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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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|               |                                                                                                                                                                                                                                                                                                                                                                       |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Annual Report Identification Information</b><br>For calendar plan year 2016 or fiscal plan year beginning <u>10/01/2016</u> and ending <u>09/30/2017</u>                                                                                                                                                                                                           |
| <b>A</b>      | This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b>      | This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                          |
| <b>C</b>      | If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                            |
| <b>D</b>      | Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                |                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                                |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                       |           |                                                                                                                                                                                                                |
| <b>1a</b>      | Name of plan<br><u>INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN</u>                                                                                                                                                                                                                                                                                             | <b>1b</b> | Three-digit plan number (PN) ► <u>001</u>                                                                                                                                                                      |
|                |                                                                                                                                                                                                                                                                                                                                                                      | <b>1c</b> | Effective date of plan<br><u>01/01/1985</u>                                                                                                                                                                    |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>INDIAN RIVER MEMORIAL HOSPITAL INC.</u><br><br><u>1000 36TH STREET</u><br><u>VERO BEACH, FL 32960-6592</u> |           | <b>2b</b> Employer Identification Number (EIN)<br><u>59-2496294</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>772-567-4311</u><br><br><b>2d</b> Business code (see instructions)<br><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.

|                                                                                                 |                                                          |                   |                                                              |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | <u>Filed with authorized/valid electronic signature.</u> | <u>07/16/2018</u> | <u>WARREN FULLER</u>                                         |
|                                                                                                 | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                                  | 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                                  |
|                                                                                                 |                                                          |                   |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 1304                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 276<br><b>6a(2)</b> 256<br><b>6b</b> 736<br><b>6c</b> 178<br><b>6d</b> 1170<br><b>6e</b> 59<br><b>6f</b> 1229<br><b>6g</b><br><b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN</u>                                                         | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>INDIAN RIVER MEMORIAL HOSPITAL INC.</u>                    | <b>D</b> Employer Identification Number (EIN)<br><u>59-2496294</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2016</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>70890297</u>                                                     |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>70696632</u>                                                     |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <u>767</u> <u>47068405</u> <u>47068405</u>                                    |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>265</u> <u>9698931</u> <u>9698931</u>                                      |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>276</u> <u>12948852</u> <u>12950890</u>                                    |
| <b>d</b> Total.....                                                                                                                                                                                             | <u>1308</u> <u>69716188</u> <u>69718226</u>                                   |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>5.99 %</u>                                                        |
| <b>6</b> Target normal cost.....                                                                                                                                                                                | <b>6</b> <u>810000</u>                                                        |

**Statement by Enrolled Actuary**

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

|                                                                                              |                               |                                        |
|----------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                                             |                               | <u>07/06/2018</u>                      |
|                                                                                              | Signature of actuary          | Date                                   |
| <u>WILLIAM R. LOTH</u>                                                                       | Type or print name of actuary | <u>17-07878</u>                        |
| <u>TOWERS WATSON DELAWARE INC.</u>                                                           | Firm name                     | Most recent enrollment number          |
| <u>1500 MARKET STREET</u><br><u>CENTRE SQUARE EAST</u><br><u>PHILADELPHIA, PA 19102-4790</u> | Address of the firm           | <u>215-246-6000</u>                    |
|                                                                                              |                               | Telephone number (including area code) |

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2016**  
**v. 160205**

| Part II Beginning of Year Carryover and Prefunding Balances |                                                                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7                                                           | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                          | 0                     | 228325                 |
| 8                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       | 0                     | 0                      |
| 9                                                           | Amount remaining (line 7 minus line 8) .....                                                                                                             | 0                     | 228325                 |
| 10                                                          | Interest on line 9 using prior year's actual return of <u>12.02</u> % .....                                                                              | 0                     | 27445                  |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                       |                        |
| a                                                           | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                       | 0                      |
| b(1)                                                        | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.21</u> % ..... |                       | 0                      |
| b(2)                                                        | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....                                                                     |                       | 0                      |
| d                                                           | Portion of (c) to be added to prefunding balance .....                                                                                                   |                       | 0                      |
| 12                                                          | Other reductions in balances due to elections or deemed elections .....                                                                                  | 0                     | 0                      |
| 13                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                       | 0                     | 255770                 |

| Part III Funding Percentages |                                                                                                                                                                  |    |         |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14                           | Funding target attainment percentage .....                                                                                                                       | 14 | 101.03% |
| 15                           | Adjusted funding target attainment percentage .....                                                                                                              | 15 | 101.40% |
| 16                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | 16 | 103.34% |
| 17                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | 17 | %       |

| Part IV Contributions and Liquidity Shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 06/13/2018                                                                        | 97000                             | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                          |                                   |                                 | 18(b)                    | 97000                             | 18(c) 0                         |

|                                                                                                                               |                                                                     |
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| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| a Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | 19a 0                                                               |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b 0                                                               |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | 19c 87866                                                           |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| c If line 20a is "Yes," see instructions and complete the following table as applicable:                                      |                                                                     |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

|                       |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>Part V</b>         | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                       |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>21</b>             | Discount rate:                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>a</b>              | Segment rates:                                                                                                                                                                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment:<br/>4.43%</td> <td style="width: 33%;">2nd segment:<br/>5.91%</td> <td style="width: 33%;">3rd segment:<br/>6.65%</td> </tr> </table> | 1st segment:<br>4.43% | 2nd segment:<br>5.91% | 3rd segment:<br>6.65% | <input type="checkbox"/> N/A, full yield curve used |
| 1st segment:<br>4.43% | 2nd segment:<br>5.91%                                                                                                                                                                                                            | 3rd segment:<br>6.65%                                                                                                                                                                                                                              |                       |                       |                       |                                                     |
| <b>b</b>              | Applicable month (enter code) .....                                                                                                                                                                                              | <b>21b</b>                                                                                                                                                                                                                                         | 4                     |                       |                       |                                                     |
| <b>22</b>             | Weighted average retirement age .....                                                                                                                                                                                            | <b>22</b>                                                                                                                                                                                                                                          | 63                    |                       |                       |                                                     |
| <b>23</b>             | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                               |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>Part VI</b>        | <b>Miscellaneous Items</b>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>24</b>             | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>25</b>             | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>26</b>             | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>27</b>             | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                                                                                       | <b>27</b>                                                                                                                                                                                                                                          |                       |                       |                       |                                                     |
| <b>Part VII</b>       | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                   |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>28</b>             | Unpaid minimum required contributions for all prior years .....                                                                                                                                                                  | <b>28</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>29</b>             | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....                                                                                                       | <b>29</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>30</b>             | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                          | <b>30</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>Part VIII</b>      | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                            |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>31</b>             | Target normal cost and excess assets (see instructions):                                                                                                                                                                         |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>a</b>              | Target normal cost (line 6) .....                                                                                                                                                                                                | <b>31a</b>                                                                                                                                                                                                                                         | 810000                |                       |                       |                                                     |
| <b>b</b>              | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                | <b>31b</b>                                                                                                                                                                                                                                         | 722636                |                       |                       |                                                     |
| <b>32</b>             | Amortization installments:                                                                                                                                                                                                       | Outstanding Balance                                                                                                                                                                                                                                | Installment           |                       |                       |                                                     |
| <b>a</b>              | Net shortfall amortization installment .....                                                                                                                                                                                     | 0                                                                                                                                                                                                                                                  | 0                     |                       |                       |                                                     |
| <b>b</b>              | Waiver amortization installment .....                                                                                                                                                                                            | 0                                                                                                                                                                                                                                                  | 0                     |                       |                       |                                                     |
| <b>33</b>             | If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....                                                       | <b>33</b>                                                                                                                                                                                                                                          |                       |                       |                       |                                                     |
| <b>34</b>             | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                                                                               | <b>34</b>                                                                                                                                                                                                                                          | 87364                 |                       |                       |                                                     |
|                       |                                                                                                                                                                                                                                  | Carryover balance                                                                                                                                                                                                                                  | Prefunding balance    |                       |                       |                                                     |
| <b>35</b>             | Balances elected for use to offset funding requirement .....                                                                                                                                                                     | 0                                                                                                                                                                                                                                                  | 0                     |                       |                       |                                                     |
| <b>36</b>             | Additional cash requirement (line 34 minus line 35) .....                                                                                                                                                                        | <b>36</b>                                                                                                                                                                                                                                          | 87364                 |                       |                       |                                                     |
| <b>37</b>             | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                                                                        | <b>37</b>                                                                                                                                                                                                                                          | 87866                 |                       |                       |                                                     |
| <b>38</b>             | Present value of excess contributions for current year (see instructions)                                                                                                                                                        |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>a</b>              | Total (excess, if any, of line 37 over line 36) .....                                                                                                                                                                            | <b>38a</b>                                                                                                                                                                                                                                         | 502                   |                       |                       |                                                     |
| <b>b</b>              | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                     | <b>38b</b>                                                                                                                                                                                                                                         | 0                     |                       |                       |                                                     |
| <b>39</b>             | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                            | <b>39</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>40</b>             | Unpaid minimum required contributions for all years .....                                                                                                                                                                        | <b>40</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>Part IX</b>        | <b>Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b>                                                                                                                                                |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>41</b>             | If an election was made to use PRA 2010 funding relief for this plan:                                                                                                                                                            |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>a</b>              | Schedule elected .....                                                                                                                                                                                                           | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                                                                                                                                                          |                       |                       |                       |                                                     |
| <b>b</b>              | Eligible plan year(s) for which the election in line 41a was made .....                                                                                                                                                          | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011                                                                                                                            |                       |                       |                       |                                                     |
| <b>42</b>             | Amount of acceleration adjustment .....                                                                                                                                                                                          | <b>42</b>                                                                                                                                                                                                                                          |                       |                       |                       |                                                     |
| <b>43</b>             | Excess installment acceleration amount to be carried over to future plan years .....                                                                                                                                             | <b>43</b>                                                                                                                                                                                                                                          |                       |                       |                       |                                                     |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2016</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2016 or fiscal plan year beginning **10/01/2016** and ending **09/30/2017**

|                                                                                                             |                                                                    |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN</b>                           | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>INDIAN RIVER MEMORIAL HOSPITAL INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>59-2496294</b> |

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

|                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><b>ASTON/RIVER DIV A/C VAL 2 I</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|

**45-5079797**

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

**56-2427157**

|                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><b>BMO PYRFORD INT'L STOCK I</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|

**45-3830629**

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

**13-4085156**

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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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DREYFUS INTERNATIONAL STOCK I

20-5992762

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

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

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

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

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

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

---

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

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

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

TOWERS WATSON DELAWARE INC.

53-0181291

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 50                         | NONE                                                                                                     | 254825                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

LCG ASSOCIATES

72-0734507

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27 50                         | NONE                                                                                                     | 75000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

STATE STREET BANK

04-3224380

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21 50                         | NONE                                                                                                     | 27078                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

RSM US LLP

42-0714325

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 19157                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                                                                         |                     |              |
|--------------------|-------------------------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | LORI WOLFERSBERGER                                                      | <b>b</b> EIN:       | 53-0181291   |
| <b>c</b> Position: | ENROLLED ACTUARY                                                        |                     |              |
| <b>d</b> Address:  | 1500 MARKET STREET<br>CENTRE SQUARE EAST<br>PHILADELPHIA, PA 19102-4790 | <b>e</b> Telephone: | 215-246-6000 |

Explanation: REASSIGNMENT OF WORK WITHIN WILLIS TOWERS WATSON

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

|                                                                                                                    |                                                                            |            |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN</u>                                  | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>INDIAN RIVER MEMORIAL HOSPITAL INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>59-2496294</u>         |            |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: U.S. AGGREGATE BOND INDEX SL FUND

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

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>04-0025081-069</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21175352</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.**

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

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

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

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

|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>2016</b>                                   |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                                             |                                                                    |            |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <b>10/01/2016</b> and ending <b>09/30/2017</b>    |                                                                    |            |
| <b>A</b> Name of plan<br><b>INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN</b>                           | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                             |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>INDIAN RIVER MEMORIAL HOSPITAL INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>59-2496294</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 0                     | 97000           |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 187                   | 1749            |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 698934                | 3116223         |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 21211418              | 21175352        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 48979758              | 45393260        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                   |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 70890297 69783584 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             | 244444 286141     |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 244444 286141     |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 70645853 69497443 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 97000     |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> |           |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 97000     |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> | 11071     |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> |           |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 11071     |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> | 3661840   |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 3661840   |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> | 2881505   |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 2881505   |

|                                                                                                |        | (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) |            | 202120    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 6853536   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 7136410 |         |
| (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) |         | 7136410 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         |         |
| h Interest expense.....                                                              | 2h    |         |         |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) | 254825  |         |
| (2) Contract administrator fees.....                                                 | 2i(2) | 27078   |         |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 94157   |         |
| (4) Other .....                                                                      | 2i(4) | 489476  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |         | 865536  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 8001946 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -1148410 |
| 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:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> |     |    |        |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |        |

**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  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4053986. (See instructions.)

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

|                                                                                                             |                                                                    |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>INDIAN RIVER MEMORIAL HOSPITAL, INC. PENSION PLAN</u>                           | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>INDIAN RIVER MEMORIAL HOSPITAL INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>59-2496294</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                       |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                                                                                                | <b>1</b> | <u>0</u>  |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____<br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |          |           |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                      | <b>3</b> | <u>63</u> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                             |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                              |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input checked="" type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016  
v. 160205

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
| <b>a</b>  | The current year .....                                                                                                                                                                                                                               | <b>14a</b> |  |
| <b>b</b>  | The plan year immediately preceding the current plan year .....                                                                                                                                                                                      | <b>14b</b> |  |
| <b>c</b>  | The second preceding plan year .....                                                                                                                                                                                                                 | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                         |            |  |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                         | <b>15a</b> |  |
| <b>b</b>  | The corresponding number for the second preceding plan year .....                                                                                                                                                                                    | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                      | <b>16a</b> |  |
| <b>b</b>  | If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                        | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)<br><b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>69.1</u> % Investment-Grade Debt: <u>29.9</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>1.0</u> %<br><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input checked="" type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more<br><b>c</b> What duration measure was used to calculate line 19(b)?<br><input checked="" type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                           | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                               | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? .....    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter     /     /     and the serial number     . |                                                                                                                                                                                   |
| <b>22b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter     /     /     .                                  |                                                                                                                                                                                   |



RSM US LLP

## Independent Auditor's Report

To the Employee Benefit Plan Committee  
Indian River Memorial Hospital, Inc. Pension Plan

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Indian River Memorial Hospital, Inc. Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of September 30, 2017 and 2016, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified or provided by State Street Bank & Trust Company, the trustee 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 trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of September 30, 2017 and 2016, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

### Disclaimer of Opinion

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

**Other Matter – Supplemental Schedules**

The supplemental schedules of assets (held at end of year) as of September 30, 2017, and reportable transactions for the year ended September 30, 2017, 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 the 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 derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*RSM VS LLP*

Orlando, Florida  
July 16, 2018

**Indian River Memorial Hospital, Inc. Pension Plan**

**Statements of Net Assets Available for Benefits  
September 30, 2017 and 2016**

|                                                          | 2017                            | 2016                            |
|----------------------------------------------------------|---------------------------------|---------------------------------|
| <b>Assets</b>                                            |                                 |                                 |
| Investments, at fair value:                              |                                 |                                 |
| Shares of registered investment companies (mutual funds) | \$ 47,796,173                   | \$ 48,979,758                   |
| Common collective trust funds                            | <u>24,291,575</u>               | <u>21,910,352</u>               |
| <b>Total investments</b>                                 | <u>72,087,748</u>               | <u>70,890,110</u>               |
| Receivables:                                             |                                 |                                 |
| Employer's contribution                                  | 97,000                          | -                               |
| Accrued interest receivable                              | <u>1,749</u>                    | <u>187</u>                      |
| <b>Total receivables</b>                                 | <u>98,749</u>                   | <u>187</u>                      |
| <br><b>Total assets</b>                                  | <br><b>72,186,497</b>           | <br><b>70,890,297</b>           |
| <b>Liabilities</b>                                       |                                 |                                 |
| Accounts payable                                         | <u>286,141</u>                  | <u>244,444</u>                  |
| <br><b>Net assets available for benefits</b>             | <br><b><u>\$ 71,900,356</u></b> | <br><b><u>\$ 70,645,853</u></b> |

See notes to financial statements.

**Indian River Memorial Hospital, Inc. Pension Plan**

**Statements of Changes in Net Assets Available for Benefits  
Years Ended September 30, 2017 and 2016**

|                                                                     | 2017                        | 2016                        |
|---------------------------------------------------------------------|-----------------------------|-----------------------------|
| Additions to net assets attributed to:                              |                             |                             |
| Investment results:                                                 |                             |                             |
| Net appreciation in fair value of investments                       | \$ 3,083,623                | \$ 424,747                  |
| Interest and dividends                                              | 3,672,911                   | 8,204,752                   |
|                                                                     | <u>6,756,534</u>            | <u>8,629,499</u>            |
| Employer contributions                                              | 97,000                      | -                           |
| <b>Total additions</b>                                              | <u>6,853,534</u>            | <u>8,629,499</u>            |
| Deductions from net assets attributed to:                           |                             |                             |
| Benefits paid to participants                                       | 4,733,495                   | 8,492,282                   |
| Administrative expenses                                             | 865,536                     | 999,488                     |
| <b>Total deductions</b>                                             | <u>5,599,031</u>            | <u>9,491,770</u>            |
| <b>Net increase (decrease) in net assets available for benefits</b> | <b>1,254,503</b>            | <b>(862,271)</b>            |
| Net assets available for benefits:                                  |                             |                             |
| Beginning of year                                                   | <u>70,645,853</u>           | <u>71,508,124</u>           |
| End of year                                                         | <u><u>\$ 71,900,356</u></u> | <u><u>\$ 70,645,853</u></u> |

See notes to financial statements.

## Indian River Memorial Hospital, Inc. Pension Plan

### Notes to Financial Statements

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#### Note 1. Description of Plan

The following description of the Indian River Memorial Hospital, Inc. Pension Plan (the Plan), as amended and restated effective October 1, 2014, provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General:** The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Indian River Memorial Hospital, Inc. (the Hospital, Employer or Sponsor), who met certain minimum age and service requirements. The Indian River Memorial Hospital Benefit Plan Committee is responsible for oversight of the Plan. State Street Bank & Trust Company, the trustee of the Plan, determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Indian River Memorial Hospital Benefit Plan Committee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

As of December 31, 2002, entry to the Plan was frozen and benefits stopped accruing to all employees, except for a select group of collectively bargained employees. As of December 31, 2005, entry to the Plan was frozen and benefits stopped accruing to all collectively bargained employees regardless of age.

**Eligibility:** An employee of the Hospital was eligible to participate in the Plan upon attainment of age 21 and completion of one year of service, during which an employee had at least 1,000 hours of service with the Hospital.

**Contributions:** Contributions are made by the Hospital in amounts as determined by the application of accepted actuarial methods and assumptions (see Note 3).

**Vesting:** Participants were fully vested upon completion of five years of credited service. Participants with less than five years of credited service were not vested. In the event employees terminated before rendering five years of credited service, they forfeited the right to receive their accumulated plan benefits.

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

Effective September 1, 2016, the Plan was amended to allow for one-time voluntary lump-sum benefit distributions to eligible participants who terminated employment prior to October 1, 2015, had not commenced benefit payments and met certain other criteria. Distributions under this amendment may be made during the one year period following the effective date of the amendment, but may not exceed an aggregate total of \$3,900,000. During the plan year ended September 30, 2016, lump-sum distributions under this amendment totaled \$3,840,000.

Effective September 1, 2017, the Plan was amended to allow for one-time voluntary lump-sum benefit distributions to eligible participants who terminated employment prior to October 1, 2016, had not commenced benefit payments and met certain other criteria. Distributions under this amendment may be made during the one year period following the effective date of the amendment, but may not exceed an aggregate total of \$3,230,000. Subsequent to September 30, 2017, lump-sum distributions of approximately \$2,403,000 were paid under this amendment.

## Indian River Memorial Hospital, Inc. Pension Plan

### Notes to Financial Statements

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#### Note 1. Description of Plan (Continued)

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

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

#### Note 2. Summary of Significant Accounting Policies

**Basis of accounting:** The Plan's financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

**Use of estimates:** The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets available for benefits and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates and assumptions. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

**Investments valuation and income recognition:** 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 Employee Benefit Plans Committee determines the Plan's valuation policies utilizing information provided by their investment managers. See Note 5 for discussion of fair value measurements.

Interest income is recorded on the accrual basis as earned. 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. Purchases and sales of securities are recorded on a trade-date basis. The Plan presents in the statements of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

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

**Payment of benefits:** Benefits are recorded when paid.

**Administrative expenses:** Administrative expenses of the Plan are paid by the Plan, as provided in the Plan Agreement. Certain accounting and other administrative functions are performed by officers or employees of the Hospital. No such officer or employee receives compensation from the Plan.

## Indian River Memorial Hospital, Inc. Pension Plan

### Notes to Financial Statements

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#### Note 2. Summary of Significant Accounting Policies (Continued)

**Actuarial present value of accumulated plan benefits:** Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries.

Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

**Subsequent events:** The Plan has evaluated subsequent events (events occurring after September 30, 2017) through July 16, 2018, the date the financial statements were available to be issued.

#### Note 3. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Hospital. The Hospital's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Hospital met the minimum funding requirements of ERISA for the years ended September 30, 2017 and 2016.

Although it has not expressed any intent to do so, the Hospital has the right under the Plan Agreement to amend any or all provisions of the Plan as well as to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

#### Note 4. Information Certified or Provided by State Street Bank & Trust Company (Trustee)

The following is a summary of the Plan's asset information as of September 30, 2017 and 2016, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information certified or provided by State Street Bank & Trust Company (State Street or the trustee), the trustee under the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee 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 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 schedules related to the following assets:

|                                                | September 30         |                      |
|------------------------------------------------|----------------------|----------------------|
|                                                | 2017                 | 2016                 |
| Investments at fair value:                     |                      |                      |
| Registered investment companies (mutual funds) | \$ 47,796,173        | \$ 48,979,758        |
| Common collective trust funds                  | 24,291,575           | 21,910,352           |
|                                                | <u>\$ 72,087,748</u> | <u>\$ 70,890,110</u> |

## Indian River Memorial Hospital, Inc. Pension Plan

### Notes to Financial Statements

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#### **Note 4. Information Certified or Provided by State Street Bank & Trust Company (Trustee) (Continued)**

State Street has also certified to the completeness and accuracy of \$3,083,811 and \$424,747 of net appreciation in fair value of investments and \$3,672,911 and \$8,204,752 of interest and dividends related to the aforementioned Plan assets for the years ended September 30, 2017 and 2016, respectively.

#### **Note 5. 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 defined 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 best level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at September 30, 2017 or 2016.

Following is a description of the Plan's valuation methodologies for assets measured at fair value:

**Registered investment companies (mutual funds):** These investments are public investment vehicles valued using the net asset value (NAV) provided by the administrator of the fund and calculated daily at the close of business on the New York Stock Exchange. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. Investments in mutual funds are classified within Level 1 of the valuation hierarchy.

# Indian River Memorial Hospital, Inc. Pension Plan

## Notes to Financial Statements

### Note 5. Fair Value Measurements (Continued)

**Common collective trust funds:** Common collective trust funds are comingled pools of investments, not mutual funds, with the objective of preserving principal while earning interest income. Common/collective trust funds are valued at NAV representing the value of which shares may be purchased or redeemed. The beneficial interest in the net assets of the trust is represented by units. Issues and redemption of units are recorded, upon receipt of the unit holder's instruction in good order, based on the next determined net asset value per unit. NAV is determined each business day. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value, and therefore is not required to be classified in the fair value hierarchy.

Generally, under ordinary market conditions, these common collective trust funds provide daily market liquidity to Plan participants and the Plan, facilitating daily participant transactions (issuances and redemptions). Investment in some of these funds may be subject to redemption restrictions at the fund's discretion in limited situations including, but not limited to, a major market event, closure of a market on which any significant portion of the assets of the fund are invested, a situation deemed to be an emergency by the fund, and a situation in which price or value of the assets cannot be promptly and accurately ascertained. At September 30, 2017 and 2016, no funds were subject to redemption restrictions.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2017 and 2016:

| Description                                              | Assets at Fair Value as of September 30, 2017 |         |         |                      |
|----------------------------------------------------------|-----------------------------------------------|---------|---------|----------------------|
|                                                          | Level 1                                       | Level 2 | Level 3 | Total                |
| Shares of registered investment companies (mutual funds) | \$ 47,796,173                                 | \$ -    | \$ -    | \$ 47,796,173        |
| Investments measured at NAV (a)                          |                                               |         |         | 24,291,575           |
| Investments at fair value                                |                                               |         |         | <u>\$ 72,087,748</u> |

  

| Description                                              | Assets at Fair Value as of September 30, 2016 |         |         |                      |
|----------------------------------------------------------|-----------------------------------------------|---------|---------|----------------------|
|                                                          | Level 1                                       | Level 2 | Level 3 | Total                |
| Shares of registered investment companies (mutual funds) | \$ 48,979,758                                 | \$ -    | \$ -    | \$ 48,979,758        |
| Investments measured at NAV (a)                          |                                               |         |         | 21,910,352           |
| Investments at fair value                                |                                               |         |         | <u>\$ 70,890,110</u> |

- (a) In accordance with the Fair Value Measurements topic, certain investments that were measured as NAV per share (or its equivalent) 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 statements of net assets available for benefit.

# Indian River Memorial Hospital, Inc. Pension Plan

## Notes to Financial Statements

### Note 5. Fair Value Measurements (Continued)

The following table summarizes investments for which fair value is estimated using NAV per share (or its equivalent) as a practical expedient as of December 31, 2017 and 2016.

| Investment                               | Fair Value           |                      | Unfunded<br>Commitment | Redemption<br>Frequency | Redemption<br>Notice Period |
|------------------------------------------|----------------------|----------------------|------------------------|-------------------------|-----------------------------|
|                                          | December 31,<br>2017 | 2016                 |                        |                         |                             |
| Common collective trust funds:           |                      |                      |                        |                         |                             |
| Short-Term Investment Fund (1)           | \$ 3,116,223         | \$ 698,934           | None                   | Daily                   | None                        |
| State Street Aggregate Bond Index K Fund | 21,175,352           | 21,211,418           | None                   | Monthly                 | None                        |
| Total                                    | <u>\$ 24,291,575</u> | <u>\$ 21,910,352</u> |                        |                         |                             |

- (1) This fund invests principally in high quality, short term securities and other instruments. All securities held by the fund shall be U.S dollar denominated. The fund will not invest in a security or other investment unless State Street Global Advisors (SSGA) determines at the time of investment that it presents minimal risk. The fund will not typically engage in transactions involving derivatives, although it may purchase securities in which options or other derivatives are embedded.

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.

### Note 6. Actuarial Present Value of Accumulated Plan Benefits

The valuation date used by the Plan is as of the beginning of the year. The statement of accumulated plan benefits and changes in accumulated plan benefits as of and for the year ended September 30, 2017, are presented from information provided by the actuary as of October 1, 2016, in the following tables. There has been no significant change in the Plan's provisions or coverage from September 30, 2016 to October 1, 2016. The actuarial present value of accumulated plan benefits as of September 30, 2016, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

|                                           |                   |
|-------------------------------------------|-------------------|
| Participants currently receiving payments | \$ 57,696,904     |
| Other participants                        | 32,712,553        |
|                                           | <u>90,409,457</u> |

Nonvested benefits

|                                                            |                      |
|------------------------------------------------------------|----------------------|
| Total actuarial present value of accumulated plan benefits | <u>3,608</u>         |
|                                                            | <u>\$ 90,413,065</u> |

## Indian River Memorial Hospital, Inc. Pension Plan

### Notes to Financial Statements

#### Note 6. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The change in the actuarial present value of accumulated plan benefits for the year ended September 30, 2016, is as follows:

|                                                                  |                             |
|------------------------------------------------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits:            |                             |
| September 30, 2015                                               | <u>\$ 88,361,512</u>        |
| Increase (decrease) during the year attributable to:             |                             |
| Actuarial (gains) losses                                         | (1,374,592)                 |
| Increase for interest due to the decrease in the discount period | 3,844,277                   |
| Benefit payments                                                 | (8,492,282)                 |
| Change in actuarial assumptions                                  | <u>8,074,150</u>            |
| Net decrease                                                     | <u>2,051,553</u>            |
| Actuarial present value of accumulated plan benefits:            |                             |
| September 30, 2016                                               | <u><u>\$ 90,413,065</u></u> |

The significant actuarial assumptions used in the valuations as of September 30, 2016, were as follows:

|                                |                          |
|--------------------------------|--------------------------|
| Mortality:                     | MP-2017 projection scale |
| Retirement age:                | Graded from 55 to 65+    |
| Plan accounting discount rate: | 3.65%                    |
| Average rate of return:        | 5.96%                    |
| Effective interest rate:       | 5.99%                    |

The changes in actuarial assumptions in the current year consists of changing from the RP-2015 blue collar mortality table with projected scale MP-2016 to the MP-2017 projection scale.

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

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

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Accordingly, the contributions of the Sponsor are considered party-in-interest transactions.

State Street is the trustee under the Plan, and therefore, transactions with the trustee qualify as party-in-interest. Investment custodian fees paid by the Plan to State Street amounted to approximately \$12,000 and \$88,000 for the years ended September 30, 2017 and 2016, respectively, and are included as administrative expenses in the accompanying statements of changes in net assets available for benefits. The Plan Sponsor has appointed LCG Associates as the investment manager for the Plan. Transactions with the investment manager also qualify as exempt party-in-interest transactions. Fees paid by the Plan to the investment managers were approximately \$90,000 and \$60,000 for the years ended September 30, 2017 and 2016, respectively. The Sponsor has appointed Towers Watson as the Plan's actuary. The preparation of the actuary valuation qualifies the actuary as a party-in-interest. Fees paid by the Plan to Towers Watson were approximately \$206,000 and \$336,000 for the years ended September 30, 2017 and 2016, respectively. Premiums paid to the Pension Benefit Guaranty Corporation for the years ended September 30, 2017 and 2016, were \$489,000 and \$496,000, respectively.

## Indian River Memorial Hospital, Inc. Pension Plan

### Notes to Financial Statements

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#### Note 7. Related Party Transactions and Party-in-Interest (Continued)

Investment management fees are charged to the Plan as a reduction of investment return and included in the investment results reported by the Plan.

#### Note 8. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Hospital by a letter dated November 17, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC such that its tax exempt status has been maintained.

GAAP requires Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any significant uncertain tax positions that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### Note 9. Plan Termination

Although the Plan has not expressed any intentions to do so, the Plan Sponsor has the right under the Plan Agreement to amend any or all provisions of the Plan as well as to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- c. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- d. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- e. All other vested benefits (that is, vested benefits not insured by the PBGC).
- f. All nonvested benefits.

## Indian River Memorial Hospital, Inc. Pension Plan

### Notes to Financial Statements

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#### Note 9. Plan Termination (Continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2017, that ceiling is \$5,369 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

#### Note 10. Risks and Uncertainties

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

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The 2017 and 2016 AFTAP for the Plan is 101.40% and 103.65%, respectively. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

#### Note 11. 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:

|                                                                | September 30  |               |
|----------------------------------------------------------------|---------------|---------------|
|                                                                | 2017          | 2016          |
| Net assets available for benefits per the financial statements | \$ 71,900,356 | \$ 70,645,853 |
| Differences in:                                                |               |               |
| Distributions paid from Trust October 2017                     | (2,402,913)   | -             |
| Net assets per the Form 5500                                   | \$ 69,497,443 | \$ 70,645,853 |

**Indian River Memorial Hospital, Inc. Pension Plan**

**Notes to Financial Statements**

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**Note 11. 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:

|                                                                                | Year Ended<br>September 30,<br>2017 |
|--------------------------------------------------------------------------------|-------------------------------------|
|                                                                                | <hr/>                               |
| Net increase in net assets available for benefits per the financial statements | \$ 1,254,503                        |
| Distributions paid from Trust October 2017                                     | (2,402,913)                         |
| Net loss per the Form 5500                                                     | <u><u>\$ (1,148,410)</u></u>        |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of October 1, 2016

| Attained Age | Years of Credited Service |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |           |            |
|--------------|---------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|-----------|------------|
|              | Under 1                   |            | 1 to 4 |            | 5 to 9 |            | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            | 30 to 34 |            | 35 to 39 |            | 40 & Over |            |
|              | No.                       | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.       | Avg. Comp. |
| Under 25     | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 25 - 29      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 30 - 34      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 35 - 39      | 0                         |            | 5      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 40 - 44      | 0                         |            | 10     |            | 8      |            | 1        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 45 - 49      | 1                         |            | 14     |            | 8      |            | 6        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 50 - 54      | 0                         |            | 15     |            | 16     |            | 19       |            | 9        |            | 2        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 55 - 59      | 0                         |            | 27     |            | 12     |            | 15       |            | 8        |            | 14       |            | 3        |            | 0        |            | 0        |            | 0         |            |
| 60 - 64      | 0                         |            | 15     |            | 15     |            | 7        |            | 6        |            | 12       |            | 6        |            | 0        |            | 0        |            | 0         |            |
| 65 - 69      | 0                         |            | 5      |            | 5      |            | 1        |            | 3        |            | 1        |            | 1        |            | 0        |            | 0        |            | 0         |            |
| 70 & Over    | 0                         |            | 3      |            | 2      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 1        |            | 0         |            |

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan  
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 Plan Sponsor: Indian River Memorial Hospital Inc.  
 Valuation Date: October 1, 2016

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis:

|                       |                                                             |
|-----------------------|-------------------------------------------------------------|
| ■ Applicable month    | June 2016                                                   |
| ■ Interest rate basis | Segment Rates from Fourth Month<br>Preceding Valuation Date |

#### Interest rates:

|                           | Reflecting<br>Stabilization | Not Reflecting<br>Stabilization |
|---------------------------|-----------------------------|---------------------------------|
| ■ First segment rate      | 4.43%                       | 1.50%                           |
| ■ Second segment rate     | 5.91%                       | 3.88%                           |
| ■ Third segment rate      | 6.65%                       | 4.89%                           |
| ■ Effective interest rate | 5.99%                       | 4.05%                           |

#### Annual rates of increase

|                                     |       |
|-------------------------------------|-------|
| ■ Compensation                      | 4.00% |
| ■ Future Social Security wage bases | 3.50% |
| ■ Statutory limits on compensation  | None  |

|                              |                  |
|------------------------------|------------------|
| <b>Plan-related expenses</b> | <b>\$810,000</b> |
|------------------------------|------------------|

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
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# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion Date** Employees who were participants in the plan as of September 30, 2016 were valued as current participants. Effective December 31, 2002, no new participants were allowed to enter the plan.

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

### Mortality

■ **Healthy** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2031 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2023 using Scale AA).

■ **Disabled** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2031 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2023 using Scale AA).

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

#### Percentage retiring during the year

| Age | Rate   |
|-----|--------|
| 55  | 5.0%   |
| 56  | 5.0%   |
| 57  | 5.0%   |
| 58  | 5.0%   |
| 59  | 5.0%   |
| 60  | 5.0%   |
| 61  | 5.0%   |
| 62  | 10.0%  |
| 63  | 5.0%   |
| 64  | 5.0%   |
| 65+ | 100.0% |

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## SCHEDULE SB ATTACHMENTS

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### Disability

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

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

### Termination

Active Participants assumed to terminate vested after reaching age 55 are assumed to retire immediately.

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

### Benefit commencement date:

- Preretirement death benefit      The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit      The later of age 55 or termination of employment for active participants assumed to terminate; the later of valuation age or age 63 for currently deferred terminated vested participants
- Disability benefit      Upon disablement
- Retirement benefit      Upon termination of employment

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## SCHEDULE SB ATTACHMENTS

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|                                       |                                                                                                                                                                                                                         |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form of Payment</b>                | Participants are assumed to elect the normal form for a single participant (a single life annuity).                                                                                                                     |
| <b>Percent married and spouse age</b> | For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.                    |
| <b>Covered pay</b>                    | Assumed plan compensation for the year beginning on the valuation date was determined as actual gross earnings during the prior year provided by the employer and increased with a full year's assumed salary increase. |
| <b>Timing of benefit payments</b>     | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.                                                                                              |

### Methods

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Funding target</b>            | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Actuarial value of assets</b> | <p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2015 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules</p> |

|                |                                                   |
|----------------|---------------------------------------------------|
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## SCHEDULE SB ATTACHMENTS

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produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

### Benefits Not Valued

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

The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

### Sources of Data and Other Information

The plan sponsor furnished participant data as of 10/1/2016. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- Missing dates of birth for beneficiaries were assumed to follow the spousal valuation assumptions detailed above.
- The plan sponsor did not provide a current in-payment data file, so we relied on the trust statement detail. Where former retirees and beneficiaries were not included, the following assumptions were made:
  - 5 former retirees were assumed deceased with no further benefits due as the form of payment did not provide survivor benefits
  - 7 former beneficiaries were assumed deceased with no further benefits due as the form of payment did not provide additional survivor benefits
  - 2 former beneficiaries were assumed to still be receiving survivor benefits because their ongoing retiree benefits were shown still in payment

|                |                                                   |
|----------------|---------------------------------------------------|
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- 14 former retirees were assumed to be deceased with survivor benefits payable, as the form of payment elected provided survivor benefits. Survivors are assumed to be alive and pending payment setup.
- The plan sponsor did not provide a current deferred vested file, so a death search was performed. Based on those findings, the following assumptions were made:
  - 7 former deferred vested participants were assumed to be deceased with no further benefits due based upon the plan sponsor's response that no beneficiary information is on file.
  - 8 former deferred vested participants were assumed to be deceased with survivor benefits due. Survivor benefits were estimated and the beneficiary information, if not provided, was assumed to follow the spousal age assumptions and be of opposite gender.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

### Assumptions Rationale - Significant Economic Assumptions

|                                                                          |                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>                                                     | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.                                                                                                                                                 |
| <b>Plan-related expenses</b>                                             | As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).                           |
| <b>Rates of increase in:</b>                                             |                                                                                                                                                                                                                                                                                                                      |
| ■ <b>Compensation</b>                                                    | Assumed compensation increase was selected by the plan sponsor and represent their best estimate of future experience.                                                                                                                                                                                               |
| ■ <b>National average wages (NAW) (e.g., Social Security wage bases)</b> | The assumed NAW was selected by the plan sponsor and represent their best estimate of future experience.                                                                                                                                                                                                             |
| ■ <b>Assumed return for asset smoothing</b>                              | The assumed return of 6.81% used for asset smoothing is the third segment rate. Although we have not explicitly determined an expected return on assets, based on an analysis of the plan sponsor's investment policy we believe the rate to be above the third segment rate for the 2016 plan year under U.S. GAAP. |

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |

# SCHEDULE SB ATTACHMENTS

## Assumptions Rationale - Significant Demographic Assumptions

|                           |                                                                                                             |
|---------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>Healthy Mortality</b>  | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                     |
| <b>Disabled Mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                     |
| <b>Termination</b>        | Termination rates were selected by the plan sponsor and represent their best estimate of future experience. |
| <b>Disability</b>         | Disability rates were selected by the plan sponsor and represent their best estimate of future experience.  |
| <b>Retirement</b>         | Retirement rates were selected by the plan sponsor and represent their best estimate of future experience.  |

## Source of Prescribed Methods

|                        |                                                                                                                                                                                                                                                                                                                     |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding methods</b> | The methods used for funding purposes, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430. |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Changes in Assumptions and Methods

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Change in assumptions since prior valuation</b> | <p>The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.</p> <p>The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.</p> <p>The assumed plan-related expenses added to the target normal cost were changed from \$440,000 for the prior valuation to \$810,000 for the current valuation to account for higher expected expenses to be paid from the trust.</p> |
| <b>Change in methods since prior valuation</b>     | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |

**Indian River Memorial Hospital, Inc. Pension Plan**

**Schedule H, Line 4j – Schedule of Reportable Transactions  
Year Ended September 30, 2017**

Employer Identification Number: 59-2496294  
Plan Number: 001

| (a)                                                                                                                      | (b)                      | (c)               | (d)              | (e)             | (f)                                        | (g)                 | (h)                                              | (i)                   |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|------------------|-----------------|--------------------------------------------|---------------------|--------------------------------------------------|-----------------------|
| Identity of<br>Party Involved                                                                                            | Description<br>of Assets | Purchase<br>Price | Selling<br>Price | Lease<br>Rental | Expense<br>Incurred<br>With<br>Transaction | Cost of<br>of Asset | Current Value<br>of Asset on<br>Transaction Date | Net Gain<br>or (Loss) |
| Category (iii): A series of transactions in the same security in excess of 5% of the current value of the Plan's assets. |                          |                   |                  |                 |                                            |                     |                                                  |                       |
| * Stralem Fund                                                                                                           | Domestic Equity Fund     | \$ 4,861,185      | \$ -             | \$ -            | \$ -                                       | \$ 4,861,485        | \$ 4,861,485                                     | \$ -                  |

\* Designates a party-in-interest.

Transactions are measured against the September 30, 2016, net asset value of \$70,645,853.

The above information has been certified by State Street Bank & Trust Company, the trustee, to be complete and accurate.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2016 or fiscal plan year beginning <u>10/01/2016</u> and ending <u>09/30/2017</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |

► **Round off amounts to nearest dollar.**  
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                         |                                         |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| <b>A</b> Name of plan<br>Indian River Memorial Hospital, Inc. Pension Plan                                                                              | <b>B</b> Three-digit plan number (PN) ► | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Indian River Memorial Hospital Inc.                                         |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>59-2496294                                                                                             |                                         |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                         |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                         |     |

|                                                                                                                                                                                                         |  |                            |                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                         |  |                            |                           |                          |
| 1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2016</u>                                                                                                                              |  |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                               |  |                            |                           |                          |
| a Market value.....                                                                                                                                                                                     |  |                            |                           | 2a 70,890,297            |
| b Actuarial value.....                                                                                                                                                                                  |  |                            |                           | 2b 70,696,632            |
| 3 Funding target/participant count breakdown                                                                                                                                                            |  |                            |                           |                          |
|                                                                                                                                                                                                         |  | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                                     |  | 767                        | 47,068,405                | 47,068,405               |
| b For terminated vested participants.....                                                                                                                                                               |  | 265                        | 9,698,931                 | 9,698,931                |
| c For active participants.....                                                                                                                                                                          |  | 276                        | 12,948,852                | 12,950,890               |
| d Total.....                                                                                                                                                                                            |  | 1,308                      | 69,716,188                | 69,718,226               |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                               |  |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                       |  |                            |                           | 4a                       |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... |  |                            |                           | 4b                       |
| 5 Effective interest rate.....                                                                                                                                                                          |  |                            |                           | 5 5.99%                  |
| 6 Target normal cost.....                                                                                                                                                                               |  |                            |                           | 6 810,000                |

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

|                                                                                                                                                                                                                                                                                                             |                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b><br>William R. Loth <i>WRL</i><br>_____<br>Signature of actuary<br>William R. Loth<br>_____<br>Type or print name of actuary<br>Towers Watson Delaware Inc.<br>_____<br>Firm name<br>1500 Market Street<br>Centre Square East<br>Philadelphia PA 19102-4790<br>_____<br>Address of the firm | <i>7/6/18</i><br>_____<br>Date<br>1707878<br>_____<br>Most recent enrollment number<br>215-246-6000<br>_____<br>Telephone number (including area code) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.** **Schedule SB (Form 5500) 2016 v. 160205**

## Part II

## Part II

### Part III

### Part III

## Part IV

## Part IV

## Part IV

## 9 Discou

## 9 Discou

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.43 % | 2nd segment:<br>5.91 % | 3rd segment:<br>6.65 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....                                      |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....                            |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b> |                                                                     |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                                 |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                                 |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           |                   | <b>31a</b>                      | 810,000       |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>                      | 722,636       |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance Installment |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 0                               | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                               | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>                       |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         |                   | <b>34</b>                       | 87,364        |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance              | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                 | 0                               | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                   | <b>36</b>                       | 87,364        |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                   | <b>37</b>                       | 87,866        |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                                 |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>                      | 502           |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>                      | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>                       | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>                       | 0             |

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

|                                                                                                |  |                                                                                                                         |  |
|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |  |                                                                                                                         |  |
| <b>a</b> Schedule elected .....                                                                |  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |  | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              |  | <b>42</b>                                                                                                               |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... |  | <b>43</b>                                                                                                               |  |

## SCHEDULE SB ATTACHMENTS

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### Schedule SB – Statement by Enrolled Actuary

|                          |                                                   |
|--------------------------|---------------------------------------------------|
| <b>Plan Sponsor</b>      | Indian River Memorial Hospital Inc.               |
| <b>EIN/PN</b>            | 59-2496294/001                                    |
| <b>Plan Name</b>         | Indian River Memorial Hospital, Inc. Pension Plan |
| <b>Valuation Date</b>    | October 1, 2016                                   |
| <b>Enrolled Actuary</b>  | William R. Loth                                   |
| <b>Enrollment Number</b> | 17-07878                                          |

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

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

## SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of October 1, 2016**

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

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan  
 EIN / PN: 59-2496294/001  
 Plan Sponsor: Indian River Memorial Hospital Inc.  
 Valuation Date: October 1, 2016

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis:

|                       |                                                             |
|-----------------------|-------------------------------------------------------------|
| ■ Applicable month    | June 2016                                                   |
| ■ Interest rate basis | Segment Rates from Fourth Month<br>Preceding Valuation Date |

#### Interest rates:

|                           | Reflecting<br>Stabilization | Not Reflecting<br>Stabilization |
|---------------------------|-----------------------------|---------------------------------|
| ■ First segment rate      | 4.43%                       | 1.50%                           |
| ■ Second segment rate     | 5.91%                       | 3.88%                           |
| ■ Third segment rate      | 6.65%                       | 4.89%                           |
| ■ Effective interest rate | 5.99%                       | 4.05%                           |

#### Annual rates of increase

|                                     |       |
|-------------------------------------|-------|
| ■ Compensation                      | 4.00% |
| ■ Future Social Security wage bases | 3.50% |
| ■ Statutory limits on compensation  | None  |

|                              |                  |
|------------------------------|------------------|
| <b>Plan-related expenses</b> | <b>\$810,000</b> |
|------------------------------|------------------|

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion Date** Employees who were participants in the plan as of September 30, 2016 were valued as current participants. Effective December 31, 2002, no new participants were allowed to enter the plan.

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

### Mortality

■ **Healthy** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2031 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2023 using Scale AA.

■ **Disabled** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2031 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2023 using Scale AA.

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

#### Percentage retiring during the year

| Age | Rate   |
|-----|--------|
| 55  | 5.0%   |
| 56  | 5.0%   |
| 57  | 5.0%   |
| 58  | 5.0%   |
| 59  | 5.0%   |
| 60  | 5.0%   |
| 61  | 5.0%   |
| 62  | 10.0%  |
| 63  | 5.0%   |
| 64  | 5.0%   |
| 65+ | 100.0% |

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan  
EIN / PN: 59-2496294/001  
Plan Sponsor: Indian River Memorial Hospital Inc.  
Valuation Date: October 1, 2016

## SCHEDULE SB ATTACHMENTS

### Disability

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

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

### Termination

Active Participants assumed to terminate vested after reaching age 55 are assumed to retire immediately.

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

### Benefit commencement date:

- Preretirement death benefit      The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit      The later of age 55 or termination of employment for active participants assumed to terminate; the later of valuation age or age 63 for currently deferred terminated vested participants
- Disability benefit      Upon disablement
- Retirement benefit      Upon termination of employment

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan  
EIN / PN: 59-2496294/001  
Plan Sponsor: Indian River Memorial Hospital Inc.  
Valuation Date: October 1, 2016

## SCHEDULE SB ATTACHMENTS

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|                                       |                                                                                                                                                                                                                         |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form of Payment</b>                | Participants are assumed to elect the normal form for a single participant (a single life annuity).                                                                                                                     |
| <b>Percent married and spouse age</b> | For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.                    |
| <b>Covered pay</b>                    | Assumed plan compensation for the year beginning on the valuation date was determined as actual gross earnings during the prior year provided by the employer and increased with a full year's assumed salary increase. |
| <b>Timing of benefit payments</b>     | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.                                                                                              |

### Methods

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Funding target</b>            | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Actuarial value of assets</b> | <p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2015 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules</p> |

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |

## SCHEDULE SB ATTACHMENTS

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produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

### Benefits Not Valued

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

The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

### Sources of Data and Other Information

The plan sponsor furnished participant data as of 10/1/2016. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- Missing dates of birth for beneficiaries were assumed to follow the spousal valuation assumptions detailed above.
- The plan sponsor did not provide a current in-payment data file, so we relied on the trust statement detail. Where former retirees and beneficiaries were not included, the following assumptions were made:
  - 5 former retirees were assumed deceased with no further benefits due as the form of payment did not provide survivor benefits
  - 7 former beneficiaries were assumed deceased with no further benefits due as the form of payment did not provide additional survivor benefits
  - 2 former beneficiaries were assumed to still be receiving survivor benefits because their ongoing retiree benefits were shown still in payment

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |

## SCHEDULE SB ATTACHMENTS

- 14 former retirees were assumed to be deceased with survivor benefits payable, as the form of payment elected provided survivor benefits. Survivors are assumed to be alive and pending payment setup.
- The plan sponsor did not provide a current deferred vested file, so a death search was performed. Based on those findings, the following assumptions were made:
  - 7 former deferred vested participants were assumed to be deceased with no further benefits due based upon the plan sponsor's response that no beneficiary information is on file.
  - 8 former deferred vested participants were assumed to be deceased with survivor benefits due. Survivor benefits were estimated and the beneficiary information, if not provided, was assumed to follow the spousal age assumptions and be of opposite gender.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

### Assumptions Rationale - Significant Economic Assumptions

#### Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

#### Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

#### Rates of increase in:

- **Compensation** Assumed compensation increase was selected by the plan sponsor and represent their best estimate of future experience.
- **National average wages (NAW) (e.g., Social Security wage bases)** The assumed NAW was selected by the plan sponsor and represent their best estimate of future experience.
- **Assumed return for asset smoothing** The assumed return of 6.81% used for asset smoothing is the third segment rate. Although we have not explicitly determined an expected return on assets, based on an analysis of the plan sponsor's investment policy we believe the rate to be above the third segment rate for the 2016 plan year under U.S. GAAP.

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan  
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### Assumptions Rationale - Significant Demographic Assumptions

|                           |                                                                                                             |
|---------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>Healthy Mortality</b>  | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                     |
| <b>Disabled Mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                     |
| <b>Termination</b>        | Termination rates were selected by the plan sponsor and represent their best estimate of future experience. |
| <b>Disability</b>         | Disability rates were selected by the plan sponsor and represent their best estimate of future experience.  |
| <b>Retirement</b>         | Retirement rates were selected by the plan sponsor and represent their best estimate of future experience.  |

### Source of Prescribed Methods

|                        |                                                                                                                                                                                                                                                                                                                     |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding methods</b> | The methods used for funding purposes, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430. |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Changes in Assumptions and Methods

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Change in assumptions since prior valuation</b> | <p>The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.</p> <p>The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.</p> <p>The assumed plan-related expenses added to the target normal cost were changed from \$440,000 for the prior valuation to \$810,000 for the current valuation to account for higher expected expenses to be paid from the trust.</p> |
| <b>Change in methods since prior valuation</b>     | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |

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### **Schedule SB, Line 24 Change in Actuarial Assumptions**

The assumed plan-related expenses added to the target normal cost were changed from \$440,000 for the prior valuation to \$810,000 for the current valuation to account for higher expected expenses to be paid from the trust.

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The plan was originally effective February 1, 1972. The plan was most recently restated and renamed effective October 1, 2014, and was most recently amended effective May 24, 2017.

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

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

**Covered employees**

All employees hired on or before December 31, 2002.

**Participation date**

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

### Definitions

**Credited/Vesting service**

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

- (a) Fixed rate employees.
- (b) Effective October 1, 1995, pooled, temporary, or per diem employees.
- (c) Prior to October 1, 1995, employees who opted out of participation.

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

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan  
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## SCHEDULE SB ATTACHMENTS

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|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pensionable pay</b>                     | <p>Total Compensation is reported on the federal W-2 form plus any contributions made on a salary reduction basis under Code section 125, 401(k), or 403(b). Pay cannot exceed \$270,000 indexed according to applicable statutes. Pay does not include compensation given to those below:</p> <ul style="list-style-type: none"><li>(a) Fixed rate employees.</li><li>(b) Effective October 1, 1995, pooled, temporary, or per diem employees.</li><li>(c) Prior to October 1, 1995, employees who opted out of participation.</li></ul> |
| <b>Average monthly earnings</b>            | <p>The monthly average is the highest 60 consecutive months of a participant's pay out of the last 120 consecutive months preceding termination for grandfathered participants, 12/31/2005 for union participants and 12/31/2002 for non-grandfathered participants.</p>                                                                                                                                                                                                                                                                  |
| <b>Covered compensation</b>                | <p>The average (without indexing) of the Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains (or will attain) Social Security Retirement Age.</p>                                                                                                                                                                                                                                                                                |
| <b>Normal retirement date (NRD)</b>        | <p>The first day of the month coincident with or next following attainment of age 65 if hired prior to January 1, 1988. Otherwise, the first day of the month coincident with or next following the later of 1) attainment of age 65 and 2) earlier of 5th anniversary of participation or five years of Vesting Service.</p>                                                                                                                                                                                                             |
| <b>Monthly pension benefit</b>             | <p>Greater of (a) or (b)</p> <ul style="list-style-type: none"><li>(a) 1.5% multiplied by Average Monthly Earnings times Credited Service; minimum benefit of \$10 multiplied by Credited Service.</li><li>(b) 1.45% multiplied by Average Monthly Earnings up to Covered Compensation multiplied by Credited Service, plus 2.10% multiplied by Average Monthly Earnings in excess of Covered Compensation multiplied by Credited Service up to 35 years.</li></ul>                                                                       |
| <b>Monthly preretirement death benefit</b> | <p>50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday</p>                                                                                                                                                                                                                                                                                                                                                    |

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |

## SCHEDULE SB ATTACHMENTS

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### Eligibility for Benefits

|                                    |                                                                                                                                                                                                                                                                           |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD                                                                                                                                                                                                                                                         |
| <b>Early retirement</b>            | The first day of the month coincident with or next following the attainment of age 55 and the completion of five years of Vesting Service                                                                                                                                 |
| <b>Postponed retirement</b>        | Retirement after NRD                                                                                                                                                                                                                                                      |
| <b>Disability</b>                  | Totally and permanently disabled prior to NRD after completion of five years of Vesting Service while an active employee. No service requirement for occupational disability. Participant must be eligible for disability benefits under the federal Social Security act. |
| <b>Deferred vested termination</b> | Termination for reasons other than death or retirement after completing five years of vesting service                                                                                                                                                                     |
| <b>Preretirement death benefit</b> | Death while eligible for normal, early, postponed, or deferred vested retirement benefits                                                                                                                                                                                 |

### Benefits Paid Upon the Following Events

|                          |                                                  |
|--------------------------|--------------------------------------------------|
| <b>Normal retirement</b> | The monthly pension benefit determined as of NRD |
|--------------------------|--------------------------------------------------|

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan  
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## SCHEDULE SB ATTACHMENTS

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### Early retirement

Greater of (a) or (b)

- (a) 1.5% multiplied by Average Monthly Earnings times Credited Service; minimum benefit of \$10 multiplied by Credited Service. The benefit is reduced by 0.25 percent for each month by which benefit commencement precedes Normal Retirement.
- (b) 1.45% multiplied by Average Monthly Earnings up to Covered Compensation times Credited Service reduced by .25 percent for each month by which benefit commencement precedes normal retirement, plus 2.10% multiplied by Average Monthly Earnings in excess of Covered Compensation multiplied by Credited Service up to 35 years, multiplied by the appropriate factor shown below.

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

### Postponed retirement

The monthly pension benefit determined as of actual retirement date

### Deferred vested termination

The monthly pension benefit determined as of the termination date payable at the normal retirement age or as early as age 55. The benefit payable is reduced by the same factors presented in the Early Retirement Benefit section.

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan  
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Plan Sponsor: Indian River Memorial Hospital Inc.  
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## SCHEDULE SB ATTACHMENTS

### Disablement

The lesser of (a) or (b):

- (a) 20% of monthly base pay rate at disability, or
- (b) Benefit based on Credited Service projected to Normal Retirement and Average Monthly Earnings at time of disability.

### Preretirement death

The monthly preretirement death benefit; in lieu of a monthly benefit, a lump sum equal to the greater of (a) or (b) may be payable:

- (a) 50% of the present value of the participant's monthly pension benefit, or
- (b) Actuarial equivalent of the benefit paid to surviving spouse.

### Other Plan Provisions

#### Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50%, 75%, or 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity.

#### Pension increases

None

#### Plan participants' contributions

None

#### Maximum limits on benefits and pay

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

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan  
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## SCHEDULE SB ATTACHMENTS

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### Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |

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## Schedule SB, Line 26 Schedule of Active Participant Data as of October 1, 2016

| Attained Age | Years of Credited Service |            |        |            |        |            |          |            |          |            |          |            |          |            |
|--------------|---------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|
|              | Under 1                   |            | 1 to 4 |            | 5 to 9 |            | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            |
|              | No.                       | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. |
| Under 25     | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 25 - 29      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 30 - 34      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 35 - 39      | 0                         |            | 5      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 40 - 44      | 0                         |            | 10     |            | 8      |            | 1        |            | 0        |            | 0        |            | 0        |            |
| 45 - 49      | 1                         |            | 14     |            | 8      |            | 6        |            | 0        |            | 0        |            | 0        |            |
| 50 - 54      | 0                         |            | 15     |            | 16     |            | 19       |            | 9        |            | 2        |            | 0        |            |
| 55 - 59      | 0                         |            | 27     |            | 12     |            | 15       |            | 8        |            | 14       |            | 3        |            |
| 60 - 64      | 0                         |            | 15     |            | 15     |            | 7        |            | 6        |            | 12       |            | 6        |            |
| 65 - 69      | 0                         |            | 5      |            | 5      |            | 1        |            | 3        |            | 1        |            | 1        |            |
| 70 & Over    | 0                         |            | 3      |            | 2      |            | 0        |            | 0        |            | 0        |            | 0        |            |

Plan Name:  
 EIN / PN:  
 Plan Sponsor:  
 Valuation Date

Indian River Memorial Hospital, Inc. Pension Plan  
 59-2496294/001  
 Indian River Memorial Hospital Inc.  
 October 1, 2016

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                                   |
|--------------------------|---------------------------------------------------|
| <b>Plan Sponsor</b>      | Indian River Memorial Hospital Inc.               |
| <b>EIN/PN</b>            | 59-2496294/001                                    |
| <b>Plan Name</b>         | Indian River Memorial Hospital, Inc. Pension Plan |
| <b>Valuation Date</b>    | October 1, 2016                                   |
| <b>Enrolled Actuary</b>  | William R. Loth                                   |
| <b>Enrollment Number</b> | 17-07878                                          |

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

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

## SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of October 1, 2016**

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

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan  
 EIN / PN: 59-2496294/001  
 Plan Sponsor: Indian River Memorial Hospital Inc.  
 Valuation Date: October 1, 2016

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The plan was originally effective February 1, 1972. The plan was most recently restated and renamed effective October 1, 2014, and was most recently amended effective May 24, 2017.

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

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

**Covered employees** All employees hired on or before December 31, 2002.

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

### Definitions

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

- (a) Fixed rate employees.
- (b) Effective October 1, 1995, pooled, temporary, or per diem employees.
- (c) Prior to October 1, 1995, employees who opted out of participation.

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

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan  
EIN / PN: 59-2496294/001  
Plan Sponsor: Indian River Memorial Hospital Inc.  
Valuation Date: October 1, 2016

## SCHEDULE SB ATTACHMENTS

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|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pensionable pay</b>                     | <p>Total Compensation is reported on the federal W-2 form plus any contributions made on a salary reduction basis under Code section 125, 401(k), or 403(b). Pay cannot exceed \$270,000 indexed according to applicable statutes. Pay does not include compensation given to those below:</p> <ul style="list-style-type: none"><li>(a) Fixed rate employees.</li><li>(b) Effective October 1, 1995, pooled, temporary, or per diem employees.</li><li>(c) Prior to October 1, 1995, employees who opted out of participation.</li></ul> |
| <b>Average monthly earnings</b>            | <p>The monthly average is the highest 60 consecutive months of a participant's pay out of the last 120 consecutive months preceding termination for grandfathered participants, 12/31/2005 for union participants and 12/31/2002 for non-grandfathered participants.</p>                                                                                                                                                                                                                                                                  |
| <b>Covered compensation</b>                | <p>The average (without indexing) of the Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains (or will attain) Social Security Retirement Age.</p>                                                                                                                                                                                                                                                                                |
| <b>Normal retirement date (NRD)</b>        | <p>The first day of the month coincident with or next following attainment of age 65 if hired prior to January 1, 1988. Otherwise, the first day of the month coincident with or next following the later of 1) attainment of age 65 and 2) earlier of 5th anniversary of participation or five years of Vesting Service.</p>                                                                                                                                                                                                             |
| <b>Monthly pension benefit</b>             | <p>Greater of (a) or (b)</p> <ul style="list-style-type: none"><li>(a) 1.5% multiplied by Average Monthly Earnings times Credited Service; minimum benefit of \$10 multiplied by Credited Service.</li><li>(b) 1.45% multiplied by Average Monthly Earnings up to Covered Compensation multiplied by Credited Service, plus 2.10% multiplied by Average Monthly Earnings in excess of Covered Compensation multiplied by Credited Service up to 35 years.</li></ul>                                                                       |
| <b>Monthly preretirement death benefit</b> | <p>50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday</p>                                                                                                                                                                                                                                                                                                                                                    |

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |

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### Eligibility for Benefits

|                                    |                                                                                                                                                                                                                                                                           |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD                                                                                                                                                                                                                                                         |
| <b>Early retirement</b>            | The first day of the month coincident with or next following the attainment of age 55 and the completion of five years of Vesting Service                                                                                                                                 |
| <b>Postponed retirement</b>        | Retirement after NRD                                                                                                                                                                                                                                                      |
| <b>Disability</b>                  | Totally and permanently disabled prior to NRD after completion of five years of Vesting Service while an active employee. No service requirement for occupational disability. Participant must be eligible for disability benefits under the federal Social Security act. |
| <b>Deferred vested termination</b> | Termination for reasons other than death or retirement after completing five years of vesting service                                                                                                                                                                     |
| <b>Preretirement death benefit</b> | Death while eligible for normal, early, postponed, or deferred vested retirement benefits                                                                                                                                                                                 |

### Benefits Paid Upon the Following Events

|                          |                                                  |
|--------------------------|--------------------------------------------------|
| <b>Normal retirement</b> | The monthly pension benefit determined as of NRD |
|--------------------------|--------------------------------------------------|

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |

## SCHEDULE SB ATTACHMENTS

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### Early retirement

Greater of (a) or (b)

- (a) 1.5% multiplied by Average Monthly Earnings times Credited Service; minimum benefit of \$10 multiplied by Credited Service. The benefit is reduced by 0.25 percent for each month by which benefit commencement precedes Normal Retirement.
- (b) 1.45% multiplied by Average Monthly Earnings up to Covered Compensation times Credited Service reduced by .25 percent for each month by which benefit commencement precedes normal retirement, plus 2.10% multiplied by Average Monthly Earnings in excess of Covered Compensation multiplied by Credited Service up to 35 years, multiplied by the appropriate factor shown below.

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

### Postponed retirement

The monthly pension benefit determined as of actual retirement date

### Deferred vested termination

The monthly pension benefit determined as of the termination date payable at the normal retirement age or as early as age 55. The benefit payable is reduced by the same factors presented in the Early Retirement Benefit section.

Plan Name: Indian River Memorial Hospital, Inc. Pension Plan  
EIN / PN: 59-2496294/001  
Plan Sponsor: Indian River Memorial Hospital Inc.  
Valuation Date: October 1, 2016

## SCHEDULE SB ATTACHMENTS

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|                            |                                                                                                                                                                                                                                                                                                    |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Disablement</b>         | The lesser of (a) or (b):<br><br>(a) 20% of monthly base pay rate at disability, or<br><br>(b) Benefit based on Credited Service projected to Normal Retirement and Average Monthly Earnings at time of disability.                                                                                |
| <b>Preretirement death</b> | The monthly preretirement death benefit; in lieu of a monthly benefit, a lump sum equal to the greater of (a) or (b) may be payable:<br><br>(a) 50% of the present value of the participant's monthly pension benefit, or<br><br>(b) Actuarial equivalent of the benefit paid to surviving spouse. |

### Other Plan Provisions

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b> | Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50%, 75%, or 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                          |      |
|--------------------------|------|
| <b>Pension increases</b> | None |
|--------------------------|------|

|                                         |      |
|-----------------------------------------|------|
| <b>Plan participants' contributions</b> | None |
|-----------------------------------------|------|

|                                           |                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Maximum limits on benefits and pay</b> | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes. |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |

## SCHEDULE SB ATTACHMENTS

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### Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |

**Indian River Memorial Hospital, Inc. Pension Plan**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)  
September 30, 2017**

Employer Identification Number: 59-2496294

Plan Number: 001

| (a) | (b)                                                       | (c)                                                                                                        | (d)                 | (e)           |                  |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------|---------------|------------------|
|     | Identity of Issue, Borrower,<br>Lessor or Similar Party   | Description of Investment<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, Maturity Value | Number of<br>Shares | Cost          | Current<br>Value |
|     | Common collective trust funds:                            |                                                                                                            |                     |               |                  |
| *   | State Street Bank & Trust Company                         | Aggregate Bond Index K Fund                                                                                | 2,141,087           | \$ 21,394,978 | \$ 21,175,352    |
| *   | State Street Bank & Trust Company                         | Short-Term Investment Fund                                                                                 | 3,116,223           | 3,116,223     | 3,116,223        |
|     | Shares of registered investment companies (mutual funds): |                                                                                                            |                     |               |                  |
|     | GMO                                                       | GMO Quality Fund                                                                                           | 524,915             | 12,356,693    | 12,765,941       |
|     | Stralem Fund                                              | Stralem Domestic Equity Fund                                                                               | 1,154,859           | 14,802,343    | 11,987,436       |
|     | Aston Funds                                               | Aston RiverRoad Dividend A/C Value Fund                                                                    | 812,031             | 9,669,635     | 11,969,334       |
|     | BMO Funds, Inc.                                           | BMO Pyrford International Stock Fund                                                                       | 411,621             | 4,849,623     | 5,491,022        |
|     | Dreyfus Funds                                             | Dreyfus International Stock Fund                                                                           | 309,105             | 4,643,941     | 5,582,440        |
|     |                                                           |                                                                                                            |                     | \$ 70,833,436 | \$ 72,087,748    |

\* Designates a party-in-interest.

The above information has been certified by State Street Bank & Trust Company, the trustee, to be complete and accurate.

## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from \$440,000 for the prior valuation to \$810,000 for the current valuation to account for higher expected expenses to be paid from the trust.

|                |                                                   |
|----------------|---------------------------------------------------|
| Plan Name:     | Indian River Memorial Hospital, Inc. Pension Plan |
| EIN / PN:      | 59-2496294/001                                    |
| Plan Sponsor:  | Indian River Memorial Hospital Inc.               |
| Valuation Date | October 1, 2016                                   |