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).

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
IRMC 403(B) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2003

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)
INDIAN RIVER MEMORIAL HOSPITAL, INC.

1000 36TH STREET
VERO BEACH, FL 32960

2b Employer Identification Number (EIN)
59-2496294

2c Plan Sponsor's telephone number
772-567-4311

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2020	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor 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 INDIAN RIVER MEDICAL CENTER, INC.

c Plan Name IRMC 403(B) PLAN

4b EIN 59-2496294

4d PN 002

5 Total number of participants at the beginning of the plan year	**5**	3540
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	2348
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2395
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	902
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3297
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	3297
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2928
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	187
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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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 MEMORIAL HOSPITAL, 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.

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	48781	592	01/01/2019	12/31/2019

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
2090	

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

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

PICKETT, JERROL G
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1722			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		
	(c) Amount	(d) Purpose	(e) Organization code
129			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	
105			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	
64			3

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

KLEINE-KRACHT, II, JOSEPH M
2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

LANG, HARRY S
2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

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	
13			3

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

D'ANGELO, STEFAN
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

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	
10			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	

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	6922578
5	Current value of plan's interest under this contract in separate accounts at year end	5	14905342

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	7202520
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	193659		
	(4) Transferred from separate account	7c(4)	438817		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	632476
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	7834996
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	920215		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	2203		
	▶ CONTRACT SURRENDER CHARGES				
	(5) Total deductions			7e(5)	922418
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6912578

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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 MEMORIAL HOSPITAL, 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.

1 Coverage Information:

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

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
74-1625348	70238	48781	2811	01/01/2019	12/31/2019

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).

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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	18161343
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. 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	16787216
c	Additions: (1) Contributions deposited during the year	7c(1)	2071137		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	388136		
	(4) Transferred from separate account	7c(4)	1241560		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	3700833
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	20488049
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2176902		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	137481		
	(4) Other (specify below)	7e(4)	12323		
	▶ CONTRACT SURRENDER CHARGES				
	(5) Total deductions			7e(5)	2326706
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	18161343

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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 MEMORIAL HOSPITAL, INC.

D Employer Identification Number (EIN)
59-2496294

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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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	102008	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	21975	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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 MEMORIAL HOSPITAL, INC.

D Employer Identification Number (EIN)
59-2496294

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)	1173340	1340468
(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)	62340148	78515426
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	24603824	25565507
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	88117312	105421401
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	88117312	105421401

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)	3204499	
	(B) Participants	2a(1)(B)	7487392	
	(C) Others (including rollovers)	2a(1)(C)	829726	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		11521617
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)	88462	
	(F) Other	2b(1)(F)	585612	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		674074
	(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)	3508258	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3508258
	(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)		11174137
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		26878086
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9405940	
(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)		9405940
f Corrective distributions (see instructions)	2f		2084
g Certain deemed distributions of participant loans (see instructions)	2g		43568
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	122405	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		122405
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9573997
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		17304089
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) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: RSM US LLP **(2)** EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under 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).

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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 MEMORIAL HOSPITAL, 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**

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

IRMC 403(b) Plan

Financial Report
December 31, 2019

Contents

Independent auditor's report	1-2
Financial statements	
Statements of net assets available for benefits	3
Statement of changes in net assets available for benefits	4
Notes to financial statements	5-13
Supplementary information	
Schedule H, line 4i – schedule of assets (held at end of year)	14-15

RSM US LLP

Independent Auditor's Report

Trustee(s) and 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, 2019 and 2018, the related statement of changes in net assets available for benefits for the year ended December 31, 2019, 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, 2019 and 2018, and for the year ended December 31, 2019, 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.

RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

Other Matter
The supplemental schedule, Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2019, 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 US LLP

Orlando, Florida
October 15, 2020

IRMC 403(b) Plan

Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
Assets		
Investments at fair value	**$ 78,515,426**	$ 62,340,148
Investments at contract value	**25,565,507**	24,603,824
	104,080,933	86,943,972
Receivables:		
Participants' contributions	**227,227**	244,091
Employer's contributions	**1,707,215**	1,615,665
Notes from participants	**1,423,889**	1,260,473
Total receivables	**3,358,331**	3,120,229
Net assets available for benefits	**$ 107,439,264**	$ 90,064,201

See notes to financial statements.

IRMC 403(b) Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 11,174,136
Interest and dividends	4,111,934
	15,286,070
Interest income on notes receivable from participants	70,398
Contributions:	
Participants	7,451,467
Employer, net of forfeitures	3,296,049
Rollovers	829,726
Total additions	26,933,710
Deductions from net assets attributed to:	
Benefits paid to participants	9,453,219
Administrative expenses	105,428
Total deductions	9,558,647
Net increase in net assets available for benefits	17,375,063
Net assets available for benefits:	
Beginning of year	90,064,201
End of year	$ 107,439,264

See notes to financial statements.

Note 1. Plan Description

The following description of the IRMC 403(b) Plan (the Plan), 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 is responsible for the oversight of the Plan. The Plan management determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's management. 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, at a deferral rate of 4% of compensation on the first day of the month (unless the employee elects otherwise) 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, as defined, 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. 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: The Plan permits withdrawals when a participant terminates employment, reaches retirement age, or becomes disabled or deceased. In-service withdrawals are also permitted for certain financial hardships, as defined, or when a participant attains age 59½. Benefits are payable in lump-sum payments with certain exceptions allowed.

Forfeitures: Any non-vested account balance remaining after the distribution of a terminated participant's vested account balance is forfeited. These accounts are used to fund future Hospital contributions. As of December 31, 2019 and 2018, forfeited non-vested accounts totaled $73,150 and $85,956, respectively. During 2019, $73,150 was used to fund Hospital contributions.

Note 1. Plan Description (Continued)

Notes receivable from participants: Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The notes are collateralized by the balance in the participant's account and bear interest at a reasonable fixed rate determined at the date of each note, comparable to the interest rate charged on similar commercial loans by persons in the business of lending money. Note terms are usually a maximum of five years except for the purchase or construction of a primary residence, which may be more than five years. The interest rates range from 4.25% to 6.50% on notes outstanding as of December 31, 2019, and mature through June 2034. Principal and interest are paid ratably through payroll deductions.

Assets pledged as collateral: Loans are available to participants through The Variable Annuity Life Insurance Company (VALIC), subject to certain limitations. Loans are issued directly to Plan participants from the funds owned by VALIC. The loans are secured by assets held in the participant's fixed account. Issuance of these loans has no impact on the 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, 2019 and 2018, was $408,436 and $518,133, 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. 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. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 4 for discussion of fair value measurements.

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

Risks and uncertainties: 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 2019 statement of net assets available for benefits.

Note 2. Summary of Significant Accounting Policies (Continued)

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. If a participant ceases to make note repayments and the Plan Administrator deems the participant note to be in default, the participant note receivable balance is reduced and a benefit payment is recorded.

Notes receivable from participants have been classified as an investment asset for Form 5500 reporting purposes and, accordingly, have been included as an investment in the supplemental schedule, Schedule H, Line 4i—Schedule of assets (held at end of year).

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Certain expenses of maintaining the Plan are paid directly by the Hospital and are excluded from 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, 2019) through October 15, 2020, which is the date the financial statements were available to be issued.

Subsequent to year-end, on January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of International Concern" and, on March 11, 2020, declared it to be a pandemic. The pandemic in the United States and throughout the world has resulted in substantial volatility in the financial markets.

In March 2020, the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) was enacted. Among other provisions, the CARES Act provides temporary options for Plan participants with respect to certain Plan distributions and loans.

Note 3. Information Certified or Provided by The Variable Annuity Life Insurance Company and AIG Federal Savings Bank (Custodians)

The following is a summary of the Plan's asset information, as of December 31, 2019 and 2018, and for the year ended December 31, 2019, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by VALIC and AIG Federal Savings Bank (AIG), the 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:

Note 3. Information Certified or Provided by The Variable Annuity Life Insurance Company and AIG Federal Savings Bank (Custodians) (Continued)

	December 31	
	2019	2018
Investments at fair value:		
Shares of registered investment companies (mutual funds)	$ 64,018,520	$ 48,612,690
Variable annuity contracts	14,496,906	13,727,458
	$ 78,515,426	$ 62,340,148
Investments at contract value:		
Fixed annuity contracts	$ 25,565,507	$ 24,603,824
Notes receivable from participants	$ 1,423,889	$ 1,260,473

VALIC and AIG also certified to the completeness and accuracy of $11,174,136 of net appreciation in fair value of investments, $4,111,934 of interest and dividends related to the aforementioned plan assets, and $70,398 of interest income on notes receivable from participants, for the year ended December 31, 2019.

Note 4. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the 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, 2019 or 2018:

Note 4. Fair Value Measurements (Continued)

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, 2019 and 2018:

	Assets at Fair Value as of December 31, 2019			
Description	Level 1	Level 2	Level 3	Total
Shares of registered investment companies (mutual funds)	$ 64,018,520	$ -	$ -	$ 64,018,520
Investments measured at NAV (*)				14,496,906
Investments at fair value				$ 78,515,426

	Assets at Fair Value as of December 31, 2018			
Description	Level 1	Level 2	Level 3	Total
Shares of registered investment companies (mutual funds)	$ 48,612,690	$ -	$ -	$ 48,612,690
Investments measured at NAV (*)				13,727,458
Investments at fair value				$ 62,340,148

(*) 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.

Note 4. Fair Value Measurements (Continued)

The following table sets forth additional disclosures for the Plan's investments whose fair value is estimated using the NAV per share (or its equivalent) as a practical expedient as of December 31, 2019 and 2018:

Investment	Fair Value December 31 2019	Fair Value December 31 2018	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Variable annuity contracts:					
Large cap funds (a)	$ 3,316,327	$ 2,890,146	None	Immediate	None
Hybrid funds (b)	2,989,760	2,853,616	None	Immediate	None
Global funds (c)	2,279,869	2,292,843	None	Immediate	None
Fixed income funds (d)	2,179,766	2,109,226	None	Immediate	None
Mid cap funds (e)	2,042,782	1,907,338	None	Immediate	None
Small cap funds (f)	1,462,776	1,462,425	None	Immediate	None
Specialty funds (g)	225,626	211,864	None	Immediate	None
	$ 14,496,906	$ 13,727,458			

(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) The investment objective of the hybrid funds in this 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 seek total return, including capital appreciation and high current income. Selected funds within this category invest in commodity markets and government securities.

(e) The investment objective of the funds in this category is to provide long-term capital appreciation.

(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.

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 IRC or the failure of the trust to be tax-exempt under Section 501(a) of the IRC

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

GAAP 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 by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 Party-in-Interest Transactions

Party-in-interest is 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 approximately $105,427 for the year ended December 31, 2019. 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 net assets per the Form 5500:

	December 31	
	2019	2018
Net assets available for benefits per the financial statements	$ 107,439,264	$ 90,064,201
Less:		
Employer's contributions receivable	(1,707,215)	(1,615,665)
Participants' contributions receivable	(227,227)	(244,091)
Defaulted notes from participants	(83,421)	(87,133)
Net assets available for benefits per the Form 5500	$ 105,421,401	$ 88,117,312

Note 9. Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of net assets available for benefits per the financial statements to net income per the Form 5500 for the year ended December 31, 2019:

Net increase in net assets available for benefits per the financial statements	$	17,375,063
Less:		
Current year participants' contributions receivable		(227,227)
Current year employer's contributions receivable		(1,707,215)
Current year defaulted notes from participants		(83,421)
Plus:		
Prior year participants' contributions receivable		244,091
Prior year employer's contributions receivable		1,615,665
Prior year defaulted notes from participants		87,133
Net income per the Form 5500	$	17,304,089

IRMC 403(b) Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2019

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		$ 18,161,343
*	VALIC	Fixed Account Plus		5,506,861
*	VALIC	Short-Term Fixed Account		1,897,303
				25,565,507
		Variable annuity contracts:		
*	VALIC	Vanguard Wellington Fund Inc		2,857,145
*	VALIC	Stock Index Fund		1,284,784
*	VALIC	Global Strategy Fund		1,232,098
*	VALIC	Vanguard Windsor II		1,180,046
*	VALIC	Mid Cap Index Fund		1,107,513
*	VALIC	Core Bond Fund		715,885
*	VALIC	Ariel Fund		698,673
*	VALIC	Ariel Appreciation Fund		661,475
*	VALIC	Small Cap Index Fund		614,497
*	VALIC	Strategic Bond Fund		404,126
*	VALIC	Vanguard Long-Term Treasury Fund		375,816
*	VALIC	Socially Responsible Fund		297,320
*	VALIC	International Value Fund		290,204
*	VALIC	International Equities Index Fund		272,679
*	VALIC	Mid Cap Value Fund		249,361
*	VALIC	Emerging Economies Fund		242,383
*	VALIC	Inflation Protected Fund		227,793
*	VALIC	Nasdaq-100(R) Index Fund		213,376
*	VALIC	International Opportunities Fund		189,851
*	VALIC	High Yield Bond Fund		168,876
*	VALIC	Health Sciences Fund		140,460
*	VALIC	Blue Chip Growth Fund		137,872
*	VALIC	Capital Conservation Fund		118,845
*	VALIC	Vanguard Long-Term Investment-Grade Fund		111,348
*	VALIC	Small Cap Value Fund		103,123
*	VALIC	Dividend Value Fund		92,275
*	VALIC	Vanguard Lifestrategy Growth Fund		74,108
*	VALIC	Global Real Estate Fund		73,861
*	VALIC	Conservative Growth Lifestyle Fund		48,421
*	VALIC	Large Cap Core Fund		46,881
*	VALIC	Systematic Core Fund		36,346
*	VALIC	Small Cap Aggressive Growth Fund		31,784
*	VALIC	Government Securities Fund		28,853
*	VALIC	International Growth Fund		26,979
*	VALIC	International Socially Responsible Fund		25,675
*	VALIC	Mid Cap Strategic Growth Fund		21,058
*	VALIC	Government Money Market I		18,811
*	VALIC	Science & Technology Fund		11,306

(Continued)

IRMC 403(b) Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2019

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
		Variable annuity contracts (continued):		
*	VALIC	Large Cap Value Fund		12,564
*	VALIC	Small Cap Special Value Fund		5,873
*	VALIC	Vanguard Lifestrategy Moderate Fund		5,713
*	VALIC	International Government Bond Fund		5,629
*	VALIC	Growth Fund		5,354
*	VALIC	Small Cap Growth Fund		4,781
*	VALIC	Aggressive Growth Lifestyle Fund		4,374
*	VALIC	Government Money Market II		3,785
*	VALIC	Large Capital Growth Fund		3,391
*	VALIC	Mid Cap Growth Fund		3,374
*	VALIC	Value Fund		3,326
*	VALIC	Small Cap Fund		3,033
*	VALIC	Systematic Value Fund		1,930
*	VALIC	Small Mid Growth Fund		1,013
*	VALIC	Capital Appreciation Fund		736
*	VALIC	American Beacon Bridgewater, Large Cap Growth Fund I		123
				14,496,906
		Shares of registered investment companies (mutual funds):		
	American Funds	American Funds Europacific Growth Fund Class R4		8,969,280
	MFS	MFS Lifetime 2030 Fund Class R3		8,679,345
	BNY Mellon	BNY Mellon S&P 500 Index Fund		7,048,296
	BNY Mellon	BNY Mellon Mid Cap Index Investment Fund		6,459,548
	JP Morgan	JP Morgan Equity Income Fund Class R6		4,747,402
	BNY Mellon	BNY Mellon Small Cap Stock Index Fund		4,666,231
	MFS	MFS Total Return Bond Fund Class A		4,629,910
	MFS	MFS Lifetime 2050 Fund Class R3		2,770,462
	MFS	MFS Growth Fund Class R3		2,754,607
	Neuberger Berman	Neuberger Berman Strategic Income Fund Institutional Class		2,379,044
	MFS	MFS Mid Cap Value Fund Class R3		2,238,633
	MFS	MFS Lifetime 2020 Fund Class R3		2,227,729
	MFS	MFS Lifetime 2040 Fund Class R3		1,705,075
	JP Morgan	JP Morgan Small Cap Growth Fund Class A		1,639,834
	Ceredex	Virtus Ceredex Small Cap Value Equity Fund A		869,946
	Oppenheimer	Oppenheimer International Small-Mid Company Fund Class		869,255
	Oppenheimer	Oppenheimer Developing Markets Fund Class A		827,276
	MFS	MFS Lifetime Income Fund Class R3		492,597
	Federated	Federated S/T Income Fund Service Shares		44,050
				64,018,520
*	Participants	Participants loans***		
		4.25% – 6.50%; maturing through June 2034		1,340,468
				$ 105,421,401

* Designates a party-in-interest as defined by ERISA.
** All investments are participant directed; therefore, cost information has not been presented.
*** Net of $83,421 of deemed loan distributions.

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

Form 5500 - 2019

Attachment

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

Name of plan	Three-digit	
IRMC 403(b) Plan	ERISA plan number	**002**
Name of plan sponsor as shown on line 2a of Form 5500	Employer Identification	
Indian River Memorial Hospital, Inc	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		5,025,275
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		1,897,303
	VALIC GENERAL ACCOUNT	FORFEITURE		73,150
	VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE		4,374
	VALIC SEPARATE ACCOUNT A	AMER BEACON BRDWY LRG CP GRW I		127
	VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND		661,475
	VALIC SEPARATE ACCOUNT A	ARIEL FUND		698,673
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		137,872
	VALIC SEPARATE ACCOUNT A	CAPITAL APPRECIATION FUND		736
	VALIC SEPARATE ACCOUNT A	CAPITAL CONSERVATION		118,844
	VALIC SEPARATE ACCOUNT A	CONSERVATIVE GROWTH LIFESTYLE		48,421
	VALIC SEPARATE ACCOUNT A	CORE BOND FUND		715,885
	VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE		92,275
	VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES		242,383
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		73,861
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		1,232,098
	VALIC SEPARATE ACCOUNT A	GOVERNMENT MONEY MARKET I		18,811
	VALIC SEPARATE ACCOUNT A	GOVERNMENT MONEY MARKET II		3,785
	VALIC SEPARATE ACCOUNT A	GOVERNMENT SECURITIES FUND		28,853
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		36,346
	VALIC SEPARATE ACCOUNT A	GROWTH FUND		5,354
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND		140,460
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND		168,876
	VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND		227,793
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GOVERNMENT BOND		5,629
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH FUND		26,979
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL VALUE FUND		290,204
	VALIC SEPARATE ACCOUNT A	INTERNATL EQUITIES INDEX FUND		272,679
	VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES		189,851
	VALIC SEPARATE ACCOUNT A	INTL SOCIALLY RESPONSIBLE FUND		25,675
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		46,881
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		12,564
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		3,391
	VALIC SEPARATE ACCOUNT A	MID CAP GROWTH FUND		3,374
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		1,107,513
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		21,058
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		249,361
	VALIC SEPARATE ACCOUNT A	NASDAQ-100(R) INDEX FUND		213,376
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		11,306
	VALIC SEPARATE ACCOUNT A	SM CAP AGGRESSIVE GWTH		31,783
	VALIC SEPARATE ACCOUNT A	SMALL CAP FUND		3,033
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND		4,781
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		614,497
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		5,873
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		103,123
	VALIC SEPARATE ACCOUNT A	SMALL MID GROWTH FUND		1,013
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		1,284,784
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND		404,126
	VALIC SEPARATE ACCOUNT A	SYSTEMATIC VALUE		1,930
	VALIC SEPARATE ACCOUNT A	US SOCIALLY RESPONSIBLE FUND		297,320
	VALIC SEPARATE ACCOUNT A	VALUE FUND		3,326
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY GROWTH		74,108
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY MODERA		5,713
	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY		375,816
	VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND		111,348
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND INC		2,857,145
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		1,180,046
	Participant Loans	3%		408,436

	VALIC FIXED-INTEREST	VALIC FIXED-INTEREST		18,161,343
	AMER FDS EUROPACIFIC GROWTH R4	MUTUAL FUND - AMER FDS EUROPACIFIC GROWTH R4		8,969,280
	BNY MELLON SML CAP STK IDX INV	MUTUAL FUND - BNY MELLON SML CAP STK IDX INV		4,666,231
	BNY MELLON S&P 500 INDEX	MUTUAL FUND - BNY MELLON S&P 500 INDEX		7,048,296
	BNY MELLON MID CAP INDEX INVES	MUTUAL FUND - BNY MELLON MID CAP INDEX INVES		6,459,548
	FEDERATED S/T INCOME SS	MUTUAL FUND - FEDERATED S/T INCOME SS		44,050
	INVESCO OPPEN DEV MKT FD CL A	MUTUAL FUND - INVESCO OPPEN DEV MKT FD CL A		827,276
	INVESCO OPPEN INTL SM-MID CO A	MUTUAL FUND - INVESCO OPPEN INTL SM-MID CO A		869,255
	JP MORGAN EQUITY INCOME R6	MUTUAL FUND - JP MORGAN EQUITY INCOME R6		4,747,402
	JP MORGAN SMALL CAP GR A	MUTUAL FUND - JP MORGAN SMALL CAP GR A		1,639,834
	NEUBERGER BERMAN STRAT INCOM I	MUTUAL FUND - NEUBERGER BERMAN STRAT INCOM I		2,379,044
	MFS GROWTH R3	MUTUAL FUND - MFS GROWTH R3		2,754,607
	MFS LIFETIME 2020 R3	MUTUAL FUND - MFS LIFETIME 2020 R3		2,227,729
	MFS LIFETIME 2030 R3	MUTUAL FUND - MFS LIFETIME 2030 R3		8,679,345
	MFS LIFETIME 2040 R3	MUTUAL FUND - MFS LIFETIME 2040 R3		1,705,075
	MFS LIFETIME 2050 R3	MUTUAL FUND - MFS LIFETIME 2050 R3		2,770,462
	MFS LIFETIME INCOME R3	MUTUAL FUND - MFS LIFETIME INCOME R3		492,597
	MFS MID CAP VALUE R3	MUTUAL FUND - MFS MID CAP VALUE R3		2,238,633
	MFS TOTAL RETURN BOND A	MUTUAL FUND - MFS TOTAL RETURN BOND A		4,629,910
	VIRTUS CEREDEX S-CAP VAL EQ A	MUTUAL FUND - VIRTUS CEREDEX S-CAP VAL EQ A		869,946
	Participant Loans	4.25% - 6.50 %		1,340,468