

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	WARREN FULLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2975
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2168 6a(2) 2228 6b 6c 983 6d 3211 6e 6f 3211 6g 2825 6h 169
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2H 2L 2M 2T 2S b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan IRMC 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 INDIAN RIVER MEDICAL CENTER, INC	D Employer Identification Number (EIN) 59-2496294	

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

(a) Name of insurance carrier VARIABLE ANNUITY LIFE INSURANCE CO
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	48781	886	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid 1884	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid PICKETT, JERROL G 2929 ALLEN PARKWAY HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1446			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid SORRENTINO, VINCE 2929 ALLEN PARKWAY HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
109			3

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

TRINGALI, TONY

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
65			3

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

FIELDS, BRENTON L

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62			3

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

HUDAK, GREGG A

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54			3

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

RICE, ELLAN R

2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

TURNBAUGH, YVETTE

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20			3

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

RODRIGUEZ, SEAN P

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

ANDERSON III, HUGH GRANT

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14			3

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

JARVIS, STEVEN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

LAMBERT, RICHARD C

2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

ROBERTS, JONATHAN W

2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

DANIEL K CRUMPACKER

2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	6836165
5 Current value of plan's interest under this contract in separate accounts at year end	5	16892617

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

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

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

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

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

b Balance at the end of the previous year	7b	6837095
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	186529	
(4) Transferred from separate account	7c(4)	323947	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	510476
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d Total of balance and additions (add lines 7b and 7c(6))	7d	7347571
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	414025	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	95313	
(4) Other (specify below)	7e(4)	2068	

(5) Total deductions	7e(5)	511406
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	6836165
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan IRMC 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 INDIAN RIVER MEDICAL CENTER, INC	D Employer Identification Number (EIN) 59-2496294

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

(a) Name of insurance carrier VARIABLE ANNUITY LIFE INSURANCE CO
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	48781	2502	01/01/2017	12/31/2017

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 13890391**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 11804435**c** Additions: (1) Contributions deposited during the year **7c(1)** 2291386
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 251681
(4) Transferred from separate account **7c(4)** 575977
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 3119044**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 14923479**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 920933(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 103657(4) Other (specify below) **7e(4)** 8498▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 1033088**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 13890391

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan IRMC 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 INDIAN RIVER MEDICAL CENTER, INC	D Employer Identification Number (EIN) 59-2496294

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VALIC RETIREMENT SERVICES CO

51-0396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 37 19 28 29 33 49 52 59 60 61 63 64 72 99	NO RELATIONSHIP	82510	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 37 66 28 52 19 29 33 49 59 64 72 99 60	NO RELATIONSHIP	24448	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>IRMC 403(B) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INDIAN RIVER MEDICAL CENTER, INC</u>	D Employer Identification Number (EIN) <u>59-2496294</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	906616	925606
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	48993918	63814346
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	18679182	21417993
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	68579716	86157945

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	68579716	86157945
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3249616	
(B) Participants	2a(1)(B)	7012452	
(C) Others (including rollovers)	2a(1)(C)	1325523	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		11587591
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	39902	
(F) Other	2b(1)(F)	440762	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		480664
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2532112	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2532112
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		6402753
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		21003120

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3290168	
(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)		3290168
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		29886
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	104837	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		104837
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3424891

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		17578229
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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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 _____. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan IRMC 403(B) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 INDIAN RIVER MEDICAL CENTER, INC		D Employer Identification Number (EIN) 59-2496294
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 76-0519990		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IRMC 403(b) Plan

Financial Report
December 31, 2017

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Independent Auditor's Report

To the Plan Administrator
IRMC 403(b) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of IRMC 403(b) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by The Variable Annuity Life Insurance Company and AIG Federal Savings Bank, the custodians 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 custodians hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the custodians as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the Plan Administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, and is presented for purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is 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 schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the custodians, 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
October 15, 2018

IRMC 403(b) Plan

Statements of Net Assets Available for Benefits December 31, 2017 and 2016

	2017	2016
Assets		
Investments at fair value	\$ 63,814,346	\$ 48,993,918
Investments at contract value	21,417,993	19,257,726
	<u>85,232,339</u>	<u>68,251,644</u>
Receivables:		
Employer's contributions	1,793,739	1,481,211
Participants' contributions	225,242	211,923
Notes from participants	966,514	711,628
Total receivables	<u>2,985,495</u>	<u>2,404,762</u>
Net assets available for benefits	<u>\$ 88,217,834</u>	<u>\$ 70,656,406</u>

See notes to financial statements.

IRMC 403(b) Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2017

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 6,397,301
Interest and dividends	2,995,523
Total investment income	<u>9,392,824</u>

Interest income on notes from participants	33,465
--	--------

Contributions:

Participants	7,025,771
Employer, net of forfeitures	3,562,144
Rollovers from other qualified plans	1,325,523
Total contributions	<u>11,913,438</u>

Total additions	<u>21,339,727</u>
------------------------	-------------------

Deductions from net assets attributed to:

Benefits paid to participants	3,678,916
Administrative expenses	99,383
Total deductions	<u>3,778,299</u>

Net increase in net assets available for benefits	17,561,428
--	------------

Net assets available for benefits:

Beginning of year	<u>70,656,406</u>
End of year	<u>\$ 88,217,834</u>

See notes to financial statements.

IRMC 403(b) Plan

Notes to Financial Statements

Note 1. Plan Description

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

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

The Plan provides automatic enrollment of all eligible employees hired after January 1, 2016, at a deferral rate of 4% of compensation on the first day of the month (unless the employee specifically opts out) when the employee becomes eligible.

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

Additionally, upon completion of one year of service, participants that are not classified as fixed rate, temporary or per diem are eligible to receive nonelective employer basic contributions. The employer basic contribution is at the Hospital's discretion and may vary from year to year. Employer basic contributions shall be made at a rate equal to a uniform percentage of the compensation of each employee who is eligible for employer contributions. For the year ended December 31, 2017, the employer's basic contributions to the Plan amounted to \$1,793,739. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

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

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

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

IRMC 403(b) Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

Forfeitures: Any non-vested account balance remaining after the distribution of a terminated participant's vested account balance is forfeited. As of December 31, 2017 and 2016, forfeited non-vested accounts totaled \$131,800 and \$37,653, respectively. These accounts will be used to reduce future Hospital contributions.

Notes from participants: Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are collateralized by the balance in the participant's account and bear interest at a reasonable fixed rate determined at the date of each note, comparable to the interest rate charged on similar commercial loans by persons in the business of lending money. Note terms are usually a maximum of five years except for the purchase or construction of a primary residence, which may be more than five years. The interest rates range from 4.25% to 5.25% on notes outstanding as of December 31, 2017, and mature through October 2032. Principal and interest are paid ratably through payroll deductions.

Effective March 8, 2017, the Plan was amended to permit to have two loans outstanding at any time. Additionally, the participant receiving a loan from the Plan must enter into a payroll deduction agreement to repay the loan. Upon termination with the employer, any participant with active loans will be required to either repay the loan or enter into an Automated Clearing House debit agreement to repay the loan from the participant's personal bank or savings account.

Assets pledged as collateral: Loans are available to participants through The Variable Annuity Life Insurance Company (VALIC), subject to certain limitations. Loans are issued directly to Plan participants from the funds owned by VALIC. The loans are secured by assets held in the participant's Fixed Account. Issuance of these loans has no impact on the statements of net assets available for benefits. The amount of the Plan assets pledged as collateral for loans issued to participants by VALIC as of December 31, 2017 and 2016, was \$559,637 and \$578,545, respectively.

Note 2. Summary of Significant Accounting Policies

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

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

Investment valuation and income recognition: The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 4 for discussion of fair value measurements.

Investments held by a defined contribution plan are required to be reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Contract value is the relevant measurement for the portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

IRMC 403(b) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

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

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

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

Notes from participants: Notes from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant notes are recorded as distributions based on the terms of the Plan agreement. No allowance for credit losses has been recorded as of December 31, 2017 and 2016.

Payment of benefits: Benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid directly by the Hospital and are excluded for these financial statements. Administrative expenses include loan origination fees associated with notes receivable from participants that are charged directly to participants' accounts and certain recordkeeping fees paid by the Plan. Investment related expenses are charged to the Plan as a reduction of investment return and included in the net appreciation (depreciation) in fair value of investments.

Subsequent events: The Plan Administrator has evaluated subsequent events (events occurring after December 31, 2017) through October 15, 2018, which is the date the financial statements were available to be issued.

IRMC 403(b) Plan

Notes to Financial Statements

Note 3. Information Certified or Provided by VALIC and AIG Federal Savings Bank (Custodians)

The following is a summary of the Plan's asset information, as of December 31, 2017 and 2016, and for the year ended December 31, 2017, included throughout the Plan's financial statements and supplemental schedule of assets held (at end of year), that was prepared by or derived from information provided by VALIC and AIG Federal Savings Bank (AIG), the custodians under the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodians that the information provided to the Plan Administrator by the custodians related to the following assets and asset activity is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information that appears throughout the financial statements and supplemental schedule related to the following assets:

	December 31	
	2017	2016
Investments at fair value:		
Shares of registered investment companies (mutual funds)	\$ 47,481,365	\$ 33,786,307
Variable annuity contracts	16,332,981	15,207,611
	<u>\$ 63,814,346</u>	<u>\$ 48,993,918</u>
Investments at contract value:		
Fixed annuity contracts	\$ 21,417,993	\$ 19,257,726
	<u>\$ 21,417,993</u>	<u>\$ 19,257,726</u>
Notes receivable from participants	<u>\$ 966,514</u>	<u>\$ 711,628</u>

VALIC and AIG also certified to the completeness and accuracy of \$6,397,301 of net appreciation in fair value of investments, \$3,028,988 of dividends and interest related to the aforementioned Plan assets for the year ended December 31, 2017.

Note 4. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

IRMC 403(b) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

- 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 input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 or 2016.

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

Description	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies (mutual funds)	\$ 47,481,365	\$ -	\$ -	\$ 47,481,365
Investments measured at NAV (*)				16,332,981
Investments at fair value				<u>\$ 63,814,346</u>

Description	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies (mutual funds)	\$ 33,786,307	\$ -	\$ -	\$ 33,786,307
Investments measured at NAV (*)				15,207,611
Investments at fair value				<u>\$ 48,993,918</u>

IRMC 403(b) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

(*) In accordance with the Fair Value Measurements topic, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth additional disclosures for the Plan's investments whose fair value is estimated using the NAV per share (or its equivalent) as a practical expedient as of December 31, 2017 and 2016:

Investment	Fair Value		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	December 31				
	2017	2016			
Variable annuity contracts:					
Large cap funds (a)	\$ 3,467,134	\$ 3,182,844	None	Immediate	None
Hybrid funds (b)	3,167,263	2,933,531	None	Immediate	None
Global funds (c)	2,798,765	2,535,306	None	Immediate	None
Mid cap funds (d)	2,492,786	2,412,211	None	Immediate	None
Fixed income funds (e)	2,322,445	2,183,203	None	Immediate	None
Small cap funds (f)	1,828,653	1,728,495	None	Immediate	None
Specialty funds (g)	255,935	232,021	None	Immediate	None
	\$ 16,332,981	\$ 15,207,611			

- (a) The investment objective of the funds in this category tend to maximize total return through capital appreciation with income as a secondary objective.
- (b) Hybrid the investment objective of the funds in the category seek capital appreciation through diversified investment strategies.
- (c) The investment objective of the funds in this category seek to provide long-term growth of capital by investing in foreign equity securities.
- (d) The investment objective of the funds in this category is to provide long-term capital appreciation.
- (e) The investment objective of the funds in this category seek total return, including capital appreciation and high current income. Selected funds within this category invest in commodity markets and government securities.
- (f) The investment objective of the funds in this category is to primarily invest in companies at the smaller end of the market-capitalization range and tend to own an array of value and growth stocks.
- (g) The investment objective of the funds in this category seek total return, including long-term capital growth and current income.

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.

IRMC 403(b) Plan

Notes to Financial Statements

Note 5. Fully Benefit-Responsive Fixed Annuity Contracts

The Plan has traditional, fully benefit-responsive fixed annuity contracts with VALIC that are reported at contract value. VALIC maintains the contributions in a general account. The account is credited with contributions, earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to pay a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1%. Such interest rates are reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive fixed annuity contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract.

Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreement without the consent of the issuer

Note 6. Tax Status

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

IRMC 403(b) Plan

Notes to Financial Statements

Note 6. Tax Status (Continued)

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 7. Plan Termination and Amendment

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

Note 8. Related Party and Parties-in-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. The Plan invests in certain variable annuity contracts and investment contracts managed by VALIC. These investments are considered parties-in-interest investments. VALIC is also one of the custodians of the Plan; therefore, transactions with the custodian qualify as parties-in-interest transactions. Fees paid by the Plan directly to VALIC and their related entity, VALIC Retirement Services Company, totaled \$99,383 for the year ended December 31, 2017. Certain other administrative expenses are paid directly by the Plan Sponsor on behalf of the Plan. Certain administrative functions are performed by employees of the Hospital. No such employee receives compensation from the Plan.

Note 9. 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:

	December 31	
	2017	2016
Net assets available for benefits per the financial statements	\$ 88,217,834	\$ 70,656,406
Less:		
Employer's contributions receivable	(1,793,739)	(1,481,211)
Participants' contributions receivable	(225,242)	(211,923)
Defaulted notes from participants	(40,908)	(383,556)
Net assets per the Form 5500	<u>\$ 86,157,945</u>	<u>\$ 68,579,716</u>

IRMC 403(b) Plan

Notes to Financial Statements

Note 9. 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 December 31, 2017
Net increase in net assets available for benefits per the financial statements	\$ 17,561,428
Less:	
Current year participants' contributions receivable	(225,242)
Current year employer's contributions receivable	(1,793,739)
Current year defaulted notes from participants	(40,908)
Plus:	
Prior year participants' contributions receivable	211,923
Prior year employer's contributions receivable	1,481,211
Prior year defaulted notes from participants	383,556
Net income per the Form 5500	<u><u>\$ 17,578,229</u></u>

IRMC 403(b) Plan
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2017**

Employer Identification Number: 59-2496294

Plan Number: 002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	(d) Cost **	(e) Current Value
Fixed annuity contracts:				
*	VALIC	VALIC Fixed-Interest Account	\$	13,890,391
*	VALIC	Fixed Account Plus		5,960,006
*	VALIC	Short-Term Fixed Account		1,567,596
				<u>21,417,993</u>
Variable annuity contracts:				
*	VALIC	Vanguard Wellington Fund		3,046,450
*	VALIC	Global Strategy Fund		1,676,224
*	VALIC	Vanguard Windsor II Fund		1,401,739
*	VALIC	Mid Cap Index Fund		1,324,062
*	VALIC	Stock Index Fund		1,140,106
*	VALIC	Ariel Fund		876,189
*	VALIC	Ariel Appreciation Fund		812,850
*	VALIC	Small Cap Index Fund		761,792
*	VALIC	Core Bond Fund		660,999
*	VALIC	Vanguard Long-Term Treasury Fund		519,343
*	VALIC	Strategic Bond Fund		470,247
*	VALIC	Foreign Value Fund		373,154
*	VALIC	Mid Cap Value Fund		329,836
*	VALIC	Socially Responsible Fund		313,905
*	VALIC	NASDAQ-100 R Index Fund		272,561
*	VALIC	Emerging Economies Fund		261,045
*	VALIC	International Opportunities Fund		234,707
*	VALIC	Inflation Protected Fund		185,935
*	VALIC	International Equities Fund		185,845
*	VALIC	High Yield Bond Fund		167,060
*	VALIC	Small Cap Value Fund		148,353
*	VALIC	Dividend Value Fund		127,443
*	VALIC	Blue Chip Growth Fund		124,369
*	VALIC	Capital Conservation Fund		109,591
*	VALIC	Health Sciences Fund		106,123
*	VALIC	Vanguard Long-Term Investment-Grade Fund		102,494
*	VALIC	Global Real Estate Fund		88,087
*	VALIC	Vanguard Lifestrategy Growth Fund		66,217
*	VALIC	Science & Technology Fund		61,725
*	VALIC	Money Market I Fund		56,589
*	VALIC	Conservative Growth Lifestyle Fund		44,713
*	VALIC	International Growth Fund		40,777
*	VALIC	Government Securities Fund		39,581
*	VALIC	Large Cap Core Fund		39,462
*	VALIC	Global Social Awareness Fund		27,014
*	VALIC	Small Cap Aggressive Growth Fund		26,309
*	VALIC	Mid Cap Strategic Growth Fund		25,024
*	VALIC	Growth & Income Fund		19,074
*	VALIC	Large Cap Value Fund		14,125
*	VALIC	Small Cap Special Value Fund		6,948
*	VALIC	International Government Bond Fund		5,524

(Continued)

IRMC 403(b) Plan
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2017**

Employer Identification Number: 59-2496294

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost **	Current Value
		Variable annuity contracts (continued):		
*	VALIC	Vanguard Lifestrategy Moderate Growth Fund	\$	5,140
*	VALIC	Money Market II Fund		5,082
*	VALIC	Aggressive Growth Lifestyle Fund		4,743
*	VALIC	Growth Fund		4,243
*	VALIC	Small Cap Growth Fund		3,996
*	VALIC	Broad Cap Value Income Fund		3,476
*	VALIC	Value Fund		3,324
*	VALIC	Small Cap Fund		2,582
*	VALIC	Small Mid Growth Fund		2,484
*	VALIC	Large Capital Growth Fund		2,445
*	VALIC	Mid Cap Growth Fund		1,014
*	VALIC	Capital Appreciation Fund		623
*	VALIC	American Beacon Bridgeway Large Cap Growth Fund		238
				<u>16,332,981</u>
		Shares of registered investment companies (mutual funds):		
	Dreyfus	Dreyfus S&P 500 Index Fund		7,510,252
	American Funds	American Funds Europacific Fund		7,389,992
	MFS	MFS Lifetime 2030 R3 Fund		6,181,292
	Dreyfus	Dreyfus Midcap Index Fund		6,134,215
	Dreyfus	Dreyfus Small Cap Stk Index Fund		4,008,980
	MFS	MFS Total Return Bond A		3,644,049
	Neuberger Berman	Neuberger Berman Strategic Income I		2,188,975
	JP Morgan	JP Morgan Equity Income R6		1,936,193
	MFS	MFS Lifetime 2020 R3 Fund		1,467,606
	OppenheimerFunds	Oppenheimer Developing Markets A Fund		1,089,908
	MFS	MFS Lifetime 2050 R3 Fund		1,073,516
	MFS	MFS Mid Cap Value Fund Class R3		1,040,622
	OppenheimerFunds	Oppenheimer International Small Mid Co A Fund		882,315
	Ceredex	Virtus Ceredex S-Cap Val Eq A		808,774
	MFS	MFS Lifetime 2040 R3 Fund		793,086
	JP Morgan	JP Morgan Small Cap Gr A Fund		662,071
	MFS	MFS Growth R3 Fund		458,326
	MFS	MFS Lifetime Income R3 Fund		198,807
	Federated	Federated S/T Income Instl SVC Fund		12,386
				<u>47,481,365</u>
*	Participants	Participants loans***		
		Interest rates of 4.25% - 5.25% maturing through October 2032		<u>925,606</u>
			\$	<u>86,157,945</u>

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

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

*** Net of \$40,908 of deemed loan distributions.

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

Form 5500 -2017

Attachment

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

Name of plan IRMH 403(b) Plan			Three-digit ERISA plan number 002	
Name of plan sponsor as shown on line 2a of Form 5500 Indian River Medical Center, Inc.			Employer Identification Number 59-2496294	
Contract Number: 48781 Plan Number: 002				
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS		5,268,569
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		1,567,596
	VALIC GENERAL ACCOUNT	FORFEITURE		131,800
	VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE		4,743
	VALIC SEPARATE ACCOUNT A	AMER BEACON BRDWY LRG CP GRW I		238
	VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND		812,850
	VALIC SEPARATE ACCOUNT A	ARIEL FUND		876,189
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		124,369
	VALIC SEPARATE ACCOUNT A	BROAD CAP VALUE INC		3,476
	VALIC SEPARATE ACCOUNT A	CAPITAL APPRECIATION FUND		623
	VALIC SEPARATE ACCOUNT A	CAPITAL CONSERVATION		109,591
	VALIC SEPARATE ACCOUNT A	CONSERVATIVE GROWTH LIFESTYLE		44,713
	VALIC SEPARATE ACCOUNT A	CORE BOND FUND		660,999
	VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE		127,443
	VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES		261,045
	VALIC SEPARATE ACCOUNT A	FOREIGN VALUE		373,154
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		88,087
	VALIC SEPARATE ACCOUNT A	GLOBAL SOCIAL AWARENESS FUND		27,014
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		1,676,224
	VALIC SEPARATE ACCOUNT A	GOVERNMENT SECURITIES FUND		39,581
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		19,074
	VALIC SEPARATE ACCOUNT A	GROWTH FUND		4,243
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND		106,123
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND		167,060
	VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND		185,935
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GOVERNMENT BOND		5,524
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH I FUND		40,777
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL EQUITIES INDEX FUND		185,845
	VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES		234,707
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		39,462
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		14,125
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		2,445
	VALIC SEPARATE ACCOUNT A	MID CAP GROWTH FUND		1,014
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		1,324,062
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		25,024
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		329,836
	VALIC SEPARATE ACCOUNT A	MONEY MARKET I FUND		56,589
	VALIC SEPARATE ACCOUNT A	MONEY MARKET II FUND		5,082
	VALIC SEPARATE ACCOUNT A	NASDAQ-100(R) INDEX FUND		272,561
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		61,725
	VALIC SEPARATE ACCOUNT A	SM CAP AGGRESSIVE GWTH		26,309
	VALIC SEPARATE ACCOUNT A	SMALL CAP FUND		2,582
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND		3,996
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		761,792
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		6,948
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		148,353
	VALIC SEPARATE ACCOUNT A	SMALL MID GROWTH FUND		2,484
	VALIC SEPARATE ACCOUNT A	SOCIALLY RESPONSIBLE FUND		313,905
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		1,140,106
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND		470,247
	VALIC SEPARATE ACCOUNT A	VALUE FUND		3,324
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY GROWTH		66,217
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY MODERA		5,140
	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY		519,343
	VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND		102,494
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND, INC.		3,046,450
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		1,401,739

	Participant Loans	3% - 4.50 %		213,206
	VALIC FIXED-INTEREST	VALIC FIXED-INTEREST		13,890,391
	AMER FUNDS EUROPAC R4	MUTUAL FUND - AMER FUNDS EUROPAC R4		7,389,993
	DREYFUS MIDCAP INDEX	MUTUAL FUND - DREYFUS MIDCAP INDEX		6,134,215
	DREYFUS S&P 500 INDEX	MUTUAL FUND - DREYFUS S&P 500 INDEX		7,510,252
	DREYFUS SM CAP STK INDX	MUTUAL FUND - DREYFUS SM CAP STK INDX		4,008,980
	FEDERATED S/T INCOME INSTL SVC	MUTUAL FUND - FEDERATED S/T INCOME INSTL SVC		12,386
	JP MORGAN EQUITY INCOME R6	MUTUAL FUND - JP MORGAN EQUITY INCOME R6		1,936,193
	JP MORGAN SMALL CAP GR A	MUTUAL FUND - JP MORGAN SMALL CAP GR A		662,071
	NEUBERGER BERMAN STRAT INCOM I	MUTUAL FUND - NEUBERGER BERMAN STRAT INCOM I		2,188,975
	MFS GROWTH R3	MUTUAL FUND - MFS GROWTH R3		458,326
	MFS LIFETIME 2020 R3	MUTUAL FUND - MFS LIFETIME 2020 R3		1,467,606
	MFS LIFETIME 2030 R3	MUTUAL FUND - MFS LIFETIME 2030 R3		6,181,292
	MFS LIFETIME 2040 R3	MUTUAL FUND - MFS LIFETIME 2040 R3		793,086
	MFS LIFETIME 2050 R3	MUTUAL FUND - MFS LIFETIME 2050 R3		1,073,516
	MFS LIFETIME INCOME R3	MUTUAL FUND - MFS LIFETIME INCOME R3		198,807
	MFS MID CAP VALUE R3	MUTUAL FUND - MFS MID CAP VALUE R3		1,040,622
	MFS TOTAL RETURN BOND A	MUTUAL FUND - MFS TOTAL RETURN BOND A		3,644,049
	OPPENHEIMER DEVELOP MKTA	MUTUAL FUND - OPPENHEIMER DEVELOP MKTA		1,089,908
	OPPENHEIMER INTL SM MID CO A	MUTUAL FUND - OPPENHEIMER INTL SM MID CO A		882,315
	VIRTUS CEREDEx S-CAP VAL EQ A	MUTUAL FUND - VIRTUS CEREDEx S-CAP VAL EQ A		808,774
	Participant Loans	4.25% - 5.25 %		925,606