986(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 109586(4) Other (specify below) **7e(4)** 4968▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 622540**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 8540262

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan IRMC 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 INDIAN RIVER MEDICAL CENTER, INC	D Employer Identification Number (EIN) 59-2496294	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VARIABLE ANNUITY LIFE INSURANCE CO
74-1625348

(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

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

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

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

VALIC RETIREMENT SERVICES CO

51-0396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 29 33 49 52 59 60 61 63 64 72 99	NO RELATIONSHIP	68469	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 37 66 28 52 19 29 33 49 59 64 72 99 60 63	NO RELATIONSHIP	28411	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: CROWE HORWATH LLP	b EIN: 35-0921680
c Position:	
d Address: 1395 BRICKELL AVENUE, STE 1150 MIAMI, FL 33131-3311	e Telephone:

Explanation: THE CHANGE IN AUDIT FIRMS WAS A PART OF A NORMAL 3 YEAR ROTATION.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan IRMC 403(B) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 INDIAN RIVER MEDICAL CENTER, INC	D Employer Identification Number (EIN) 59-2496294	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	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)	381664	656587
	(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)	38637248	40636258
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	13473720	15284730
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	52492632	56577575

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	52492632	56577575
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2254934	
(B) Participants	2a(1)(B)	4943166	
(C) Others (including rollovers)	2a(1)(C)	1437282	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8635382
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)	29454	
(F) Other	2b(1)(F)	334728	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		364182
(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)	1632571	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1632571
(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)		-2712243
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7919892

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3668477	
(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)		3668477
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		69593
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	96879	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		96879
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3834949

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4084943
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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	N/A	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.)	☒	☐	☐	1578
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	☐	

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>76-0519990</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

Schedule R (Form 5500) 2015
v. 150123

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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

IRMC 403(b) Plan

Financial Report
December 31, 2015

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Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of IRMC 403(b) Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by The Variable Annuity Life Insurance Company and AIG Federal Savings Bank, the trustees of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustees hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the trustees as of December 31, 2015, and for the year then ended, that the information provided to the Plan Administrator by the trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters 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.

Emphasis of Matter

As discussed in Note 2 to the financial statements, the Plan adopted new accounting guidance related to presentation of fair value of certain investments and disclosure of investments. Prior year disclosures have been revised to reflect the retrospective application of adopting these changes in accounting. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter – 2014 Financial Statements

The financial statements of the Plan as of December 31, 2014, were audited by other auditors whose report, dated October 6, 2015, did not express an opinion on the 2014 financial statements for the same reason described in the Basis for Disclaimer of Opinion paragraph. Their report also indicated the form and content of the information included in the 2014 financial statements, other than that derived from the information certified by the trustees, was presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter – Supplemental Schedules

The supplemental schedule of schedule of assets (held at end of year) and schedule of delinquent participant contributions as of or for the year ended December 31, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustees 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.

RSM US LLP

Orlando, Florida
October 27, 2016

IRMC 403(b) Plan

Statements of Net Assets Available for Benefits December 31, 2015 and 2014

	2015	2014
Assets		
Investments at fair value	<u>\$ 56,282,959</u>	<u>\$ 52,479,460</u>
Receivables:		
Employer contributions	1,278,443	1,158,697
Participant contributions	166,894	146,303
Notes from participants	<u>675,660</u>	<u>384,579</u>
Total receivables	<u>2,120,997</u>	<u>1,689,579</u>
Net assets available for benefits	<u><u>\$ 58,403,956</u></u>	<u><u>\$ 54,169,039</u></u>

See notes to financial statements.

IRMC 403(b) Plan

Statements of Changes in Net Assets Available for Benefits Year Ended December 31, 2015

Additions to net assets attributed to	
Investment results:	
Net depreciation in fair value of investments	\$ (2,712,243)
Interest and dividends	1,993,263
Total investment income	<u>(718,980)</u>
Interest income on notes receivable from participants	<u>20,658</u>
Contributions:	
Participants	4,963,757
Employer	2,374,681
Rollovers from other qualified plans	1,437,282
Total contributions	<u>8,775,720</u>
Total additions	<u>8,077,398</u>
Deductions from net assets attributed to:	
Benefits paid to participants	(3,745,602)
Administrative expenses	(96,879)
Total deductions	<u>(3,842,481)</u>
Net increase in net assets available for benefits	4,234,917
Net assets available for benefits:	
Beginning of year	<u>54,169,039</u>
End of year	<u><u>\$ 58,403,956</u></u>

See notes to financial statements.

IRMC 4039b) Plan

Notes to Financial Statements

Note 1. Plan Description

The following description of the IRMC 403(b) Plan (the Plan), as amended and restated effective October 31, 2011, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan, established in January 1, 2003, is a defined contribution plan covering substantially all employees of Indian River Memorial Hospital, Inc. (the Plan Sponsor, Employer or Hospital). All employees are eligible to make elective deferrals to the Plan upon the date they begin their employment with the Hospital. The Plan management determines the appropriateness of the Plan's investment offerings, monitors investment performance. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

Additionally, upon completion of one year of service, participants that are not classified as fixed rate, temporary or per diem are eligible to receive employer basic contributions. The employer basic contribution is at the Hospital's discretion and may vary from year to year. For the year ended December 31, 2015, the employer basic contribution to the Plan amounted to \$1,237,038.

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

Vesting: Participants are immediately vested in their contributions. Vesting in the remainder of their accounts, plus actual earnings thereon, is based on years of continuous service. Participants are 100% vested in the Hospital's contributions after reaching three years of credited service. A participant is entitled to 100% of his or her account balance upon retirement, death or disability.

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

Forfeitures: Any non-vested account balance remaining after the distribution of a terminated participant's vested account balance is forfeited. As of December 31, 2015 and 2014, forfeited nonvested accounts totaled \$72,286 and \$28,229, respectively. These accounts will be used to reduce future Hospital contributions. During the year ended December 31, 2015, \$37,179 was used to reduce Hospital contributions.

IRMC 403(b) Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

Notes receivable from participants: Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are collateralized by the balance in the participant's account and bear interest at a reasonable fixed rate determined at the date of each note, comparable to the interest rate charged on similar commercial loans by persons in the business of lending money. Note terms are usually a maximum of five years except for the purchase or construction of a primary residence, which may be more than five years. The interest rates were 4.25% on notes outstanding as of December 31, 2015. Principal and interest are paid ratably through payroll deductions.

Assets pledged as collateral: Loans are available to participants through The Variable Annuity Life Insurance Company (VALIC), subject to certain limitations. Loans are issued directly to Plan participants from the funds owned by VALIC. The loans are secured by assets held in the participant's Fixed Account. Issuance of these loans has no impact on the statement of net assets available for benefits. The amount of the Plan assets pledged as collateral for loans issued to participants by VALIC as of December 31, 2015 and 2014, was \$557,952 and \$644,599, respectively.

Note 2. Summary of Significant Accounting Policies

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

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan's Management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: The Plan's investments are reported at fair value. 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. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Contributions: Contributions from Plan participants and the matching contribution from the Sponsor are recorded in the year in which the participant contributions are withheld from amounts paid. Discretionary contributions are recognized upon authorization and in the year the underlying compensation is recognized. All participant and employer contributions are participant-directed. Participant contributions in excess of amounts allowed by regulation are recorded as a liability with a corresponding reduction in contributions.

IRMC 403(b) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant notes are recorded as distributions based on the terms of the Plan agreement.

Payment of benefits: Benefits are recorded when paid.

Administrative and investment management expenses: Loan origination fees associated with notes receivable from participants and the Plan's recordkeeping fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment related expenses are charged to the Plan as a reduction of investment return and included in the net appreciation (depreciation) of fair value of investments reported by the Plan. Certain other expenses of maintaining the Plan are paid directly by the Hospital and are excluded for these financial statements.

Accounting pronouncements adopted: In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The amendments in this Update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value (NAV) per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of financial position. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the NAV per share practical expedient. The amendments in this Update are effective for public business entities for fiscal years beginning after December 15, 2015. For all other entities, the amendments in this Update are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented. The Plan adopted the Update for the 2015 Plan year and the Update was retroactively applied to December 31, 2014. Prior year disclosures in Note 4 have been revised to reflect the retrospective application. The impact of adopting this Update is reflected in the accompanying financial statements.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force)*. The purpose of this Update is to simplify plan accounting. The amendments in Part I of this Update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value; accordingly there will no longer be an adjustment from fair value to contract value on the face of the financial statements. The amendments in Part II of this Update will eliminate the requirements for plans to disclose: (1) individual investments that represent 5% or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. The amendments in Part II of this Update will also require that investments (both participant-directed and nonparticipant-directed investments) of employee benefit plans be grouped only by general type, eliminating the need to disaggregate the investments in multiple ways. In addition, if an investment is measured using the NAV per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor's Form 5500, *Annual Return/Report of Employee Benefit Plan*, as a direct filing entity, disclosure of that investment's strategy will no longer be required.

IRMC 403(b) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

The amendments in Part III of this Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment related accounts as of a month-end date that is closest to the Plan's fiscal year end, when the fiscal period does not coincide with month-end.

The Update may be adopted in whole or by Part (I, II and III), as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. The Plan adopted Part II of the Update for the 2015 Plan year and the Update was retroactively applied to December 31, 2014. The amendments in Parts I and III of this Update were not applicable to the Plan. Prior year disclosures in Notes 3 and 4 have been revised to reflect the retrospective application. The impact of adopting this Update is reflected in the accompanying financial statements.

Subsequent events: The Plan Administrator has evaluated subsequent events (events occurring after December 31, 2015) through October 27, 2016, which is the date the financial statements were available to be issued.

Note 3. Information Certified or Provided by Trustees

The following is a summary of the Plan's asset information, as of December 31, 2015 and 2014, and for the year ended December 31, 2015, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by VALIC and AIG Federal Savings Bank (AIG), the trustees under the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustees that the information provided to the Plan Administrator by the trustees related to the following assets and asset activity is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information that appears throughout the financial statements and supplemental schedule related to the following assets:

	2015	2014 (as revised)
Investments at fair value:		
Shares of registered investment companies (mutual funds)	\$ 24,853,043	\$ 20,595,859
Variable annuity contracts	15,783,215	18,041,389
Investment contracts – VALIC guaranteed accounts	15,646,701	13,842,212
	<u>\$ 56,282,959</u>	<u>\$ 52,479,460</u>
Notes receivable from participants	<u>\$ 675,660</u>	<u>\$ 384,579</u>

VALIC and AIG also certified to the completeness and accuracy of \$2,712,243 of net depreciation in fair value of investments and \$1,993,263 of dividends and interest related to the aforementioned Plan investments, and \$20,658 of interest income related to notes receivable from participants for the year ended December 31, 2015.

IRMC 403(b) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2015 or 2014.

Following is a description of the valuation methodologies used for assets measured at fair value:

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

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

IRMC 403(b) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

Investment contracts: As of December 31, 2015 and 2014, the fair values of the investment contracts have been determined based on the terms of the contracts to approximate contract value (level 3 inputs), as the terms of the contracts prohibit transfer or assignment of rights under the contracts, provide for frequent re- setting of contractual interest rates based upon market conditions, and have no defined maturities. In addition, management has determined that no adjustment from contract value is required for credit quality considerations.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

Description	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies (mutual funds)	\$ 24,853,043	\$ -	\$ -	\$24,853,043
Investment contracts – VALIC guaranteed accounts	-	-	15,646,701	15,646,701
	<u>\$ 24,853,043</u>	<u>\$ -</u>	<u>\$ 15,646,701</u>	<u>40,499,744</u>
Investments measured at NAV (a)				15,783,215
Investments at fair value				<u>\$56,282,959</u>

Description	Assets at Fair Value as of December 31, 2014 (as revised)			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies (mutual funds)	\$20,595,859	\$ -	\$ -	\$20,595,859
Investment contracts – VALIC guaranteed accounts	-	-	13,842,212	13,842,212
	<u>\$ 20,595,859</u>	<u>\$ -</u>	<u>\$ 13,842,212</u>	<u>34,438,071</u>
Investments measured at NAV (a)				18,041,389
Investments at fair value				<u>\$52,479,460</u>

- (a) In accordance with Subtopic 820-10 as amended by ASU 2015-07, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

IRMC 403(b) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following table sets forth additional disclosures for the Plan's investments whose fair value is estimated using the net asset value per share (or its equivalent) as of December 31, 2015 and 2014:

Investment	Fair Value December 31		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	2015	2014			
Pooled separate accounts	<u>\$ 15,783,215</u>	<u>\$ 18,041,389</u>	None	Immediate	None

The table below presents a reconciliation of all investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended December 31, 2015:

	Investment Contracts
Balance, January 1, 2015	\$ 13,842,212
Interest income on investment contracts held at end of year	360,692
Purchases	2,485,163
Sales	(1,041,366)
Balance, December 31, 2015	<u>\$ 15,646,701</u>

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2015, there were no transfers in or out of Levels 1, 2 or 3.

Note 5. Tax Status

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

GAAP require Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more than likely than not would be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

IRMC 403(b) Plan

Notes to Financial Statements

Note 6. Plan Termination and Amendment

Although the Hospital has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to amend any or all provisions of the Plan as well as discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts, and the net assets of the Plan must be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

Note 7. Related Party Transactions and Parties-in-Interest

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan invests in certain variable annuity contracts and investment contracts managed by VALIC. These investments are considered parties-in-interest investments. VALIC is also one of the trustees of the Plan; therefore, transactions with the trustee qualify as parties-in-interest transactions. Fees paid by the Plan directly to VALIC totaled \$96,879 for the year ended December 31, 2015. Fees paid by the Plan to parties-in-interest for investment management services were included as a reduction of the return earned by each fund. Certain other administrative expenses are paid directly by the Plan Sponsor on behalf of the Plan. Certain administrative functions are performed by employees of the Hospital. No such employee receives compensation from the Plan.

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	\$ 58,403,956	\$ 54,169,039
Less:		
Employer contributions receivable	(1,278,443)	(1,158,697)
Participant contributions receivable	(166,894)	(146,303)
Defaulted loans	(381,044)	(371,407)
Net assets per the Form 5500	<u>\$ 56,577,575</u>	<u>\$ 52,492,632</u>

IRMC 403(b) Plan

Notes to Financial Statements

Note 8. Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 4,234,917
Less:	
Current year participant contributions receivable	(166,894)
Current year employer contributions receivable	(1,278,443)
Current year defaulted notes receivable	(381,044)
Plus:	
Prior year participant contributions receivable	146,303
Prior year employer contributions receivable	1,158,697
Prior year defaulted notes receivable	371,407
Net income per the Form 5500	<u><u>\$ 4,084,943</u></u>

IRMC 403(b) Plan**Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
Year Ended December 31, 2015**

Employer Identification Number: 45-2675571

Plan Number: 001

Participant Contributions

Transferred Late to Plan

Totals That Constitute Non-Exempt Prohibited Transactions

Check Here if Late Participant Loan Repayments are Included [X]	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2015	\$ -	\$ 1,381	\$ -	\$ -
2014	-	197	-	-

Participant contributions were remitted untimely during the 2015 and 2014 Plan years. Late remittances and lost earnings of \$1,381 and \$65, respectively, related to 2015, were remitted to the Plan in 2016. Late remittances and lost earnings of \$197 and \$13, respectively, related to 2014, were remitted to the Plan in 2016.

IRMC 403(b) Plan

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2015**

Employer Identification Number: 59-6152180

Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
Guaranteed investment accounts:				
*	VALIC	VALIC Fixed-Interest Account		\$ 8,540,261
*	VALIC	Fixed Account Plus		6,145,476
*	VALIC	Short-Term Fixed Account		960,964
				<u>15,646,701</u>
Variable annuity contracts:				
*	VALIC	Vanguard Wellington Fund		2,864,535
*	VALIC	Global Strategy Fund		1,772,770
*	VALIC	Vanguard Windsor II Fund		1,335,506
*	VALIC	Mid Cap Index Fund		1,198,982
*	VALIC	Stock Index Fund		1,086,917
*	VALIC	Ariel Fund		798,063
*	VALIC	Ariel Appreciation Fund		754,626
*	VALIC	Small Cap Index Fund		654,124
*	VALIC	Vanguard Long-Term Treasury Fund		607,373
*	VALIC	Core Bond Fund		482,610
*	VALIC	Strategic Bond Fund		451,379
*	VALIC	Socially Responsible Fund		374,088
*	VALIC	Foreign Value Fund		321,750
*	VALIC	Mid Cap Value Fund		320,804
*	VALIC	International Growth Fund		259,826
*	VALIC	Emerging Economies Fund		218,787
*	VALIC	International Opportunities Fund		217,276
*	VALIC	NASDAQ-100 R Index Fund		210,892
*	VALIC	Small Cap Value Fund		182,899
*	VALIC	Inflation Protected Fund		173,198
*	VALIC	Capital Conservation Fund		143,173
*	VALIC	High Yield Bond Fund		134,695
*	VALIC	Blue Chip Growth Fund		132,231
*	VALIC	Global Real Estate Fund		130,450
*	VALIC	Vanguard LT Inv-Grade Fund		102,840
*	VALIC	Government Securities Fund		98,783
*	VALIC	Health Sciences Fund		97,820
*	VALIC	Vanguard Lifestrategy Growth Fund		77,455
*	VALIC	Money Market I Fund		62,644
*	VALIC	International Equities Fund		62,106
*	VALIC	Mid Cap Strategic Growth Fund		58,606
*	VALIC	Global Social Awareness Fund		51,766
*	VALIC	Vanguard Lifestrategy Moderate Fund		49,175
*	VALIC	Science & Technology Fund		45,915
*	VALIC	Dividend Value Fund		44,933
*	VALIC	Small Cap Growth Fund		39,656
*	VALIC	Large Cap Core Fund		32,740
*	VALIC	SM Cap Aggressive Growth Fund		28,671
*	VALIC	Conservative Growth Lifestyle Fund		21,762
*	VALIC	Large Cap Value Fund		17,931
*	VALIC	Growth & Income Fund		14,393

(Continued)

IRMC 403(b) Plan
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2015**

Employer Identification Number: 59-6152180

Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
Variable annuity contracts (continued):				
*	VALIC	Value Fund	\$	8,646
*	VALIC	Small Cap Special Value Fund		6,347
*	VALIC	Broad Cap Value Income Fund		5,485
*	VALIC	Money Market II Fund		5,058
*	VALIC	International Government Bond Fund		5,007
*	VALIC	Aggressive Growth Lifestyle Fund		3,791
*	VALIC	Mid Cap Growth Fund		3,407
*	VALIC	Growth Fund		3,159
*	VALIC	Small Cap Fund		1,984
*	VALIC	Small Mid Growth Fund		1,971
*	VALIC	AM Beac Holland LG Cap Growth Fund		1,878
*	VALIC	Large Capital Growth Fund		1,820
*	VALIC	Capital Appreciation Fund		499
*	VALIC	Sunam 2020 High Watermark Fund		13
				<u>15,783,215</u>
Shares of registered investment companies (mutual funds):				
	Dreyfus	Dreyfus S&P 500 Index Fund		4,637,749
	American Funds	American Funds Europacific Fund		4,489,370
	MFS	MFS Lifetime 2030 R3 Fund		3,275,695
	Dreyfus	Dreyfus Small Cap Stk Index Fund		2,517,242
	Dreyfus	Dreyfus Midcap Index Fund		1,947,118
	MFS	MFS Research Bond A Fund		1,839,694
	Goldman Sachs	Goldman Sachs MD CP Val A Fund		1,807,190
	Loomis Sayles Funds	Loomis Sayles Bond Ret Fund		1,078,228
	T. Rowe Price	T. Rowe Price Equity Income Advantage Fund		784,132
	MFS	MFS Lifetime 2020 R3 Fund		760,716
	OppenheimerFunds	Oppenheimer Developing Markets A Fund		468,764
	Ridgeworth	Ridgeworth Small Cap Value Equity A Fund		410,937
	MFS	MFS Lifetime 2050 R3 Fund		185,258
	JP Morgan	JP Morgan Small Cap Gr A Fund		157,993
	OppenheimerFunds	Oppenheimer International Small Mid Co A Fund		129,278
	MFS	MFS Growth R3 Fund		128,637
	MFS	MFS Lifetime 2040 R3 Fund		123,667
	MFS	MFS Lifetime Income R3 Fund		74,823
	MSIF	MSIF Trust Mid Cap Growth A Fund		33,593
	Federated	Federated S/T Income Instl SVC Fund		2,959
				<u>24,853,043</u>
*	Participants	Participants loans***: Interest rates of 4.25% maturing through 2027		<u>675,660</u>
				<u>\$ 56,958,619</u>

* Designates a party-in-interest as defined by ERISA.

** All investments are participant directed; therefore, cost information has not been presented.

*** Net of \$69,593 of deemed loan distributions.

The above information has been certified by The Variable Annuity Life Insurance Company (VALIC) and AIG Federal Savings Bank, the trustees of the Plan, to be complete and accurate.

Form 5500 -2015

Attachment

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

Name of plan IRMH 403(b) Plan			Three-digit ERISA plan number 002	
Name of plan sponsor as shown on line 2a of Form 5500 Indian River Medical Center, Inc.			Employer Identification Number 59-2496294	
Contract Number: 48781 Plan Number: 002				
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS		5,587,524
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		888,678
	VALIC GENERAL ACCOUNT	FORFEITURE		72,286
	VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE		3,791
	VALIC SEPARATE ACCOUNT A	AM BEAC HOLLAND LG CAP GROWTH		1,878
	VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND		754,626
	VALIC SEPARATE ACCOUNT A	ARIEL FUND		798,063
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		132,231
	VALIC SEPARATE ACCOUNT A	BROAD CAP VALUE INC		5,485
	VALIC SEPARATE ACCOUNT A	CAPITAL APPRECIATION FUND		499
	VALIC SEPARATE ACCOUNT A	CAPITAL CONSERVATION		143,173
	VALIC SEPARATE ACCOUNT A	CONSERVATIVE GROWTH LIFESTYLE		21,762
	VALIC SEPARATE ACCOUNT A	CORE BOND FUND		482,610
	VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE		44,933
	VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES		218,787
	VALIC SEPARATE ACCOUNT A	FOREIGN VALUE		321,750
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		130,450
	VALIC SEPARATE ACCOUNT A	GLOBAL SOCIAL AWARENESS FUND		51,766
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		1,772,770
	VALIC SEPARATE ACCOUNT A	GOVERNMENT SECURITIES FUND		98,783
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		14,393
	VALIC SEPARATE ACCOUNT A	GROWTH FUND		3,159
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND		97,820
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND		134,695
	VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND		173,198
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GOVERNMENT BOND		5,007
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH I FUND		259,826
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL EQUITIES INDEX FUND		62,106
	VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES		217,276
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		32,740
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		17,931
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		1,820
	VALIC SEPARATE ACCOUNT A	MID CAP GROWTH FUND		3,407
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		1,198,982
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		58,606
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		320,804
	VALIC SEPARATE ACCOUNT A	MONEY MARKET I FUND		62,644
	VALIC SEPARATE ACCOUNT A	MONEY MARKET II FUND		5,058
	VALIC SEPARATE ACCOUNT A	NASDAQ-100(R) INDEX FUND		210,892
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		45,915
	VALIC SEPARATE ACCOUNT A	SM CAP AGGRESSIVE GWTH		28,671
	VALIC SEPARATE ACCOUNT A	SMALL CAP FUND		1,984
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND		39,656
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		654,124
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		6,347
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		182,899
	VALIC SEPARATE ACCOUNT A	SMALL MID GROWTH FUND		1,971
	VALIC SEPARATE ACCOUNT A	SOCIALLY RESPONSIBLE FUND		374,088
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		1,086,916
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND		451,379
	VALIC SEPARATE ACCOUNT A	SUNAM 2020 HIGH WATERMARK		13
	VALIC SEPARATE ACCOUNT A	VALUE FUND		8,646
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY GROWTH		77,455
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY MODERA		49,175
	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY		607,373
	VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND		102,840
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND, INC.		2,864,535
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		1,335,506

	Participant Loans	(3% - 4.25%)		852,568
	VALIC FIXED-INTEREST	VALIC FIXED-INTEREST		8,540,261
	AMER FUNDS EUROPAC R4	MUTUAL FUND - AMER FUNDS EUROPAC R4		4,489,370
	DREYFUS MIDCAP INDEX	MUTUAL FUND - DREYFUS MIDCAP INDEX		1,947,118
	DREYFUS S&P 500 INDEX	MUTUAL FUND - DREYFUS S&P 500 INDEX		4,637,749
	DREYFUS SM CAP STK INDX	MUTUAL FUND - DREYFUS SM CAP STK INDX		2,517,242
	FEDERATED S/T INCOME INSTL SVC	MUTUAL FUND - FEDERATED S/T INCOME INSTL SVC		2,959
	GOLDMAN SACHS MD CP VAL A	MUTUAL FUND - GOLDMAN SACHS MD CP VAL A		1,807,190
	JP MORGAN SMALL CAP GR A	MUTUAL FUND - JP MORGAN SMALL CAP GR A		157,993
	LOOMIS SAYLES BOND RET	MUTUAL FUND - LOOMIS SAYLES BOND RET		1,078,228
	MFS GROWTH R3	MUTUAL FUND - MFS GROWTH R3		128,637
	MFS LIFETIME 2020 R3	MUTUAL FUND - MFS LIFETIME 2020 R3		760,716
	MFS LIFETIME 2030 R3	MUTUAL FUND - MFS LIFETIME 2030 R3		3,275,695
	MFS LIFETIME 2040 R3	MUTUAL FUND - MFS LIFETIME 2040 R3		123,667
	MFS LIFETIME 2050 R3	MUTUAL FUND - MFS LIFETIME 2050 R3		185,258
	MFS LIFETIME RETIREMENT INC R3	MUTUAL FUND - MFS LIFETIME RETIREMENT INC R3		74,823
	MFS RESEARCH BOND A	MUTUAL FUND - MFSRESEARCH BOND A		1,839,694
	MFS TRUST MID CAP GROWTH A	MUTUAL FUND - MFS TRUST MID CAP GROWTH A		33,593
	OPPENHEIMER DEVELOP MKTA	MUTUAL FUND - OPPENHEIMER DEVELOP MKTA		468,764
	OPPENHEIMER INTL SM MID CO A	MUTUAL FUND - OPPENHEIMER INTL SM MID CO A		129,278
	RIDGEWORTH SMALL CAP VAL EQ A	MUTUAL FUND - RIDGEWORTH SMALL CAP VAL EQ A		410,937
	T ROWE PRICE EQ INC ADV	MUTUAL FUND - T ROWE PRICE EQ INC ADV		784,131