

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; 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>07/01/2014</u> and ending <u>06/30/2015</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 401(K) RETIREMENT PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶	<u>002</u>
		1c Effective date of plan	<u>01/01/1966</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>RCHP BILLINGS-MISSOULA, LLC</u>		
	<u>103 CONTINENTAL PLACE #200</u>		
	<u>BRENTWOOD, TN 37027</u>		
	2b Employer Identification Number (EIN)	<u>61-1744940</u>	
	2c Plan Sponsor's telephone number	<u>615-844-9800</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.	04/15/2016	BRANDON DYSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2016	BRANDON DYSON
	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 002
5 Total number of participants at the beginning of the plan year	5 1389
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) 1188
a(2) Total number of active participants at the end of the plan year	6a(2) 1165
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 236
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1401
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 3
f Total. Add lines 6d and 6e	6f 1404
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1346
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 29
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 2G 2J 2K 2S 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 **07/01/2014** and ending **06/30/2015**

A Name of plan COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 RCHP BILLINGS-MISSOULA, LLC	D Employer Identification Number (EIN) 61-1744940	

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
ARTISAN
39-1811840

(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

HARBOR

04-2679462

(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

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 21 49 50 52 60 62 64	SERVICE PROVIDER	185353	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BIDART & ROSS

88-0241176

(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?
27 50	SERVICE PROVIDER	14338	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan <u>COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RCHP BILLINGS-MISSOULA, LLC</u>	D Employer Identification Number (EIN) <u>61-1744940</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STABLE RETURN FUND AT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>46-6208187-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2865</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF MFS VALUE CIT AT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6648640-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>194912</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF TROWEPRICE INST EQ INC MG CIT AT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>46-6586666-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>106220</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF CAUSEWAY INTL VALUE CIT AT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>47-6375784-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81035</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO INTL BOND CIT AT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>46-6136833-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>87189</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF MULTI-MANAGED SMALL CAP CIT AT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6648658-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70747</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO LARGE CAP GR CIT AT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>56-6649361-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70008</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO CORE BOND CIT AT](#)**b** Name of sponsor of entity listed in (a): [WELLS FARGO BANK, N.A.](#)

c EIN-PN 94-3222878-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140941
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WF TROWE PRICE INST LCG MGD CIT AT](#)**b** Name of sponsor of entity listed in (a): [WELLS FARGO BANK, N.A.](#)

c EIN-PN 45-6648614-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36127
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WF DODGE & COX INTERM BOND CIT AT](#)**b** Name of sponsor of entity listed in (a): [WELLS FARGO BANK, N.A.](#)

c EIN-PN 47-6566265-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100471
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WF INTERNATIONAL EQUITY CIT AT](#)**b** Name of sponsor of entity listed in (a): [WELLS FARGO BANK, N.A.](#)

c EIN-PN 45-6651358-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015		
A Name of plan COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 RCHP BILLINGS-MISSOULA, LLC	D Employer Identification Number (EIN) 61-1744940	

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		656
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)	654024	890515
(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)	68878461	69045302
(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	69532485	69936473

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	69532485	69936473
---	-----------	----------	----------

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)	2161386	
(B) Participants	2a(1)(B)	3879290	
(C) Others (including rollovers)	2a(1)(C)	825868	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6866544
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)	2275903	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2275903
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		16546
(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)		772778
c Other income.....	2c		563
d Total income. Add all income amounts in column (b) and enter total.....	2d		9932334

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9326476	
(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)		9326476
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)	201870	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		201870
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9528346

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		403988
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:

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under 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).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015					
A Name of plan COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST				B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 RCHP BILLINGS-MISSOULA, LLC				D Employer Identification Number (EIN) 61-1744940	
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	0
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): 41-6257133					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

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
401(K) RETIREMENT PLAN AND TRUST**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

YEARS ENDED JUNE 30, 2015 AND 2014

**COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
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YEARS ENDED JUNE 30, 2015 AND 2014**

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INDEPENDENT AUDITORS' REPORT

Retirement Savings Plan Investment Committee
RegionalCare Hospital Partners
Missoula, Montana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Community Medical Center 401(k) Retirement Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of June 30, 2015, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on the 2015 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements.

Basis for Disclaimer of Opinion on the 2015 Financial Statements

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 by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the 2015 financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended June 30, 2015, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2015 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* on the 2015 financial statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements. Accordingly, we do not express an opinion on the 2015 financial statements.

Other Matter – Report of 2015 Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of June 30, 2015, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Other Matter – Report on 2014 Financial Statements

We have audited the financial statements as of June 30, 2014 and for the year then ended and in our report dated April 10, 2015, we expressed our opinion that such financial statements present fairly, in all material respects, the statement of net assets available for benefits as of June 30, 2014 and the changes in net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

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

The form and content of the information included in the 2015 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



CliftonLarsonAllen LLP

Phoenix, Arizona
April 14, 2016

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
INVESTMENTS (at Fair Value)	\$ 69,935,817	\$ 69,532,485
RECEIVABLES		
Employer Contributions	2,192,206	2,161,357
CASH	<u>656</u>	<u>-</u>
Total Assets	72,128,679	71,693,842
LIABILITIES		
ACCRUED ADMINISTRATIVE EXPENSES	43,136	45,571
EXCESS CONTRIBUTIONS PAYABLE	<u>-</u>	<u>3,030</u>
Total Liabilities	<u>43,136</u>	<u>48,601</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 72,085,543</u></u>	<u><u>\$ 71,645,241</u></u>

See accompanying Notes to Financial Statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Mutual Funds	\$ 2,294,622	\$ 9,674,835
Net Appreciation in Fair Value of Collective Funds	17,389	87,518
Interest and Dividends	748,088	829,822
Total Investment Income	<u>3,060,099</u>	<u>10,592,175</u>
CONTRIBUTIONS		
Employer Contributions	2,192,206	2,124,881
Employee Deferrals	3,879,290	3,642,127
Employee Rollover	825,868	34,935
Total Contributions	<u>6,897,364</u>	<u>5,801,943</u>
Total Additions	9,957,463	16,394,118
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
BENEFITS PAID TO PARTICIPANTS	9,324,936	10,206,452
EXPENSES	<u>192,225</u>	<u>194,096</u>
Total Deductions	<u>9,517,161</u>	<u>10,400,548</u>
NET INCREASE	440,302	5,993,570
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>71,645,241</u>	<u>65,651,671</u>
End of Year	<u><u>\$ 72,085,543</u></u>	<u><u>\$ 71,645,241</u></u>

See accompanying Notes to Financial Statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 1 DESCRIPTION OF PLAN

The following description of the Community Medical Center 401(k) Retirement Plan and Trust (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 is a defined contribution plan established January 1, 1986 and most recently restated effective July 1, 2015. The Plan covers all employees of Community Medical Center (the Employer) who have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Retirement Plan Committee is responsible for the oversight of the Plan. The RegionalCare Hospital Partners Retirement Savings Plan Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Community Medical Center was sold to RCHP/Billings – Missoula, LLC, RCHP – Montana, LLC, Billings Clinic, Billings/RCHP Healthcare Holdings, LLC and RegionalCare Hospital Partners, Inc. in an asset purchase agreement. Effective January 16, 2015, RegionalCare Hospital Partners, Inc. adopted the Plan and assumed sponsorship of the Plan.

Contributions

Eligible participants may defer up to 100% of their annual compensation. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation, and their contributions invested in the designated default fund until changed by the participant. 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 (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

For participants who have completed 800 or more hours of service during the plan year and are actively employed on the last day of the plan year, the Employer makes a matching contribution of 25% of deferrals up to the first 6% of eligible compensation.

Eligible participants may be entitled to a non-elective contribution of 3.25% of eligible employee compensation. Participants are eligible for this non-elective contribution if credited with at least 800 hours of service in the plan year for which the contribution is made and employed on the last day of the plan year. Certain participants may be entitled to a supplemental non-elective contribution. To qualify for the Supplemental Contribution for any plan year, a participant must have attained age 50 and earned at least 10 years of credited service under the Community Medical Center Employees' Pension Plan as of August 31, 1995, have been actively employed by Community Medical Center on July 1, 1995, be credited with at least 800 hours of service during the plan year for which the contribution is made, and be employed on the last day of the plan year. The amount of the supplemental contribution is based on age and service as of August 31, 1995.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's contributions and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. 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. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the Plan administrator will authorize the benefit payment without the participant's consent. If the balance of the terminated participant's account is between \$1,000 and \$5,000, the Plan Sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer's matching and discretionary contribution portion of their accounts, plus actual earnings thereon, is based on years of credited service. Notwithstanding the above, a participant is fully vested in discretionary contributions upon reaching normal retirement age, death, or permanent disability. Termination of employment before any of the above occurs activates the following vesting schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
0-1	0%
2	20%
3	50%
4	75%
5	100%

Forfeitures

Forfeitures of non-vested accounts can be used to pay Plan expenses or reduce the Employer's contribution. Forfeitures of \$-0- and \$20,042 were used to reduce the Employer's contribution for the years ended June 30, 2015 and 2014, respectively. Forfeitures of \$14,470 and \$14,440 were used to pay Plan expenses for the years ended June 30, 2015 and 2014, respectively. At June 30, 2015 and 2014, forfeited non-vested accounts totaled \$21,542 and \$20,042 respectively.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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 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 June 30, 2015 and 2014.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investment presented in the accompanying statement of changes in net assets available for benefits.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians.

Investments in the mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. Investments in the collective trust funds are valued using the net asset value of units, which are based on observable market prices for the underlying assets, held by the Plan at year-end.

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 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 changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Benefit Payments

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through April 14, 2016, the date the financial statements were available to be issued.

NOTE 3 INVESTMENTS CERTIFICATION OF INVESTMENT INFORMATION

Wells Fargo Bank, N.A., the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statement of net assets available for benefits as of June 30, 2015, the statement of changes in net assets available for benefits for the year then ended, and the supplemental schedule of assets (held at end of year) as of June 30, 2015.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 4 INVESTMENTS

The following table represents investments that represent 5% or more of the Plan's net assets available for benefits as of June 30:

	2015	2014
Wells Fargo Cash Advantage Money Market Fund	\$ 4,004,539	\$ 5,541,671
Dodge & Cox Income Fund	5,494,829	6,027,417
Dodge & Cox Stock Fund	6,338,577	7,063,795
Harbor Capital Appreciation Fund	8,149,056	7,517,449
Artisan International Fund	4,460,932	4,856,883
Wells Fargo Advantage Dow Jones Target 2020	5,168,131	5,656,384
Wells Fargo Advantage Dow Jones Target 2025	3,886,208	3,628,293
Wells Fargo Advantage Dow Jones Target 2030	3,740,013	3,870,736
Vanguard 500 Index	6,036,147	4,238,681
Wasatch Core Growth Fund	6,900,793	6,508,149

NOTE 5 FAIR VALUE OF INVESTMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

	2015			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual Funds:				
Target Funds	\$ 23,958,037	\$ -	\$ -	\$ 23,958,037
Money Market Fund	4,004,539	-	-	4,004,539
Fixed Income Funds	5,940,012	-	-	5,940,012
Blend Funds	12,669,434	-	-	12,669,434
Growth Funds	17,650,628	-	-	17,650,628
Value Fund	248,489	-	-	248,489
International Funds	4,574,163	-	-	4,574,163
Total Mutual Funds	69,045,302	-	-	69,045,302
Collective Funds:				
Stable Value Fund	-	2,865	-	2,865
Growth Funds	-	176,882	-	176,882
Fixed Income Funds	-	328,601	-	328,601
Value Funds	-	301,132	-	301,132
International Funds	-	81,035	-	81,035
Total Collective Funds	-	890,515	-	890,515
Total Investments	\$ 69,045,302	\$ 890,515	\$ -	\$ 69,935,817

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

		2014			
		Level 1	Level 2	Level 3	Total
Assets:					
Mutual Funds:					
Target Funds	\$	23,276,319	\$	-	\$ 23,276,319
Money Market Fund		5,541,671		-	5,541,671
Fixed Income Funds		6,562,340		-	6,562,340
Blend Funds		11,575,440		-	11,575,440
Growth Funds		16,664,261		-	16,664,261
Value Fund		294,405		-	294,405
International Funds		4,940,462		-	4,940,462
Total Mutual Funds		68,854,898		-	68,854,898
Collective Funds:					
Stable Value Fund		-	3,929	-	3,929
Growth Funds		-	163,152	-	163,152
Fixed Income Funds		-	128,480	-	128,480
Value Funds		-	285,645	-	285,645
International Funds		-	96,381	-	96,381
Total Collective Funds		-	677,587	-	677,587
Total Investments	\$	68,854,898	\$	677,587	\$ 69,532,485

The following table sets forth additional disclosures for the fair value measurement of certain entities that calculate net asset value per share (or its equivalent) as of June 30:

		2015		
<u>Investment Type</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective Funds:				
Stable Value Fund	\$ 2,865	\$ -	Daily	Daily
Growth Funds	176,882	-	Daily	Daily
Fixed Income Funds	328,601	-	Daily	Daily
Value Funds	301,132	-	Daily	Daily
International Funds	81,035	-	Daily	Daily

		2014		
<u>Investment Type</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective Funds:				
Stable Value Fund	\$ 3,929	\$ -	Daily	Daily
Growth Funds	163,152	-	Daily	Daily
Fixed Income Funds	128,480	-	Daily	Daily
Value Funds	285,645	-	Daily	Daily
International Funds	96,381	-	Daily	Daily

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

The stable value fund seeks to maintain safety of principal while obtaining a consistent, low volatility return superior to other high quality investment alternatives over a full interest rate cycle by actively managing a diversified portfolio of investment contracts.

Growth funds seek long-term capital growth by investing primarily in equity securities of small to large-capitalization companies.

Fixed income funds seek total return consisting of current income and capital appreciation by investing principally in investment-grade debt securities.

Value funds seek long-term growth of capital by primarily investing in equity securities of companies whose stock prices may be undervalued.

International funds seek long-term capital appreciation by investing primarily in foreign securities.

NOTE 6 PLAN TAX STATUS

The Plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Plan, as designed, was in compliance with the requirements of the applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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 2012.

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants would become 100% vested in their Company contributions.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 8 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities 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 9 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. Additionally, Bidart & Ross, Inc. provided investment management services through June 30, 2015. Therefore, these transactions qualify as party-in-interest.

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of June 30:

	<u>2015</u>	<u>2014</u>
Net Assets Available for Benefits per the Financial Statements	\$ 72,085,543	\$ 71,645,241
Less: Contributions Receivable	(2,192,206)	(2,161,357)
Plus: Excess Contributions Payable	-	3,030
Plus: Accrued Expenses	<u>43,136</u>	<u>45,571</u>
Net Assets Available for Benefits per the Form 5500	<u><u>\$ 69,936,473</u></u>	<u><u>\$ 69,532,485</u></u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the year ended June 30:

	<u>2015</u>	<u>2014</u>
Net Increase Prior to Transfers per the Financial Statements	\$ 440,302	\$ 5,993,570
Add: Prior Year Receivable	2,161,357	2,223,125
Add: Excess Current Year Contributions Payable	-	3,030
Less: Prior Year Accrued Expenses Payable	(3,030)	(2,942)
Add: Accrued Expenses Current Year	43,136	45,571
Less: Accrued Expenses Prior Year	(45,571)	(38,397)
Less: Current Year Receivable	<u>(2,192,206)</u>	<u>(2,161,357)</u>
Net Increase per Form 5500	<u><u>\$ 403,988</u></u>	<u><u>\$ 6,062,600</u></u>

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
E.I.N. 61-1744940 PLAN NO. 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2015
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

(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	**	\$ 4,004,539
*	Wells Fargo	Advantage Dow Jones Target Today	**	71,598
*	Wells Fargo	Advantage Dow Jones Target 2010	**	678,768
*	Wells Fargo	Advantage Dow Jones Target 2015	**	1,305,105
*	Wells Fargo	Advantage Dow Jones Target 2020	**	5,168,131
*	Wells Fargo	Advantage Dow Jones Target 2025	**	3,886,208
*	Wells Fargo	Advantage Dow Jones Target 2030	**	3,740,013
*	Wells Fargo	Advantage Dow Jones Target 2035	**	2,310,918
*	Wells Fargo	Advantage Dow Jones Target 2040	**	2,313,105
*	Wells Fargo	Advantage Dow Jones Target 2045	**	2,239,412
*	Wells Fargo	Advantage Dow Jones Target 2050	**	1,586,001
*	Wells Fargo	Advantage Dow Jones Target 2055	**	658,778
*	Wells Fargo	Stable Return Fund	**	2,865
*	Wells Fargo	International Bond CIT	**	87,189
*	Wells Fargo	Large Cap Growth CIT	**	70,008
*	Wells Fargo	Core Bond CIT	**	140,941
*	Wells Fargo	Dodge & Cox Intermediate Bond	**	100,471
*	Wells Fargo	T Rowe Price Inst Equity Income CIT	**	106,220
*	Wells Fargo	MFS Value CIT	**	194,912
*	Wells Fargo	Multi-Managed Small Cap CIT	**	70,747
*	Wells Fargo	T Rowe Price Inst Large Cap Growth	**	36,127
*	Wells Fargo	Causeway International Value	**	81,035
	Acadian	Emerging Market Equity Fund	**	25,375
	Artisan	International Fund	**	4,460,932
	Artisan	Mid Cap Fund	**	1,442,342
	DFA	Emerging Markets Core Equity I	**	261,473

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
E.I.N. 61-1744940 PLAN NO. 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2015
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

(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
	Dodge & Cox	Income Fund	**	\$ 5,494,829
	Dodge & Cox	Stock Fund	**	6,338,577
	Harbor	Capital Appreciation	**	8,149,056
	Harbor	International	**	87,856
	Neuberger Berman	Socially Responsible	**	1,158,437
	PIMCO	High Yield Fund	**	44,861
	PIMCO	Low Duration Fund	**	358,052
	PIMCO	Real Return Fund	**	42,270
	Royce	Opportunity Fund	**	248,489
	T Rowe Price	Real Estate	**	33,237
	Vanguard	500 Index	**	6,036,147
	Wasatch	Core Growth Fund	**	6,900,793
	Total Assets (Held At End of Year)			<u>\$ 69,935,817</u>

**Indicates party-in-interest*

***Indicates omitted cost for participant-directed investments*

**COMMUNITY MEDICAL CENTER
401(K) RETIREMENT PLAN AND TRUST**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

YEARS ENDED JUNE 30, 2015 AND 2014

**COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
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INDEPENDENT AUDITORS' REPORT

Retirement Savings Plan Investment Committee
RegionalCare Hospital Partners
Missoula, Montana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Community Medical Center 401(k) Retirement Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of June 30, 2015, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on the 2015 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements.

Basis for Disclaimer of Opinion on the 2015 Financial Statements

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 by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the 2015 financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended June 30, 2015, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2015 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* on the 2015 financial statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements. Accordingly, we do not express an opinion on the 2015 financial statements.

Other Matter – Report of 2015 Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of June 30, 2015, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Other Matter – Report on 2014 Financial Statements

We have audited the financial statements as of June 30, 2014 and for the year then ended and in our report dated April 10, 2015, we expressed our opinion that such financial statements present fairly, in all material respects, the statement of net assets available for benefits as of June 30, 2014 and the changes in net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

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

The form and content of the information included in the 2015 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



CliftonLarsonAllen LLP

Phoenix, Arizona
April 14, 2016

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
INVESTMENTS (at Fair Value)	\$ 69,935,817	\$ 69,532,485
RECEIVABLES		
Employer Contributions	2,192,206	2,161,357
CASH	<u>656</u>	<u>-</u>
Total Assets	72,128,679	71,693,842
LIABILITIES		
ACCRUED ADMINISTRATIVE EXPENSES	43,136	45,571
EXCESS CONTRIBUTIONS PAYABLE	<u>-</u>	<u>3,030</u>
Total Liabilities	<u>43,136</u>	<u>48,601</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 72,085,543</u></u>	<u><u>\$ 71,645,241</u></u>

See accompanying Notes to Financial Statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Mutual Funds	\$ 2,294,622	\$ 9,674,835
Net Appreciation in Fair Value of Collective Funds	17,389	87,518
Interest and Dividends	748,088	829,822
Total Investment Income	<u>3,060,099</u>	<u>10,592,175</u>
CONTRIBUTIONS		
Employer Contributions	2,192,206	2,124,881
Employee Deferrals	3,879,290	3,642,127
Employee Rollover	825,868	34,935
Total Contributions	<u>6,897,364</u>	<u>5,801,943</u>
Total Additions	9,957,463	16,394,118
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
BENEFITS PAID TO PARTICIPANTS	9,324,936	10,206,452
EXPENSES	<u>192,225</u>	<u>194,096</u>
Total Deductions	<u>9,517,161</u>	<u>10,400,548</u>
NET INCREASE	440,302	5,993,570
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>71,645,241</u>	<u>65,651,671</u>
End of Year	<u><u>\$ 72,085,543</u></u>	<u><u>\$ 71,645,241</u></u>

See accompanying Notes to Financial Statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 1 DESCRIPTION OF PLAN

The following description of the Community Medical Center 401(k) Retirement Plan and Trust (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 is a defined contribution plan established January 1, 1986 and most recently restated effective July 1, 2015. The Plan covers all employees of Community Medical Center (the Employer) who have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Retirement Plan Committee is responsible for the oversight of the Plan. The RegionalCare Hospital Partners Retirement Savings Plan Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Community Medical Center was sold to RCHP/Billings – Missoula, LLC, RCHP – Montana, LLC, Billings Clinic, Billings/RCHP Healthcare Holdings, LLC and RegionalCare Hospital Partners, Inc. in an asset purchase agreement. Effective January 16, 2015, RegionalCare Hospital Partners, Inc. adopted the Plan and assumed sponsorship of the Plan.

Contributions

Eligible participants may defer up to 100% of their annual compensation. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation, and their contributions invested in the designated default fund until changed by the participant. 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 (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

For participants who have completed 800 or more hours of service during the plan year and are actively employed on the last day of the plan year, the Employer makes a matching contribution of 25% of deferrals up to the first 6% of eligible compensation.

Eligible participants may be entitled to a non-elective contribution of 3.25% of eligible employee compensation. Participants are eligible for this non-elective contribution if credited with at least 800 hours of service in the plan year for which the contribution is made and employed on the last day of the plan year. Certain participants may be entitled to a supplemental non-elective contribution. To qualify for the Supplemental Contribution for any plan year, a participant must have attained age 50 and earned at least 10 years of credited service under the Community Medical Center Employees' Pension Plan as of August 31, 1995, have been actively employed by Community Medical Center on July 1, 1995, be credited with at least 800 hours of service during the plan year for which the contribution is made, and be employed on the last day of the plan year. The amount of the supplemental contribution is based on age and service as of August 31, 1995.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's contributions and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. 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. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the Plan administrator will authorize the benefit payment without the participant's consent. If the balance of the terminated participant's account is between \$1,000 and \$5,000, the Plan Sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer's matching and discretionary contribution portion of their accounts, plus actual earnings thereon, is based on years of credited service. Notwithstanding the above, a participant is fully vested in discretionary contributions upon reaching normal retirement age, death, or permanent disability. Termination of employment before any of the above occurs activates the following vesting schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
0-1	0%
2	20%
3	50%
4	75%
5	100%

Forfeitures

Forfeitures of non-vested accounts can be used to pay Plan expenses or reduce the Employer's contribution. Forfeitures of \$-0- and \$20,042 were used to reduce the Employer's contribution for the years ended June 30, 2015 and 2014, respectively. Forfeitures of \$14,470 and \$14,440 were used to pay Plan expenses for the years ended June 30, 2015 and 2014, respectively. At June 30, 2015 and 2014, forfeited non-vested accounts totaled \$21,542 and \$20,042 respectively.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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 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 June 30, 2015 and 2014.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investment presented in the accompanying statement of changes in net assets available for benefits.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians.

Investments in the mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. Investments in the collective trust funds are valued using the net asset value of units, which are based on observable market prices for the underlying assets, held by the Plan at year-end.

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 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 changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Benefit Payments

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through April 14, 2016, the date the financial statements were available to be issued.

NOTE 3 INVESTMENTS CERTIFICATION OF INVESTMENT INFORMATION

Wells Fargo Bank, N.A., the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statement of net assets available for benefits as of June 30, 2015, the statement of changes in net assets available for benefits for the year then ended, and the supplemental schedule of assets (held at end of year) as of June 30, 2015.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 4 INVESTMENTS

The following table represents investments that represent 5% or more of the Plan's net assets available for benefits as of June 30:

	2015	2014
Wells Fargo Cash Advantage Money Market Fund	\$ 4,004,539	\$ 5,541,671
Dodge & Cox Income Fund	5,494,829	6,027,417
Dodge & Cox Stock Fund	6,338,577	7,063,795
Harbor Capital Appreciation Fund	8,149,056	7,517,449
Artisan International Fund	4,460,932	4,856,883
Wells Fargo Advantage Dow Jones Target 2020	5,168,131	5,656,384
Wells Fargo Advantage Dow Jones Target 2025	3,886,208	3,628,293
Wells Fargo Advantage Dow Jones Target 2030	3,740,013	3,870,736
Vanguard 500 Index	6,036,147	4,238,681
Wasatch Core Growth Fund	6,900,793	6,508,149

NOTE 5 FAIR VALUE OF INVESTMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

	2015			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual Funds:				
Target Funds	\$ 23,958,037	\$ -	\$ -	\$ 23,958,037
Money Market Fund	4,004,539	-	-	4,004,539
Fixed Income Funds	5,940,012	-	-	5,940,012
Blend Funds	12,669,434	-	-	12,669,434
Growth Funds	17,650,628	-	-	17,650,628
Value Fund	248,489	-	-	248,489
International Funds	4,574,163	-	-	4,574,163
Total Mutual Funds	69,045,302	-	-	69,045,302
Collective Funds:				
Stable Value Fund	-	2,865	-	2,865
Growth Funds	-	176,882	-	176,882
Fixed Income Funds	-	328,601	-	328,601
Value Funds	-	301,132	-	301,132
International Funds	-	81,035	-	81,035
Total Collective Funds	-	890,515	-	890,515
Total Investments	\$ 69,045,302	\$ 890,515	\$ -	\$ 69,935,817

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

		2014			
		Level 1	Level 2	Level 3	Total
Assets:					
Mutual Funds:					
Target Funds	\$	23,276,319	\$	-	\$ 23,276,319
Money Market Fund		5,541,671		-	5,541,671
Fixed Income Funds		6,562,340		-	6,562,340
Blend Funds		11,575,440		-	11,575,440
Growth Funds		16,664,261		-	16,664,261
Value Fund		294,405		-	294,405
International Funds		4,940,462		-	4,940,462
Total Mutual Funds		68,854,898		-	68,854,898
Collective Funds:					
Stable Value Fund		-	3,929	-	3,929
Growth Funds		-	163,152	-	163,152
Fixed Income Funds		-	128,480	-	128,480
Value Funds		-	285,645	-	285,645
International Funds		-	96,381	-	96,381
Total Collective Funds		-	677,587	-	677,587
Total Investments	\$	68,854,898	\$	677,587	\$ 69,532,485

The following table sets forth additional disclosures for the fair value measurement of certain entities that calculate net asset value per share (or its equivalent) as of June 30:

		2015		
<u>Investment Type</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective Funds:				
Stable Value Fund	\$ 2,865	\$ -	Daily	Daily
Growth Funds	176,882	-	Daily	Daily
Fixed Income Funds	328,601	-	Daily	Daily
Value Funds	301,132	-	Daily	Daily
International Funds	81,035	-	Daily	Daily

		2014		
<u>Investment Type</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective Funds:				
Stable Value Fund	\$ 3,929	\$ -	Daily	Daily
Growth Funds	163,152	-	Daily	Daily
Fixed Income Funds	128,480	-	Daily	Daily
Value Funds	285,645	-	Daily	Daily
International Funds	96,381	-	Daily	Daily

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

The stable value fund seeks to maintain safety of principal while obtaining a consistent, low volatility return superior to other high quality investment alternatives over a full interest rate cycle by actively managing a diversified portfolio of investment contracts.

Growth funds seek long-term capital growth by investing primarily in equity securities of small to large-capitalization companies.

Fixed income funds seek total return consisting of current income and capital appreciation by investing principally in investment-grade debt securities.

Value funds seek long-term growth of capital by primarily investing in equity securities of companies whose stock prices may be undervalued.

International funds seek long-term capital appreciation by investing primarily in foreign securities.

NOTE 6 PLAN TAX STATUS

The Plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Plan, as designed, was in compliance with the requirements of the applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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 2012.

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants would become 100% vested in their Company contributions.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 8 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities 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 9 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. Additionally, Bidart & Ross, Inc. provided investment management services through June 30, 2015. Therefore, these transactions qualify as party-in-interest.

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of June 30:

	2015	2014
Net Assets Available for Benefits per the Financial Statements	\$ 72,085,543	\$ 71,645,241
Less: Contributions Receivable	(2,192,206)	(2,161,357)
Plus: Excess Contributions Payable	-	3,030
Plus: Accrued Expenses	43,136	45,571
Net Assets Available for Benefits per the Form 5500	<u>\$ 69,936,473</u>	<u>\$ 69,532,485</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the year ended June 30:

	2015	2014
Net Increase Prior to Transfers per the Financial Statements	\$ 440,302	\$ 5,993,570
Add: Prior Year Receivable	2,161,357	2,223,125
Add: Excess Current Year Contributions Payable	-	3,030
Less: Prior Year Accrued Expenses Payable	(3,030)	(2,942)
Add: Accrued Expenses Current Year	43,136	45,571
Less: Accrued Expenses Prior Year	(45,571)	(38,397)
Less: Current Year Receivable	(2,192,206)	(2,161,357)
Net Increase per Form 5500	<u>\$ 403,988</u>	<u>\$ 6,062,600</u>

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
E.I.N. 61-1744940 PLAN NO. 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2015
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

(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	**	\$ 4,004,539
*	Wells Fargo	Advantage Dow Jones Target Today	**	71,598
*	Wells Fargo	Advantage Dow Jones Target 2010	**	678,768
*	Wells Fargo	Advantage Dow Jones Target 2015	**	1,305,105
*	Wells Fargo	Advantage Dow Jones Target 2020	**	5,168,131
*	Wells Fargo	Advantage Dow Jones Target 2025	**	3,886,208
*	Wells Fargo	Advantage Dow Jones Target 2030	**	3,740,013
*	Wells Fargo	Advantage Dow Jones Target 2035	**	2,310,918
*	Wells Fargo	Advantage Dow Jones Target 2040	**	2,313,105
*	Wells Fargo	Advantage Dow Jones Target 2045	**	2,239,412
*	Wells Fargo	Advantage Dow Jones Target 2050	**	1,586,001
*	Wells Fargo	Advantage Dow Jones Target 2055	**	658,778
*	Wells Fargo	Stable Return Fund	**	2,865
*	Wells Fargo	International Bond CIT	**	87,189
*	Wells Fargo	Large Cap Growth CIT	**	70,008
*	Wells Fargo	Core Bond CIT	**	140,941
*	Wells Fargo	Dodge & Cox Intermediate Bond	**	100,471
*	Wells Fargo	T Rowe Price Inst Equity Income CIT	**	106,220
*	Wells Fargo	MFS Value CIT	**	194,912
*	Wells Fargo	Multi-Managed Small Cap CIT	**	70,747
*	Wells Fargo	T Rowe Price Inst Large Cap Growth	**	36,127
*	Wells Fargo	Causeway International Value	**	81,035
	Acadian	Emerging Market Equity Fund	**	25,375
	Artisan	International Fund	**	4,460,932
	Artisan	Mid Cap Fund	**	1,442,342
	DFA	Emerging Markets Core Equity I	**	261,473

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
E.I.N. 61-1744940 PLAN NO. 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2015
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

(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
	Dodge & Cox	Income Fund	**	\$ 5,494,829
	Dodge & Cox	Stock Fund	**	6,338,577
	Harbor	Capital Appreciation	**	8,149,056
	Harbor	International	**	87,856
	Neuberger Berman	Socially Responsible	**	1,158,437
	PIMCO	High Yield Fund	**	44,861
	PIMCO	Low Duration Fund	**	358,052
	PIMCO	Real Return Fund	**	42,270
	Royce	Opportunity Fund	**	248,489
	T Rowe Price	Real Estate	**	33,237
	Vanguard	500 Index	**	6,036,147
	Wasatch	Core Growth Fund	**	6,900,793
	Total Assets (Held At End of Year)			<u>\$ 69,935,817</u>

**Indicates party-in-interest*

***Indicates omitted cost for participant-directed investments*

**COMMUNITY MEDICAL CENTER
401(K) RETIREMENT PLAN AND TRUST**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

YEARS ENDED JUNE 30, 2015 AND 2014

**COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
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INDEPENDENT AUDITORS' REPORT

Retirement Savings Plan Investment Committee
RegionalCare Hospital Partners
Missoula, Montana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Community Medical Center 401(k) Retirement Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of June 30, 2015, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on the 2015 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements.

Basis for Disclaimer of Opinion on the 2015 Financial Statements

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 by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the 2015 financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended June 30, 2015, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2015 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* on the 2015 financial statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements. Accordingly, we do not express an opinion on the 2015 financial statements.

Other Matter – Report of 2015 Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of June 30, 2015, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Other Matter – Report on 2014 Financial Statements

We have audited the financial statements as of June 30, 2014 and for the year then ended and in our report dated April 10, 2015, we expressed our opinion that such financial statements present fairly, in all material respects, the statement of net assets available for benefits as of June 30, 2014 and the changes in net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

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

The form and content of the information included in the 2015 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



CliftonLarsonAllen LLP

Phoenix, Arizona
April 14, 2016

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
INVESTMENTS (at Fair Value)	\$ 69,935,817	\$ 69,532,485
RECEIVABLES		
Employer Contributions	2,192,206	2,161,357
CASH	<u>656</u>	<u>-</u>
Total Assets	72,128,679	71,693,842
LIABILITIES		
ACCRUED ADMINISTRATIVE EXPENSES	43,136	45,571
EXCESS CONTRIBUTIONS PAYABLE	<u>-</u>	<u>3,030</u>
Total Liabilities	<u>43,136</u>	<u>48,601</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 72,085,543</u></u>	<u><u>\$ 71,645,241</u></u>

See accompanying Notes to Financial Statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Mutual Funds	\$ 2,294,622	\$ 9,674,835
Net Appreciation in Fair Value of Collective Funds	17,389	87,518
Interest and Dividends	748,088	829,822
Total Investment Income	<u>3,060,099</u>	<u>10,592,175</u>
CONTRIBUTIONS		
Employer Contributions	2,192,206	2,124,881
Employee Deferrals	3,879,290	3,642,127
Employee Rollover	825,868	34,935
Total Contributions	<u>6,897,364</u>	<u>5,801,943</u>
Total Additions	9,957,463	16,394,118
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
BENEFITS PAID TO PARTICIPANTS	9,324,936	10,206,452
EXPENSES	<u>192,225</u>	<u>194,096</u>
Total Deductions	<u>9,517,161</u>	<u>10,400,548</u>
NET INCREASE	440,302	5,993,570
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>71,645,241</u>	<u>65,651,671</u>
End of Year	<u><u>\$ 72,085,543</u></u>	<u><u>\$ 71,645,241</u></u>

See accompanying Notes to Financial Statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 1 DESCRIPTION OF PLAN

The following description of the Community Medical Center 401(k) Retirement Plan and Trust (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 is a defined contribution plan established January 1, 1986 and most recently restated effective July 1, 2015. The Plan covers all employees of Community Medical Center (the Employer) who have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Retirement Plan Committee is responsible for the oversight of the Plan. The RegionalCare Hospital Partners Retirement Savings Plan Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Community Medical Center was sold to RCHP/Billings – Missoula, LLC, RCHP – Montana, LLC, Billings Clinic, Billings/RCHP Healthcare Holdings, LLC and RegionalCare Hospital Partners, Inc. in an asset purchase agreement. Effective January 16, 2015, RegionalCare Hospital Partners, Inc. adopted the Plan and assumed sponsorship of the Plan.

Contributions

Eligible participants may defer up to 100% of their annual compensation. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation, and their contributions invested in the designated default fund until changed by the participant. 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 (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

For participants who have completed 800 or more hours of service during the plan year and are actively employed on the last day of the plan year, the Employer makes a matching contribution of 25% of deferrals up to the first 6% of eligible compensation.

Eligible participants may be entitled to a non-elective contribution of 3.25% of eligible employee compensation. Participants are eligible for this non-elective contribution if credited with at least 800 hours of service in the plan year for which the contribution is made and employed on the last day of the plan year. Certain participants may be entitled to a supplemental non-elective contribution. To qualify for the Supplemental Contribution for any plan year, a participant must have attained age 50 and earned at least 10 years of credited service under the Community Medical Center Employees' Pension Plan as of August 31, 1995, have been actively employed by Community Medical Center on July 1, 1995, be credited with at least 800 hours of service during the plan year for which the contribution is made, and be employed on the last day of the plan year. The amount of the supplemental contribution is based on age and service as of August 31, 1995.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's contributions and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. 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. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the Plan administrator will authorize the benefit payment without the participant's consent. If the balance of the terminated participant's account is between \$1,000 and \$5,000, the Plan Sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer's matching and discretionary contribution portion of their accounts, plus actual earnings thereon, is based on years of credited service. Notwithstanding the above, a participant is fully vested in discretionary contributions upon reaching normal retirement age, death, or permanent disability. Termination of employment before any of the above occurs activates the following vesting schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
0-1	0%
2	20%
3	50%
4	75%
5	100%

Forfeitures

Forfeitures of non-vested accounts can be used to pay Plan expenses or reduce the Employer's contribution. Forfeitures of \$-0- and \$20,042 were used to reduce the Employer's contribution for the years ended June 30, 2015 and 2014, respectively. Forfeitures of \$14,470 and \$14,440 were used to pay Plan expenses for the years ended June 30, 2015 and 2014, respectively. At June 30, 2015 and 2014, forfeited non-vested accounts totaled \$21,542 and \$20,042 respectively.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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 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 June 30, 2015 and 2014.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investment presented in the accompanying statement of changes in net assets available for benefits.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians.

Investments in the mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. Investments in the collective trust funds are valued using the net asset value of units, which are based on observable market prices for the underlying assets, held by the Plan at year-end.

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 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 changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Benefit Payments

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through April 14, 2016, the date the financial statements were available to be issued.

NOTE 3 INVESTMENTS CERTIFICATION OF INVESTMENT INFORMATION

Wells Fargo Bank, N.A., the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statement of net assets available for benefits as of June 30, 2015, the statement of changes in net assets available for benefits for the year then ended, and the supplemental schedule of assets (held at end of year) as of June 30, 2015.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 4 INVESTMENTS

The following table represents investments that represent 5% or more of the Plan's net assets available for benefits as of June 30:

	2015	2014
Wells Fargo Cash Advantage Money Market Fund	\$ 4,004,539	\$ 5,541,671
Dodge & Cox Income Fund	5,494,829	6,027,417
Dodge & Cox Stock Fund	6,338,577	7,063,795
Harbor Capital Appreciation Fund	8,149,056	7,517,449
Artisan International Fund	4,460,932	4,856,883
Wells Fargo Advantage Dow Jones Target 2020	5,168,131	5,656,384
Wells Fargo Advantage Dow Jones Target 2025	3,886,208	3,628,293
Wells Fargo Advantage Dow Jones Target 2030	3,740,013	3,870,736
Vanguard 500 Index	6,036,147	4,238,681
Wasatch Core Growth Fund	6,900,793	6,508,149

NOTE 5 FAIR VALUE OF INVESTMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

	2015			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual Funds:				
Target Funds	\$ 23,958,037	\$ -	\$ -	\$ 23,958,037
Money Market Fund	4,004,539	-	-	4,004,539
Fixed Income Funds	5,940,012	-	-	5,940,012
Blend Funds	12,669,434	-	-	12,669,434
Growth Funds	17,650,628	-	-	17,650,628
Value Fund	248,489	-	-	248,489
International Funds	4,574,163	-	-	4,574,163
Total Mutual Funds	69,045,302	-	-	69,045,302
Collective Funds:				
Stable Value Fund	-	2,865	-	2,865
Growth Funds	-	176,882	-	176,882
Fixed Income Funds	-	328,601	-	328,601
Value Funds	-	301,132	-	301,132
International Funds	-	81,035	-	81,035
Total Collective Funds	-	890,515	-	890,515
Total Investments	\$ 69,045,302	\$ 890,515	\$ -	\$ 69,935,817

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

		2014			
		Level 1	Level 2	Level 3	Total
Assets:					
Mutual Funds:					
Target Funds	\$	23,276,319	\$	-	\$ 23,276,319
Money Market Fund		5,541,671		-	5,541,671
Fixed Income Funds		6,562,340		-	6,562,340
Blend Funds		11,575,440		-	11,575,440
Growth Funds		16,664,261		-	16,664,261
Value Fund		294,405		-	294,405
International Funds		4,940,462		-	4,940,462
Total Mutual Funds		68,854,898		-	68,854,898
Collective Funds:					
Stable Value Fund		-	3,929	-	3,929
Growth Funds		-	163,152	-	163,152
Fixed Income Funds		-	128,480	-	128,480
Value Funds		-	285,645	-	285,645
International Funds		-	96,381	-	96,381
Total Collective Funds		-	677,587	-	677,587
Total Investments	\$	68,854,898	\$	677,587	\$ 69,532,485

The following table sets forth additional disclosures for the fair value measurement of certain entities that calculate net asset value per share (or its equivalent) as of June 30:

		2015		
<u>Investment Type</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective Funds:				
Stable Value Fund	\$ 2,865	\$ -	Daily	Daily
Growth Funds	176,882	-	Daily	Daily
Fixed Income Funds	328,601	-	Daily	Daily
Value Funds	301,132	-	Daily	Daily
International Funds	81,035	-	Daily	Daily

		2014		
<u>Investment Type</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective Funds:				
Stable Value Fund	\$ 3,929	\$ -	Daily	Daily
Growth Funds	163,152	-	Daily	Daily
Fixed Income Funds	128,480	-	Daily	Daily
Value Funds	285,645	-	Daily	Daily
International Funds	96,381	-	Daily	Daily

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

The stable value fund seeks to maintain safety of principal while obtaining a consistent, low volatility return superior to other high quality investment alternatives over a full interest rate cycle by actively managing a diversified portfolio of investment contracts.

Growth funds seek long-term capital growth by investing primarily in equity securities of small to large-capitalization companies.

Fixed income funds seek total return consisting of current income and capital appreciation by investing principally in investment-grade debt securities.

Value funds seek long-term growth of capital by primarily investing in equity securities of companies whose stock prices may be undervalued.

International funds seek long-term capital appreciation by investing primarily in foreign securities.

NOTE 6 PLAN TAX STATUS

The Plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Plan, as designed, was in compliance with the requirements of the applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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 2012.

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants would become 100% vested in their Company contributions.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 8 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities 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 9 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. Additionally, Bidart & Ross, Inc. provided investment management services through June 30, 2015. Therefore, these transactions qualify as party-in-interest.

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of June 30:

	2015	2014
Net Assets Available for Benefits per the Financial Statements	\$ 72,085,543	\$ 71,645,241
Less: Contributions Receivable	(2,192,206)	(2,161,357)
Plus: Excess Contributions Payable	-	3,030
Plus: Accrued Expenses	43,136	45,571
Net Assets Available for Benefits per the Form 5500	<u>\$ 69,936,473</u>	<u>\$ 69,532,485</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the year ended June 30:

	2015	2014
Net Increase Prior to Transfers per the Financial Statements	\$ 440,302	\$ 5,993,570
Add: Prior Year Receivable	2,161,357	2,223,125
Add: Excess Current Year Contributions Payable	-	3,030
Less: Prior Year Accrued Expenses Payable	(3,030)	(2,942)
Add: Accrued Expenses Current Year	43,136	45,571
Less: Accrued Expenses Prior Year	(45,571)	(38,397)
Less: Current Year Receivable	(2,192,206)	(2,161,357)
Net Increase per Form 5500	<u>\$ 403,988</u>	<u>\$ 6,062,600</u>

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
E.I.N. 61-1744940 PLAN NO. 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2015
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

(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	**	\$ 4,004,539
*	Wells Fargo	Advantage Dow Jones Target Today	**	71,598
*	Wells Fargo	Advantage Dow Jones Target 2010	**	678,768
*	Wells Fargo	Advantage Dow Jones Target 2015	**	1,305,105
*	Wells Fargo	Advantage Dow Jones Target 2020	**	5,168,131
*	Wells Fargo	Advantage Dow Jones Target 2025	**	3,886,208
*	Wells Fargo	Advantage Dow Jones Target 2030	**	3,740,013
*	Wells Fargo	Advantage Dow Jones Target 2035	**	2,310,918
*	Wells Fargo	Advantage Dow Jones Target 2040	**	2,313,105
*	Wells Fargo	Advantage Dow Jones Target 2045	**	2,239,412
*	Wells Fargo	Advantage Dow Jones Target 2050	**	1,586,001
*	Wells Fargo	Advantage Dow Jones Target 2055	**	658,778
*	Wells Fargo	Stable Return Fund	**	2,865
*	Wells Fargo	International Bond CIT	**	87,189
*	Wells Fargo	Large Cap Growth CIT	**	70,008
*	Wells Fargo	Core Bond CIT	**	140,941
*	Wells Fargo	Dodge & Cox Intermediate Bond	**	100,471
*	Wells Fargo	T Rowe Price Inst Equity Income CIT	**	106,220
*	Wells Fargo	MFS Value CIT	**	194,912
*	Wells Fargo	Multi-Managed Small Cap CIT	**	70,747
*	Wells Fargo	T Rowe Price Inst Large Cap Growth	**	36,127
*	Wells Fargo	Causeway International Value	**	81,035
	Acadian	Emerging Market Equity Fund	**	25,375
	Artisan	International Fund	**	4,460,932
	Artisan	Mid Cap Fund	**	1,442,342
	DFA	Emerging Markets Core Equity I	**	261,473

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST
E.I.N. 61-1744940 PLAN NO. 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2015
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

(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
	Dodge & Cox	Income Fund	**	\$ 5,494,829
	Dodge & Cox	Stock Fund	**	6,338,577
	Harbor	Capital Appreciation	**	8,149,056
	Harbor	International	**	87,856
	Neuberger Berman	Socially Responsible	**	1,158,437
	PIMCO	High Yield Fund	**	44,861
	PIMCO	Low Duration Fund	**	358,052
	PIMCO	Real Return Fund	**	42,270
	Royce	Opportunity Fund	**	248,489
	T Rowe Price	Real Estate	**	33,237
	Vanguard	500 Index	**	6,036,147
	Wasatch	Core Growth Fund	**	6,900,793
	Total Assets (Held At End of Year)			<u>\$ 69,935,817</u>

**Indicates party-in-interest*

***Indicates omitted cost for participant-directed investments*