

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>08/01/2016</u> and ending <u>09/30/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☒ the first return/report ☐ the final return/report	
	☒ an amended return/report ☒ a short plan year return/report (less than 12 months)		
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>CUYUNA REGIONAL MEDICAL CENTER UNION RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ► <u>003</u>
		1c	Effective date of plan <u>08/01/2016</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CUYUNA REGIONAL MEDICAL CENTER</u> <u>320 EAST MAIN STREET</u> <u>CROSBY, MN 56441</u>	2b	Employer Identification Number (EIN) <u>41-1724637</u>
		2c	Plan Sponsor's telephone number <u>218-546-2308</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.	<u>12/19/2017</u>	<u>JENNIFER LOIDOLT</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

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	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 284
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 210 6a(2) 209 6b 13 6c 59 6d 281 6e 0 6f 281 6g 278 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 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) ☒ <u>1</u> 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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 08/01/2016 and ending 09/30/2016

A Name of plan CUYUNA REGIONAL MEDICAL CENTER UNION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 CUYUNA REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 41-1724637

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

(a) Name of insurance carrier

GREAT WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	7692	95871-02	0	08/01/2016	09/30/2016

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

1677

(4) Transferred from separate account

7c(4)

3153080

(5) Other (specify below)

7c(5)

▶

(6) Total additions **7c(6)** 3154757**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 3154757**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

3154757

(4) Other (specify below)

7e(4)

0

▶

(5) Total deductions **7e(5)** 3154757**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 2016 </div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning **08/01/2016** and ending **09/30/2016**

A Name of plan CUYUNA REGIONAL MEDICAL CENTER UNION RETIREMENT PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">003</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	003		
B Three-digit plan number (PN) ►	003				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CUYUNA REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 41-1724637				

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: **WF STABLE RETURN FUND C**

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

c EIN-PN 52-2250946-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1505408
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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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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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

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

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

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

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

For calendar plan year 2016 or fiscal plan year beginning 08/01/2016 and ending 09/30/2016		
A Name of plan CUYUNA REGIONAL MEDICAL CENTER UNION RETIREMENT PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 CUYUNA REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 41-1724637	

Part I	Asset and Liability Statement
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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	0	0
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)		1505408
(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)		3307981
(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	0	4813389

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	0	4813389
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	61633	
(B) Participants	2a(1)(B)	42069	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		103702
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	116	
(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)		116
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		
(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)		55875
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		159693

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16653	
(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)		16653
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)	0	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16653

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		143040
l Transfers of assets:			
(1) To this plan.....	2l(1)		4670349
(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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 08/01/2016 and ending 09/30/2016

A Name of plan <u>CUYUNA REGIONAL MEDICAL CENTER UNION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CUYUNA REGIONAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>41-1724637</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-1724637</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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): _____	

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



November 4, 2016

Dear Recipient:

RE: 95871-02 Cuyuna Regional Medical Center Union Retirement Plan

Plan Year Ending September 30, 2016

Enclosed please find a Summary Report for Cuyuna Regional Medical Center Union Retirement Plan to assist in the preparation of annual reporting requirements.

We hereby certify that the statement of transactions and list of securities, which are being furnished pursuant to 29 C.F.R. 2520.103-5(c) are complete and accurate. This information has been prepared on a cash basis method of accounting. During this Plan Year the sales and purchase transactions were conducted using the appropriate market values.

For Plans that invest in certain trusts or separate accounts that file as a Direct Filing Entity, a filing pursuant to 29 C.F.R. 2520.103-9 will be made for the trusts or separate accounts for the year ending September 30, 2016, on or before the filing due date for such accounts in accordance with the Form 5500 filing instructions.

If you have any questions on the information included please contact Plan Services at 1-800-695-4952.

Sincerely,

A handwritten signature in cursive script that reads "Darlene Soderquist".

Darlene Soderquist
Vice President, Operations and Financial Control

Empower RetirementTM refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A). Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York. Home Office: NY, NY; and their subsidiaries and affiliates, including FASCore, LLC and Great-West Trust Company, LLC. The trademarks, logos, service marks, and design elements used are owned by GWL&A.

ACCOUNT SUMMARY
Cuyuna Regional Medical Center Union Retirement Plan
15-AUG-16 to 30-SEP-16**ACCOUNT BALANCE AS OF AUGUST 15, 2016**

0.00

PARTICIPANT ACCOUNT SUMMARY

Beginning Balance	0.00
Contributions/Deposits	103,702.41
Additional Deposits	4,660,499.59
Transfers In	83,728.46
Interest/Dividends	115.53
Change in Value	55,363.15
Transfers Out	(83,728.46)
Withdrawals	(16,652.98)

ENDING PARTICIPANT BALANCE

4,803,527.70

FORFEITURE/ASSET HOLDING ACCOUNT SUMMARY

Beginning Balance	0.00
Transfers In	4,680,198.39
Interest/Dividends	1,677.27
Change in Value	11.46
Transfers Out	(4,672,026.26)

ENDING FORFEITURE/ASSET HOLDING BALANCE

9,860.86

ACCOUNT BALANCE AS OF SEPTEMBER 30, 2016

4,813,388.56

PARTICIPANT SUMMARY BY INVESTMENT OPTION

Cuyuna Regional Medical Center Union Retirement Plan

15-AUG-16 to 30-SEP-16

SUMMARY OF UNIT/SHARE ACTIVITY

04-NOV-16 02:58:02

INVESTMENT OPTION	BEGINNING UNITS/ SHARES	CONTRIBUTIONS/ DEPOSITS	ADDITIONAL DEPOSITS	TRANSFERS IN	DIVIDENDS	EARNINGS	TRANSFERS OUT	FEES	WITHDRAWALS	ENDING UNITS/ SHARES	ENDING VALUE/ PRICE
1VTNX	0.000000	1,481,567,068	0.000000	0.000000	-4,093,352	0.000000	0.000000	0.000000	0.000000	1,485,606,420	13,080,000
1VTNX	0.000000	67,677,394	1,085,375,622	0.000000	0.000000	0.578142	0.000000	0.000000	0.000000	1,153,631,158	26,450,000
1VTNX	0.000000	87,300,189	3,960,276,668	0.000000	0.000000	0.000000	0.000000	0.000000	(827,579,314)	3,222,103,523	15,190,000
1VTNX	0.000000	362,439,830	16,939,681,424	0.000000	0.000000	9,017,080	(441,706,650)	0.000000	0.000000	16,879,431,684	29,090,000
1VTNX	0.000000	833,909,746	30,378,989,702	0.000000	0.000000	16,160,599	0.000000	0.000000	0.000000	31,229,059,957	16,770,000
1VTNX	0.000000	334,284,221	20,065,723,793	0.000000	0.000000	10,672,926	(1,947,550,238)	0.000000	0.000000	18,463,130,782	29,770,000
1VTNX	0.000000	559,384,400	17,495,465,694	0.000000	0.000000	9,303,398	0.000000	0.000000	0.000000	18,084,155,492	18,090,000
1VTNX	0.000000	339,217,537	14,090,782,289	0.000000	0.000000	7,493,339	0.000000	0.000000	0.000000	14,437,493,165	30,590,000
1VTNX	0.000000	669,947,893	18,396,236,551	0.000000	0.000000	9,287,425	0.000000	0.000000	0.000000	19,077,971,869	19,120,000
1VTNX	0.000000	283,845,458	6,736,850,070	0.000000	0.000000	3,594,748	0.000000	0.000000	0.000000	7,044,290,276	30,630,000
1VTNX	0.000000	96,279,938	2,251,191,400	0.000000	0.000000	1,197,237	0.000000	0.000000	(101,379,346)	2,247,289,169	33,150,000
1VTNX	0.000000	12,442,319	71,677,228	0.000000	0.000000	0,038,301	0.000000	0.000000	0.000000	84,157,748	29,250,000
1VTNX	0.000000	0,912,690	225,551,753	0.000000	0.000000	0,130,685	0.000000	0.000000	0.000000	226,584,528	47,700,000
1VTNX	0.000000	1,680,287	197,399,739	137,836,683	0.000000	0,105,097	0.000000	0.000000	0.000000	337,011,806	54,370,000
1VTNX	0.000000	0,843,478	0.000000	629,953,760	0.000000	0.000000	0.000000	0.000000	0.000000	630,798,238	15,200,000
1VTNX	0.000000	0,759,146	120,257,966	110,356,240	0.000000	0,064,293	0.000000	0.000000	0.000000	232,437,645	87,700,000
1VTNX	0.000000	0,548,817	0.000000	167,356,659	0.000000	0.000000	0.000000	0.000000	0.000000	168,250,108	31,190,000
1VTNX	0.000000	2,154,314	533,008,539	0.000000	0.000000	0,283,374	0.000000	0.000000	0.000000	535,448,127	20,390,000
1VTNX	0.000000	5,570,322	651,669,340	460,349,361	0.000000	0,347,316	0.000000	0.000000	0.000000	1,123,220,223	16,570,000
1VTNX	0.000000	8,654,125	1,272,601,835	737,170,392	0.000000	0,659,921	0.000000	0.000000	0.000000	1,939,080,326	8,830,000
1VTNX	0.000000	0,203,736	0.000000	40,048,701	0.000000	0.000000	0.000000	0.000000	0.000000	40,252,437	160,300,000
1VTNX	0.000000	1,642,027	291,464,158	141,517,092	0.000000	0,155,177	0.000000	0.000000	0.000000	434,778,454	36,890,000
1VTNX	0.000000	1,259,110	147,638,272	103,808,810	0.000000	0,078,475	0.000000	0.000000	0.000000	252,804,667	72,860,000
1VTNX	0.000000	3,824,605	128,183,562	0.000000	0.000000	0,068,173	0.000000	0.000000	0.000000	137,084,871	200,210,000
1VTNX	0.000000	1,967,442	0.000000	607,962,704	0.000000	0.000000	0.000000	0.000000	0.000000	610,136,620	8,580,000
1VTNX	0.000000	8,256,133	967,383,774	687,356,722	0.000000	0,514,729	0.000000	0.000000	0.000000	1,664,217,472	11,020,000
1VTNX	0.000000	1,724,771	0.000000	532,711,397	0.000000	0.000000	0.000000	0.000000	0.000000	534,033,384	5,460,000
1VTNX	0.000000	1,950,022	396,569,881	107,212,157	0.000000	0,211,136	0.000000	0.000000	0.000000	505,943,396	27,090,000
1VTNX	0.000000	0.000000	29,232,884,444	0.000000	0.000000	0.000000	(249,413,308)	0.000000	(14,451,919)	28,961,018,217	51,640,000

LEGEND

INVESTMENT OPTION:

1VTNX	VANGUARD-TARGET-RETIREMENT-INCOME-INV
1VTNX	VANGUARD-TARGET-RETIREMENT-2010-INV
1VTNX	VANGUARD-TARGET-RETIREMENT-2020-INV
1VTNX	VANGUARD-TARGET-RETIREMENT-2030-INV
1VTNX	VANGUARD-TARGET-RETIREMENT-2040-INV
1VTNX	VANGUARD-TARGET-RETIREMENT-2050-INV
1VTNX	VANGUARD-TARGET-RETIREMENT-2060-INV
1VTNX	AMERICAN FUNDS NEW WORLD R6
1VTNX	AMERICAN FUNDS HEALTH CARE ADM
1VTNX	FIDELITY SMALL CAP GROWTH
1VTNX	GREAT-WEST T ROWE PRICE MID CAP GR INST
1VTNX	AMERICAN FUNDS AMERICAN MUTUAL R5
1VTNX	VANGUARD 500 INDEX ADMIRAL
1VTNX	METROPOLITAN WEST TOTAL RETURN BOND I
1VTNX	VANGUARD INFLATION-PROTECTED SECS ADM

FAIR VALUE MEASUREMENTS FOR FASB ASC 820
Cuyuna Regional Medical Center Union Retirement Plan
15-AUG-16 to 30-SEP-16

04-NOV-16 02:58:15

INV OPTION CODE	INV OPTION NAME	INV OPTION TYPE	SUGGESTED FASB ASC 820 CATEGORY CODE	TOTAL VALUE
IANAYX	AB GLOBAL BOND ADVISOR	Mutual Funds	1	5,234.86
IANDVX	AMERICAN CENTURY MID-CAP VALUE R6	Mutual Funds	1	18,611.75
IRMFEX	AMERICAN FUNDS AMERICAN MUTUAL R5	Mutual Funds	1	16,038.98
IRREFX	AMERICAN FUNDS EUROPEAN R5	Mutual Funds	1	10,808.08
IRNWGX	AMERICAN FUNDS NEW WORLD R6	Mutual Funds	1	18,357.02
IDRSTX	DFA US SMALL CAP 1	Mutual Funds	1	5,247.72
IFCPOX	FIDELITY SMALL CAP GROWTH	Mutual Funds	1	10,917.25
IMXYKX	GREAT-WEST T. ROWE PRICE MID-CAP GR INST	Mutual Funds	1	17,298.69
IMWITX	METROPOLITAN WEST TOTAL RETURN BOND 1	Mutual Funds	1	18,339.67
IMFBHX	MFS GROWTH R3	Mutual Funds	1	18,419.36
IPBHAX	PRUDENTIAL HIGH-YIELD A	Mutual Funds	1	2,921.39
IPRGTX	T. ROWE PRICE GLOBAL TECHNOLOGY	Mutual Funds	1	9,588.13
IVFIAX	VANGUARD 500 INDEX ADMIRAL	Mutual Funds	1	26,444.73
IVGHAX	VANGUARD HEALTH CARE ADM	Mutual Funds	1	20,403.37
IVAIPIX	VANGUARD INFLATION-PROTECTED SECS ADM	Mutual Funds	1	13,706.00
IVIMAX	VANGUARD MID-CAP INDEX FUND - ADMIRAL	Mutual Funds	1	6,452.45
IVTENX	VANGUARD TARGET RETIREMENT 2010 INV	Mutual Funds	1	30,513.55
IVTXVX	VANGUARD TARGET RETIREMENT 2015 INV	Mutual Funds	1	48,943.74
IVTWNX	VANGUARD TARGET RETIREMENT 2020 INV	Mutual Funds	1	491,022.64
IVTTVX	VANGUARD TARGET RETIREMENT 2025 INV	Mutual Funds	1	523,711.32
IVTRHX	VANGUARD TARGET RETIREMENT 2030 INV	Mutual Funds	1	549,647.39
IVTTHX	VANGUARD TARGET RETIREMENT 2035 INV	Mutual Funds	1	336,780.57
IVFORX	VANGUARD TARGET RETIREMENT 2040 INV	Mutual Funds	1	441,642.99
IVTVVX	VANGUARD TARGET RETIREMENT 2045 INV	Mutual Funds	1	364,770.82
IVPIFX	VANGUARD TARGET RETIREMENT 2050 INV	Mutual Funds	1	215,766.62
IVFFVX	VANGUARD TARGET RETIREMENT 2055 INV	Mutual Funds	1	74,497.65
IVTTSX	VANGUARD TARGET RETIREMENT 2060 INV	Mutual Funds	1	2,461.62
IVTINX	VANGUARD TARGET RETIREMENT INCOME INV	Mutual Funds	1	19,431.78
	FASB ASC 820 CATEGORY CODE 1 SUB-TOTAL			3,307,980.44
IWF5VFC	WELLS FARGO STABLE RETURN FUND C	Stable Value Funds	Review Required	1,495,547.06
	FASB ASC 820 CATEGORY CODE REVIEW REQUIRED SUB-TOTAL			1,495,547.06
	PLAN TOTAL			4,803,527.70 **

** Forfeitures / Unallocated Plan Assets - For fund types and balances, please refer to the Forfeiture / Asset Holding Account report.

NOTE: The investments reported above include any investment in the plan recorded by the provider that had a value as of the report end date or any activity (e.g., purchases or sales) during the reporting period. The values reported above are the values used for plan and participant reporting purposes. These values do not factor in liquidation restrictions such as redemption fees, market timing fees or contract termination fees. Please refer to each investment's prospectus or contract for more information on any potential liquidation restrictions.

FAIR VALUE MEASUREMENTS FOR FASB ASC 820

Cuyuna Regional Medical Center Union Retirement Plan

15-AUG-16 to 30-SEP-16

04-NOV-16 02:58:15

Inv Option Type	Valuation Methodology/Source	Inputs		Suggested FASB ASC 820 Category Code
		Observable	Unobservable	
Mutual Funds	Share Prices/Net Asset Values (NAVs) reported on the Plan Summary Reports for NAV mutual funds are generally obtained from a file feed from the National Securities Clearing Corporation, and/or directly from the fund house, or a secondary pricing source, such as Interactive Data Corporation (IDC).	An attempt is made to receive share prices from more than one source, and before the share price is entered into the recordkeeping system, a systematic comparison is performed and any difference in quoted share prices for the same fund is resolved by contacting the fund house directly to ensure the correct share price is recorded. Variance reports are also reviewed showing percentage of share price changes from the prior day. The internal pricing analyst and management will review the overall movement of market indices and will apply judgment in determining whether any further research with fund houses will be pursued for share price variances from the prior day. Daily, after all research and validation has been performed, and variances have been resolved, share prices are closed and loaded to the recordkeeping system.	None.	1
Stable Value Funds	Share Prices/NAV's reported on the Plan Summary Reports for Stable Value Funds are generally obtained directly from the fund house or other investment provider.	If available, an attempt is made to receive share prices from more than one source, and before the share price is entered into the recordkeeping system, a systematic comparison is performed and any difference in quoted share prices for the same fund is resolved by contacting the investment provider directly to ensure the correct share price is recorded. Variance reports are also reviewed showing percentage of share price changes from the prior day. The internal pricing analyst and management will review the overall movement of market indices and will apply judgment in determining whether any further research with investment providers will be pursued for share price variances from the prior day. Daily, after all research and validation has been performed, and variances have been resolved, share prices are closed and loaded to the recordkeeping system.	Due to the various unique investments that may be allowed in a stable value fund, and the various redemption restrictions that may be imposed, a plan sponsor should individually review the prospectus and operations of each of these types of investment options.	Review Required by Plan Sponsor

Level 1: Valuations are based on quoted prices in active markets for identical assets or liabilities. Example: NYSE closing prices used to value mutual funds and publicly traded stocks.

Level 2: Valuations are based on observable inputs (assumptions obtained from independent sources) for the asset or liability, either directly or indirectly. Example: Quoted prices used to value similar instruments in active markets such as bonds.

Level 3: Valuations are based on unobservable inputs (assumptions based on the best information available) that are significant to the fair value of the assets or liabilities. Example: Situations where there is little, if any, market activity for the asset or liability.

The information contained in the FASB ASC 820 Summary report is provided for your convenience and informational purposes only, and should not be construed as investment, legal, tax or accounting advice. Plan sponsors, as the plan fiduciary, are responsible for understanding the methods used to determine the fair value of each of their Plan's investment options and are accountable for the FASB ASC 820 valuation and categorization of assets within the financial statements. Please consult with your financial advisor, attorney, accountant and/or tax adviser, as needed. Great-West Trust Company, LLC disclaims any responsibility to update the views provided herein, does not guarantee that the information supplied is accurate, complete or timely and does not make any warranties with regard to the results obtained from its use.