

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>08/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☒ the final return/report; ☐ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1992</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1992</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1992</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CMC MISSOULA, INC.</u> <u>2827 FORT MISSOULA RD</u> <u>MISSOULA, MT 59804</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>81-0247705</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>406-327-4059</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>81-0247705</u>	2c Plan Sponsor's telephone number <u>406-327-4059</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>81-0247705</u>					
2c Plan Sponsor's telephone number <u>406-327-4059</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/03/2015	STAN MOSER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/03/2015	STAN MOSER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name COMMUNITY MEDICAL CENTER	4b EIN 81-0247705 4c PN 003
5 Total number of participants at the beginning of the plan year	5 1192
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) 1178
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
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: 2E 2F 2J 2M 2T 3D 3F	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning **01/01/2015** and ending **08/31/2015**

A Name of plan COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 CMC MISSOULA, INC.	D Employer Identification Number (EIN) 81-0247705	

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

ACADIAN

04-2929221

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

ALGER

13-2665689

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

ARTISAN

39-1811840

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

CAUSEWAY

95-4861680

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

DFA

22-2370029

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

DODGE & COX

94-1441976

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

GOLDMAN SAKS

13-5108880

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

HARBOR

04-2679462

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

MFS

04-2747644

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

NEUBERGER BERMAN

13-5521910

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

PIMCO

95-2632339

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

ROYCE

52-2343049

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

T. ROWE PRICE

52-2264646

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

VANGUARD

23-1945930

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

WASATCH

87-0319391

(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

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

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 49 50 60 62 63 64	SERVICE PROVIDER	8693	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning 01/01/2015 and ending 08/31/2015		
A Name of plan COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 CMC MISSOULA, INC.		D Employer Identification Number (EIN) 81-0247705

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)		
(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)	1664256	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1664256	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1664256	0
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	394	
(B) Participants	2a(1)(B)	3024	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3418

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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(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)	4374	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4374

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1208	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1192	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		16

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		52744
c Other income.....	2c		10
d Total income. Add all income amounts in column (b) and enter total.....	2d		60562

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1716120	
(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)		1716120
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	8698	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		8698
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1724818

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1664256
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☒ Yes ☐ No Amount: 0

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2015 and ending 08/31/2015

A Name of plan <u>COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CMC MISSOULA, INC.</u>	D Employer Identification Number (EIN) <u>81-0247705</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6257133</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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): _____

**COMMUNITY MEDICAL CENTER
403(B) INVESTMENT PLAN FOR EMPLOYEES**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

**YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING)
AND EIGHT MONTH PERIOD ENDED AUGUST 31, 2015
(IN LIQUIDATION)**

**COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
TABLE OF CONTENTS
YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)**

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	4
NOTES TO FINANCIAL STATEMENTS	5
SUPPLEMENTAL SCHEDULE (ATTACHMENT TO FORM 5500)	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	11

INDEPENDENT AUDITORS' REPORT

Board of Directors
CMC Missoula, Inc.
Community Medical Center 403(b) Investment Plan for Employees
Missoula, Montana

Report on the Financial Statements

We have audited the accompanying financial statements of Community Medical Center 403(b) Investment Plan for Employees (the Plan), which comprise the statements of net assets available for benefits as of August 31, 2015 (In Liquidation) and December 31, 2014 and 2013 (Ongoing), and the related statements of changes in net assets available for benefits for the year ended December 31, 2014 (Ongoing) and for the eight month period ended August 31, 2015 (In Liquidation), 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of August 31, 2015 (In Liquidation) and December 31, 2014 and 2013 (Ongoing), and the changes in net assets available for benefits for the year ended December 31, 2014 (Ongoing) and for the eight month period ended August 31, 2015 (In Liquidation), in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter – Plan Termination

As discussed in Notes 1 and 6 to the financial statements, the Board of Directors of Community Medical Center, the Plan Sponsor, approved a plan of liquidation and determined liquidation is imminent as of January 16, 2015. In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting from the ongoing basis to the liquidation basis for periods after January 16, 2015. Our opinion is not modified with respect to this matter.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2014 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



CliftonLarsonAllen LLP

Phoenix, Arizona
November 16, 2015

**COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AUGUST 31, 2015 (IN LIQUIDATION) AND DECEMBER 31, 2014 AND 2013 (ONGOING)**

	(In Liquidation) 2015	(Ongoing) 2014	(Ongoing) 2013
	<u> </u>	<u> </u>	<u> </u>
ASSETS			
INVESTMENTS (at Fair Value)	\$ -	\$ 1,664,257	\$ 1,719,885
	<u> </u>	<u> </u>	<u> </u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ -	\$ 1,664,257	\$ 1,719,885
	<u> </u>	<u> </u>	<u> </u>

See accompanying Notes to Financial Statements.

**COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2014 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)**

	(In Liquidation) 2015	(Ongoing) 2014
ADDITIONS TO NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTABLE TO:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 53,152	\$ 68,453
Interest and Dividends	3,990	21,273
Total Investment Income	<u>57,142</u>	<u>89,726</u>
CONTRIBUTIONS	<u>3,418</u>	<u>85,121</u>
Total Additions	60,560	174,847
DEDUCTIONS FROM NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTABLE TO:		
BENEFITS PAID TO PARTICIPANTS	1,716,119	218,974
ADMINISTRATIVE EXPENSES	<u>8,698</u>	<u>11,501</u>
Total Deductions	<u>1,724,817</u>	<u>230,475</u>
NET DECREASE	(1,664,257)	(55,628)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>1,664,257</u>	<u>1,719,885</u>
End of Year	<u><u>\$ -</u></u>	<u><u>\$ 1,664,257</u></u>

See accompanying Notes to Financial Statements.

COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)

NOTE 1 DESCRIPTION OF PLAN

The following description of the Community Medical Center 403(b) Investment Plan for Employees (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established January 1, 1992 and most recently amended and restated effective January 1, 2009. The Plan covers all employees of Community Medical Center (the Employer). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Audit and Finance Committee is responsible for the oversight of the Plan. The Retirement Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Audit and Finance Committee.

On December 18, 2014, the Board of Directors for Community Medical Center resolved that due to the imminent sale of the company, the Plan would no longer qualify to operate as a 403(b) qualified plan and therefore elected to freeze and terminate the Plan effective on the date of regulatory approval of the sale of the entity. Effective January 16, 2015 the entity was sold, the name of the Plan sponsor changed to CMC Missoula, Inc., the Plan was terminated and liquidation of all plan assets was determined to be imminent. All plan assets were distributed during the eight month period ended August 31, 2015.

Eligibility

Employees are eligible to participate in the Plan immediately upon hire.

Contributions

Eligible participants may defer a percentage of their annual compensation up to the maximum permitted by law. The Plan allows catch-up contributions for participants age 50 and older. Participants may also contribute amounts representing distributions from other qualified plans. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

The Plan permits participants to direct the investment of their account balance under the Plan. Each participant's account is credited with the participant's contribution, earnings and losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Payment of Benefits

Upon termination of service, death, disability, or retirement, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump-sum distribution. If a participant terminated employment and the participant's account balance was never greater than \$5,000, the Plan administrator will authorize the benefit payment without the participant's consent. Participant withdrawals prior to termination are allowed in the event of financial hardship or attainment of age 59 ½, subject to Plan provisions.

COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are immediately 100% vested in their own contributions and rollovers plus earning thereon.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting from the ongoing plan basis to the liquidation basis for periods after January 16, 2015, the effective date of the Plan's termination and the date liquidation was imminent.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. Recordkeeping and investment related expenses are charged to participants' accounts and included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Benefit Payments

Benefits are recorded when paid.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for discussion of fair value measurements.

Purchases and sales 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

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

Subsequent Events

The Plan has evaluated subsequent events through November 16, 2015, the date the financial statements were available to be issued.

COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)

NOTE 3 FAIR VALUE OF INVESTMENTS

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 as follows:

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 market value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2014 and 2013 and August 31, 2015.

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

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 transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

2014				
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Money Market Fund	\$ 71,426	\$ -	\$ -	\$ 71,426
Target Funds	593,867	-	-	593,867
Income Funds	202,792	-	-	202,792
Stock Fund	179,970	-	-	179,970
Index Fund	100,833	-	-	100,833
Growth Funds	311,729	-	-	311,729
International Funds	188,254	-	-	188,254
Value Fund	13,734	-	-	13,734
Bond Funds	1,652	-	-	1,652
Total Investments at Fair Value	<u>\$ 1,664,257</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,664,257</u>

2013				
	Level 1	Level 2	Level 3	Total
Interest Bearing Cash	\$ 237	\$ -	\$ -	\$ 237
Mutual Funds:				
Money Market Fund	117,897	-	-	117,897
Target Funds	613,750	-	-	613,750
Income Fund	211,106	-	-	211,106
Stock Fund	183,310	-	-	183,310
Index Fund	85,385	-	-	85,385
Growth Funds	301,163	-	-	301,163
International Fund	194,947	-	-	194,947
Other Funds	12,090	-	-	12,090
Total Investments at Fair Value	<u>\$ 1,719,885</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,719,885</u>

COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)

NOTE 4 INVESTMENTS

The following table represents investments that represent 5% or more of the Plan's net assets available for benefits as of December 31:

	2014	2013
Dodge & Cox Income Fund	\$ 200,665	\$ 209,664
Dodge & Cox Stock Fund	179,970	183,310
Artisan International Fund	179,580	184,223
Wells Fargo Advantage Dow Jones Target 2020 Fund	141,521	132,087
Wells Fargo Advantage Dow Jones Target 2025 Fund	128,960	174,812
Wasatch Core Growth Fund	126,133	130,298
Vanguard 500 Index	100,833	**
Wells Fargo Advantage Dow Jones Target 2035 Fund	94,224	**
Wells Fargo Cash Advantage Money Market Fund	**	117,897

*** Does not exceed 5% of net assets available for benefits*

During 2015 and 2014, the Plan's investments in mutual funds (including investments bought, sold, and held during the year) appreciated in value by \$53,152 and \$68,453, respectively.

NOTE 5 PLAN TAX STATUS

The Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code Section 403(b).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE 6 PLAN TERMINATION

As of January 16, 2015, the Plan was terminated due to the Company being sold, and the Plan was no longer eligible to operate as a 403(b) Plan. As of August 31, 2015, all assets of the Plan had been distributed to participants.

COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)

NOTE 7 RISKS AND UNCERTAINTIES

The Plan provides for investment in a variety of investment funds. In general, investments are exposed to various risks, such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain investments are managed by Wells Fargo Funds Management, LLC, a wholly owned subsidiary of Wells Fargo & Company. Therefore, these transactions qualify as party-in-interest.

COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
E.I.N. 81-0247705 PLAN NO. 003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
*	Wells Fargo	Cash Advantage Money Market Fund	**	\$ 71,426
	Dodge & Cox	Income Fund	**	200,665
	DFA	Emerging Markets Core Equity Fund	**	7,417
	Harbor	Capital Appreciation Fund	**	80,336
	Dodge & Cox	Stock Fund	**	179,970
	Vanguard	500 Index Fund	**	100,833
	Neuberger Berman	Socially Responsive Fund	**	54,553
	Wasatch	Core Growth	**	126,133
	Artisan	International Fund	**	179,580
*	Wells Fargo	Advantage Dow Jones Target Today	**	3,206
*	Wells Fargo	Advantage Dow Jones Target 2010	**	18,365
*	Wells Fargo	Advantage Dow Jones Target 2015	**	17,947
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*	Wells Fargo	Advantage Dow Jones Target 2030	**	68,904
*	Wells Fargo	Advantage Dow Jones Target 2035	**	94,224
*	Wells Fargo	Advantage Dow Jones Target 2040	**	49,952
*	Wells Fargo	Advantage Dow Jones Target 2045	**	56,162
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	Artisan	Mid Cap Fund	**	49,581
	Royce	Opportunity Fund	**	12,293
	PIMCO	Low Duration Fund	**	1,443
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	PIMCO	High Yield Fund	**	241
	T. Rowe Price	Equity Fund	**	684
	Causeway	International Value Fund	**	478
	Goldman Sachs	Small Cap Fund	**	249
	T. Rowe Price	Growth Fund	**	684
	T. Rowe Price	Real Estate Fund	**	252
	Arcadian	Emerging Markets Fund	**	178
	PIMCO	Real Returns Fund	**	181
	ALGER	Small Cap Growth Fund	**	190
	Harbor	International Fund	**	601
	PIMCO	Total Return Fund	**	1,230
	Total			<u>\$ 1,664,257</u>

*Represents party-in-interest

**Cost omitted for participant-directed investments

**COMMUNITY MEDICAL CENTER
403(B) INVESTMENT PLAN FOR EMPLOYEES**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

**YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING)
AND EIGHT MONTH PERIOD ENDED AUGUST 31, 2015
(IN LIQUIDATION)**

**COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
TABLE OF CONTENTS
YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)**

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	4
NOTES TO FINANCIAL STATEMENTS	5
SUPPLEMENTAL SCHEDULE (ATTACHMENT TO FORM 5500)	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	11

INDEPENDENT AUDITORS' REPORT

Board of Directors
CMC Missoula, Inc.
Community Medical Center 403(b) Investment Plan for Employees
Missoula, Montana

Report on the Financial Statements

We have audited the accompanying financial statements of Community Medical Center 403(b) Investment Plan for Employees (the Plan), which comprise the statements of net assets available for benefits as of August 31, 2015 (In Liquidation) and December 31, 2014 and 2013 (Ongoing), and the related statements of changes in net assets available for benefits for the year ended December 31, 2014 (Ongoing) and for the eight month period ended August 31, 2015 (In Liquidation), 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of August 31, 2015 (In Liquidation) and December 31, 2014 and 2013 (Ongoing), and the changes in net assets available for benefits for the year ended December 31, 2014 (Ongoing) and for the eight month period ended August 31, 2015 (In Liquidation), in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter – Plan Termination

As discussed in Notes 1 and 6 to the financial statements, the Board of Directors of Community Medical Center, the Plan Sponsor, approved a plan of liquidation and determined liquidation is imminent as of January 16, 2015. In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting from the ongoing basis to the liquidation basis for periods after January 16, 2015. Our opinion is not modified with respect to this matter.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2014 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



CliftonLarsonAllen LLP

Phoenix, Arizona
November 16, 2015

**COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AUGUST 31, 2015 (IN LIQUIDATION) AND DECEMBER 31, 2014 AND 2013 (ONGOING)**

	(In Liquidation) 2015	(Ongoing) 2014	(Ongoing) 2013
	<u> </u>	<u> </u>	<u> </u>
ASSETS			
INVESTMENTS (at Fair Value)	\$ -	\$ 1,664,257	\$ 1,719,885
	<u> </u>	<u> </u>	<u> </u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ -	\$ 1,664,257	\$ 1,719,885
	<u> </u>	<u> </u>	<u> </u>

See accompanying Notes to Financial Statements.

**COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2014 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)**

	(In Liquidation) 2015	(Ongoing) 2014
ADDITIONS TO NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTABLE TO:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 53,152	\$ 68,453
Interest and Dividends	3,990	21,273
Total Investment Income	<u>57,142</u>	<u>89,726</u>
CONTRIBUTIONS	<u>3,418</u>	<u>85,121</u>
Total Additions	60,560	174,847
DEDUCTIONS FROM NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTABLE TO:		
BENEFITS PAID TO PARTICIPANTS	1,716,119	218,974
ADMINISTRATIVE EXPENSES	<u>8,698</u>	<u>11,501</u>
Total Deductions	<u>1,724,817</u>	<u>230,475</u>
NET DECREASE	(1,664,257)	(55,628)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>1,664,257</u>	<u>1,719,885</u>
End of Year	<u><u>\$ -</u></u>	<u><u>\$ 1,664,257</u></u>

See accompanying Notes to Financial Statements.

COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)

NOTE 1 DESCRIPTION OF PLAN

The following description of the Community Medical Center 403(b) Investment Plan for Employees (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established January 1, 1992 and most recently amended and restated effective January 1, 2009. The Plan covers all employees of Community Medical Center (the Employer). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Audit and Finance Committee is responsible for the oversight of the Plan. The Retirement Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Audit and Finance Committee.

On December 18, 2014, the Board of Directors for Community Medical Center resolved that due to the imminent sale of the company, the Plan would no longer qualify to operate as a 403(b) qualified plan and therefore elected to freeze and terminate the Plan effective on the date of regulatory approval of the sale of the entity. Effective January 16, 2015 the entity was sold, the name of the Plan sponsor changed to CMC Missoula, Inc., the Plan was terminated and liquidation of all plan assets was determined to be imminent. All plan assets were distributed during the eight month period ended August 31, 2015.

Eligibility

Employees are eligible to participate in the Plan immediately upon hire.

Contributions

Eligible participants may defer a percentage of their annual compensation up to the maximum permitted by law. The Plan allows catch-up contributions for participants age 50 and older. Participants may also contribute amounts representing distributions from other qualified plans. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

The Plan permits participants to direct the investment of their account balance under the Plan. Each participant's account is credited with the participant's contribution, earnings and losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Payment of Benefits

Upon termination of service, death, disability, or retirement, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump-sum distribution. If a participant terminated employment and the participant's account balance was never greater than \$5,000, the Plan administrator will authorize the benefit payment without the participant's consent. Participant withdrawals prior to termination are allowed in the event of financial hardship or attainment of age 59 ½, subject to Plan provisions.

COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are immediately 100% vested in their own contributions and rollovers plus earning thereon.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting from the ongoing plan basis to the liquidation basis for periods after January 16, 2015, the effective date of the Plan's termination and the date liquidation was imminent.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. Recordkeeping and investment related expenses are charged to participants' accounts and included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Benefit Payments

Benefits are recorded when paid.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for discussion of fair value measurements.

Purchases and sales 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

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

Subsequent Events

The Plan has evaluated subsequent events through November 16, 2015, the date the financial statements were available to be issued.

COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)

NOTE 3 FAIR VALUE OF INVESTMENTS

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 as follows:

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 market value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2014 and 2013 and August 31, 2015.

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

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 transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

2014				
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Money Market Fund	\$ 71,426	\$ -	\$ -	\$ 71,426
Target Funds	593,867	-	-	593,867
Income Funds	202,792	-	-	202,792
Stock Fund	179,970	-	-	179,970
Index Fund	100,833	-	-	100,833
Growth Funds	311,729	-	-	311,729
International Funds	188,254	-	-	188,254
Value Fund	13,734	-	-	13,734
Bond Funds	1,652	-	-	1,652
Total Investments at Fair Value	<u>\$ 1,664,257</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,664,257</u>

2013				
	Level 1	Level 2	Level 3	Total
Interest Bearing Cash	\$ 237	\$ -	\$ -	\$ 237
Mutual Funds:				
Money Market Fund	117,897	-	-	117,897
Target Funds	613,750	-	-	613,750
Income Fund	211,106	-	-	211,106
Stock Fund	183,310	-	-	183,310
Index Fund	85,385	-	-	85,385
Growth Funds	301,163	-	-	301,163
International Fund	194,947	-	-	194,947
Other Funds	12,090	-	-	12,090
Total Investments at Fair Value	<u>\$ 1,719,885</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,719,885</u>

COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
EIGHT MONTH PERIOD ENDED AUGUST 31, 2015 (IN LIQUIDATION)

NOTE 4 INVESTMENTS

The following table represents investments that represent 5% or more of the Plan's net assets available for benefits as of December 31:

	2014	2013
Dodge & Cox Income Fund	\$ 200,665	\$ 209,664
Dodge & Cox Stock Fund	179,970	183,310
Artisan International Fund	179,580	184,223
Wells Fargo Advantage Dow Jones Target 2020 Fund	141,521	132,087
Wells Fargo Advantage Dow Jones Target 2025 Fund	128,960	174,812
Wasatch Core Growth Fund	126,133	130,298
Vanguard 500 Index	100,833	**
Wells Fargo Advantage Dow Jones Target 2035 Fund	94,224	**
Wells Fargo Cash Advantage Money Market Fund	**	117,897

*** Does not exceed 5% of net assets available for benefits*

During 2015 and 2014, the Plan's investments in mutual funds (including investments bought, sold, and held during the year) appreciated in value by \$53,152 and \$68,453, respectively.

NOTE 5 PLAN TAX STATUS

The Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code Section 403(b).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

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COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
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YEARS ENDED DECEMBER 31, 2014 AND 2013 (ONGOING) AND
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NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain investments are managed by Wells Fargo Funds Management, LLC, a wholly owned subsidiary of Wells Fargo & Company. Therefore, these transactions qualify as party-in-interest.

COMMUNITY MEDICAL CENTER 403(B) INVESTMENT PLAN FOR EMPLOYEES
E.I.N. 81-0247705 PLAN NO. 003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
*	Wells Fargo	Cash Advantage Money Market Fund	**	\$ 71,426
	Dodge & Cox	Income Fund	**	200,665
	DFA	Emerging Markets Core Equity Fund	**	7,417
	Harbor	Capital Appreciation Fund	**	80,336
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	Goldman Sachs	Small Cap Fund	**	249
	T. Rowe Price	Growth Fund	**	684
	T. Rowe Price	Real Estate Fund	**	252
	Arcadian	Emerging Markets Fund	**	178
	PIMCO	Real Returns Fund	**	181
	ALGER	Small Cap Growth Fund	**	190
	Harbor	International Fund	**	601
	PIMCO	Total Return Fund	**	1,230
	Total			<u>\$ 1,664,257</u>

*Represents party-in-interest

**Cost omitted for participant-directed investments