

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="margin-top: 5px;"> ☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>CRMC 401(K) RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</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.	10/15/2018	JENNIFER LOIDOLT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name <u>CUYUNA REGINAL MEDICAL CENTER</u> c Plan Name <u>CUYUNA REGINAL MEDICAL CENTER NON UNION RETIREMENT PLAN</u>	4b EIN <u>41-1724637</u> 4d PN <u>002</u>
5 Total number of participants at the beginning of the plan year	5 <u>937</u>
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) <u>883</u> 6a(2) <u>944</u> 6b <u>29</u> 6c <u>104</u> 6d <u>1077</u> 6e <u>0</u> 6f <u>1077</u> 6g <u>822</u> 6h <u>36</u>
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:

3J 2G 2J 2T 3D 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan CRMC 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
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	95871-01	290	01/01/2017	12/31/2017

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	3808009
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. Specify nature of costs ▶	6d	

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

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

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

b Balance at the end of the previous year	7b	18973
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c Additions: (1) Contributions deposited during the year	7c(1)	345319
	7c(2)	
	7c(3)	16708
	7c(4)	4267344
	7c(5)	42646

▶ **LOAN REPAYMENTS**

(6) Total additions	7c(6)	4672017
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d Total of balance and additions (add lines 7b and 7c(6))	7d	4690990
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	138833
(2) Administration charge made by carrier	7e(2)	3694
(3) Transferred to separate account	7e(3)	740454
(4) Other (specify below)	7e(4)	

(5) Total deductions	7e(5)	882981
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3808009
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE D (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017					
A Name of plan CRMC 401(K) RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 002	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT-WEST LIFE AND ANNUITY					
b Name of sponsor of entity listed in (a): GREAT-WEST LIFE AND ANNUITY INSURANACE COMPANY					
c EIN-PN 84-0467907-000		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3201660	
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 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 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 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)	

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Schedule D (Form 5500) 2017 v.170203

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
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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
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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)**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
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**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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>CRMC 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CUYUNA REGIONAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>41-1724637</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	170684	1806826
(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)	230169	366200
(9) Value of interest in common/collective trusts.....	1c(9)	3201660	
(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)	7667117	26234236
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	18973	3808009
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	11288603 32215271
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	11288603 32215271

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1814488
	(B) Participants	2a(1)(B)	1902986
	(C) Others (including rollovers)	2a(1)(C)	10411808
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	14129282
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)	16018
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	16018
(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)	696435
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	696435
(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)		2684109
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		17525844

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1439340	
(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)		1439340
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		1723
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)	81185	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		81185
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1522248

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16003596
l Transfers of assets:			
(1) To this plan.....	2l(1)		4923072
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	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?		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan CRMC 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
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	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): 84-0467907		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CRMC 401(k) Retirement Plan

Financial Report
December 31, 2017 and 2016

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Independent Auditor's Report

To the Plan Administrator and Participants
CRMC 401(k) Retirement Plan

Report on the Financial Statement

We were engaged to audit the accompanying financial statements of CRMC 401(k) Retirement Plan, formerly Cuyuna Regional Medical Center Non-Union Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statements of changes in net assets available for benefits for the year ended December 31, 2017 and the period from August 1, 2016 to December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Great-West Life & Annuity Insurance Company, the custodian of certain assets of the Plan, and Great-West Trust Company, LLC, the trustee of certain assets of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian and trustee hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the custodian and trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017 and the period from August 1, 2016 to December 31, 2016, that the information provided to the Plan Administrator by the custodian and trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter – Mergers In

As discussed in Note 9 to the financial statements, effective September 1, 2016, Cuyuna Regional Medical Center Pension Plan merged into the Plan. All plan assets of Cuyuna Regional Medical Center Pension Plan were transferred to the Plan by September 20, 2016.

As discussed in Note 9 to the financial statements, effective February 1, 2017, the Plan was amended to accept the merger of Cuyuna Regional Medical Center Union Retirement Plan into the Plan. All Plan assets of Cuyuna Regional Medical Center Union Retirement Plan were transferred to the Plan on February 1, 2017.

Our disclaimer of opinion has not been modified with respect to these matters.

Other Matter – Supplemental Schedules

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017 and 2016 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2017 and the period from August 1, 2016 to December 31, 2016, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with the DOL's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the custodian and 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

RSM US LLP

Duluth, Minnesota
October 15, 2018

CRMC 401(k) Retirement Plan

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

	2017	2016
Investments, at fair value (Notes 3 and 4):		
Mutual funds	\$ 26,234,236	\$ 7,667,117
Collective trust fund	-	3,201,660
Investments, at contract value (Notes 3 and 5)	3,808,009	18,973
Total Investments	30,042,245	10,887,750
Receivables:		
Employer contributions	1,806,826	170,684
Notes receivable from participants (Note 4)	382,961	245,207
Total receivables	2,189,787	415,891
Net assets available for benefits	\$ 32,232,032	\$ 11,303,641

See notes to financial statements.

CRMC 401(k) Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Year ended December 31, 2017 and period from August 1, 2016 to December 31, 2016

	2017	2016
Investment results (Note 3):		
Net appreciation (depreciation) in fair value of investments	\$ 2,684,109	\$ (36,752)
Interest and dividends	696,435	191,935
Total investment results	3,380,544	155,183
Interest income on notes receivable from participants (Note 3)	16,018	3,139
Contributions:		
Participants	1,902,986	590,066
Employer	1,814,488	482,344
Rollovers	10,411,808	-
Total contributions	14,129,282	1,072,410
Total additions	17,525,844	1,230,732
Benefits paid to participants	1,439,340	84,534
Administrative expenses	81,185	3,070
Total deductions	1,520,525	87,604
Net increase	16,005,319	1,143,128
Transfers (Note 9):		
From other plans	4,923,072	10,160,513
Net assets available for benefits:		
Beginning of year	11,303,641	-
End of year	\$ 32,232,032	\$ 11,303,641

See notes to financial statements.

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 1. Plan Description

The following description of CRMC 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Cuyuna Regional Medical Center (CRMC) (the Employer). From inception of the Plan, August 1, 2016, through December 31, 2016, the Plan was named Cuyuna Regional Medical Center Non-Union Retirement Plan. Prior to January 1, 2017, union employees of the Employer were excluded from participating in the Plan. Through February 28, 2017, employees 21 years of age or older were eligible to participate in the Plan after they had completed one year of service, provided they worked at least 1,000 hours during that year. Effective March 1, 2017, employees 18 years of age or older are eligible to participate in the Plan immediately upon employment commencement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute a portion of annual compensation, as defined in the Plan. The Plan allows participants to allocate contributions to pretax deferrals or Roth contributions. 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. The Employer makes nonelective contributions equal to two percent of a participant's eligible annual compensation. The Employer also makes safe harbor nonelective contributions equal to three percent of a participant's eligible annual compensation. Participants who have attained age 21 and completed one year of service (1,000 hours) are eligible to receive Employer nonelective and safe harbor nonelective contributions. Contributions are subject to certain limitations.

Participant accounts: Each participant's account is credited or charged with the participant's contribution, Employer nonelective and safe harbor nonelective contributions, as well as allocations of Plan investment results and administrative expenses that were paid by the Plan. Allocations were based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that could be provided from the participant's vested account.

Vesting: Participants were immediately vested in their contributions and Employer safe harbor nonelective contributions plus actual earnings thereon. Vesting in the Employer nonelective contribution portion of their account plus actual earnings thereon is based on years of service as defined. Participants vest 20 percent each year after completing two years of credited service. A participant is 100 percent vested after six years of credited service, total disability or death during the term of employment, upon attainment of normal retirement age, or termination of the Plan.

Vesting in any prior non-union or union money purchase plan portion of a participant's account is subject to separate vesting schedules as defined.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balances. Note terms range from one to five years, or longer for the purchase of a primary residence. The notes are secured by the balance in the participant's account and bear interest at the Prime rate plus one percent.

Payment of benefits: Upon termination of service due to death, disability, retirement, or any other reason, a participant may elect to receive either a lump-sum amount equal to the vested balance in his or her account or partial payments over a specified period of time in accordance with Plan provisions. In addition, distributions are permitted prior to termination of employment if certain criteria are met.

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

Forfeitures: Forfeited nonvested accounts totaled approximately \$38,600 and \$18,000 at December 31, 2017 and 2016, respectively. These accounts may be used to reduce future Employer contributions or pay Plan expenses. During 2017, the Plan used approximately \$26,000 of forfeitures to reduce Employer contributions. The Plan did not use any forfeitures to reduce Employer contributions in 2016.

Note 2. Summary of Accounting Policies

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

Financial statement presentation: These financial statements include the period from August 1, 2016 to December 31, 2016. The Plan elected to defer the filing of its financial statements with its Form 5500 for the period from August 1, 2016 to December 31, 2016, as permitted by 29 CFR 2520.104-50, since the period ended December 31, 2016, was a short year of seven months or less. Accordingly, the Plan has included statements of net assets as of December 31, 2017 and December 31, 2016, along with statements of changes in net assets for the year ended December 31, 2017 and the period from August 1, 2016 to December 31, 2016, as required by Department of Labor (DOL) regulations when such election is made.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) 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.

Investment valuation and income recognition: Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measurement for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 4 for discussion of fair value measurements.

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

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

Notes receivable from participants have been classified as an investment asset for Form 5500 reporting purposes and, accordingly, have been included as an investment in the supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year).

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 2. Summary of Accounting Policies (Continued)

Expenses: Certain expenses of maintaining the Plan were paid by the Plan, unless otherwise paid for by the Employer. Expenses that were paid by the Employer were excluded from these financial statements. Fees related to the administration of benefits paid to participants were charged directly to the participant's account and included in the administrative expenses. Investment related expenses were included in net appreciation (depreciation) of fair value of investments.

Payments of benefits: Benefits were recorded when paid.

Subsequent events: The Plan has evaluated subsequent events through October 15, 2018, the date the financial statements were available to be issued.

Note 3. Information Certified or Provided by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC

The following is a summary of the Plan's asset information as of December 31, 2017 and 2016, and for the year ended December 31, 2017 and for the period from August 1, 2016 to December 31, 2016, included throughout the Plan's financial statements and supplemental schedules, that was derived from information prepared or provided by the custodian of certain assets, Great-West Life & Annuity Insurance Company, and the trustee of certain assets, Great-West Trust Company, LLC, and furnished to the Plan Administrator. The Plan Administrator obtained certifications from the custodian and trustee that the information provided to the Plan Administrator related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

	2017	2016
Investments at fair value:		
Mutual funds	\$ 26,234,236	\$ 7,667,117
Collective trust fund	-	3,201,660
Investments at contract value:		
Guaranteed interest accounts	3,808,009	18,973
	30,042,245	10,887,750
Notes receivable from participants	382,961	245,207
	<u>\$ 30,425,206</u>	<u>\$ 11,132,957</u>

Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC also collectively certified to the completeness and accuracy of \$2,684,109 and \$(36,752) of net appreciation (depreciation) in the fair value of investments and \$696,435 and \$191,935 of interest and dividends related to the aforementioned investments, and \$16,018 and \$3,139 of interest related to notes receivable from participants for the year ended December 31, 2017 and period from August 1, 2016 to December 31, 2016, respectively.

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 4. Fair Value Measurements

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

The asset's 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2017 and 2016.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year-end based on the publicly quoted market prices of these funds.

Collective trust fund: The collective trust fund is a stable value fund that is composed primarily of fully benefit-responsive investment contracts and is valued at the NAV of units of the bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

The practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds, at fair value	\$ 26,234,236	\$ -	\$ -	\$ 26,234,236
	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds, at fair value	\$ 7,667,117	\$ -	\$ -	\$ 7,667,117
Collective trust fund, at NAV (a)				3,201,660
Total investments at fair value				\$ 10,868,777

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV or its equivalent as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table summarizes investments measured at fair value based on NAV per share as a practical expedient at December 31, 2017 and 2016:

	Fair Value at		Unfunded Commitments	Redemption Frequency and Notice Period
	December 31, 2017	December 31, 2016		
Wells Fargo Stable Return Fund	\$ -	\$ 3,201,660	None	Redemption must be made within one year of notice by the Plan

The redemption notice period disclosed in the table reflects the notice period required if the Plan withdraws from the investment.

Note 5. Fully Benefit-Responsive Investment Contract

The Plan has a traditional group annuity contract with Great-West Life & Annuity Insurance Company (GWLA) that invests contributions in the Guaranteed Interest Fund. The Guaranteed Interest Fund is a fixed annuity general account product. The account is credited with earnings on the underlying investment and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than zero percent. The crediting rate is reviewed on a quarterly basis for resetting. The crediting rate was 1.35 percent as of December 31, 2017 and 2016.

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 5. Fully Benefit-Responsive Investment Contract (Continued)

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value, as reported to the Plan by GWLA represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Examples of such events include the following: (a) the Plan's failure to qualify under section 401(a) of the Internal Revenue Code (IRC) or the failure of the trust to be tax-exempt under section 501(a) of the IRC, (b) premature termination of the contract, (c) plan termination or merger, (d) change in the Plan's prohibition on competing investment options, or (e) bankruptcy of the plan sponsor or other plan sponsor events that significantly affect the Plan's normal operations.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include the following: (a) an uncured violation of the Plan's investment guidelines, (b) a breach of material obligation under the contract, (c) a material misrepresentation, or (d) a material amendment to the agreements without the consent of the issuer.

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

Note 6. Tax Status

The Plan has adopted a nonstandardized form of a prototype plan sponsored by Great-West Trust Company, LLC. The prototype plan has received an opinion letter from the Internal Revenue Service (IRS) as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan has been amended and restated from the version of the prototype plan receiving a determination letter. The Plan Administrator believes the Plan was designed and operated in compliance with the applicable provisions of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain income tax 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.

Note 7. Related Party Transactions and Party in Interest Transactions

Certain Plan investments were managed by Great-West Capital Management, LLC, a wholly owned subsidiary of GWLA, the custodian; therefore, these transactions qualified as party-in-interest transactions. Fees paid by the Plan for investment management services were charged against Plan investment results.

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 8. Risks and Uncertainties

The Plan invested 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 investment securities will occur in the near term and that such changes could materially affect participants' account balances.

Note 9. Transfers from Other Plans

On September 1, 2016, Cuyuna Regional Medical Center Pension Plan (MPP Plan) merged into the Plan. MPP Plan was a governmental retirement plan sponsored by CRMC prior to CRMC converting to a not-for-profit 501(c)(3) organization. As a result of the merger, net assets of approximately \$10,200,000 were transferred to the Plan in September 2016.

CRMC sponsors multiple retirement plans. In an effort to consolidate retirement plan options, Cuyuna Regional Medical Center Union Retirement Plan was merged into the Plan. As a result, net assets of approximately \$4,900,000 from Cuyuna Regional Medical Center Union Retirement Plan were transferred to the Plan on February 1, 2017. The merger does not affect participant benefits as the benefit provisions were incorporated into the Plan.

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 Form 5500 as of December 31, 2017 and 2016:

	2017	2016
Net assets available for benefits per the financial statements	\$ 32,232,032	\$ 11,303,641
Adjustments for deemed loans, net	(16,761)	(15,038)
Net assets available for benefits per the Form 5500	<u>\$ 32,215,271</u>	<u>\$ 11,288,603</u>

The notes receivable from participants are shown as investments in the Form 5500.

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2017 and the period from August 1, 2016 to December 31, 2016, to Form 5500.

	December 31, 2017	December 31, 2016
Net increase in net assets per the financial statements	\$ 16,005,319	\$ 1,143,128
Adjustments for:		
Deemed loans	(1,723)	(15,038)
Net increase in net assets per the Form 5500	<u>\$ 16,003,596</u>	<u>\$ 1,128,090</u>

CRMC 401(k) Retirement Plan**EIN: 41-1724637****Plan Number: 002****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****December 31, 2017**

Identity of Issuer	Description of Investment	Current Value
Mutual funds:		
AB	Global Bond	\$ 97,147
American Century	Mid Cap Value	206,004
American Funds	American Mutual	241,365
American Funds	Europacific Growth	203,320
American Funds	New World	185,243
DFA	US Small Cap	207,326
DFA	US Targeted Value	37,516
Fidelity	Small Cap Growth	109,884
Great-West T.Rowe Price*	Mid Cap Growth	143,457
Metropolitan West	Total Return Bond	224,272
MFS	Growth	242,030
Prudential	High-Yield A	104,320
T. Rowe Price	Global Technology	237,670
Vanguard	500 Index	322,493
Vanguard	Developed Markets Index	65,961
Vanguard	Health Care	118,629
Vanguard	Inflation-Protected Securities	75,354
Vanguard	Mid-Cap Index	85,451
Vanguard	Reit Index	68,649
Vanguard	Target Retirement 2015	521,473
Vanguard	Target Retirement 2020	3,215,235
Vanguard	Target Retirement 2025	5,521,853
Vanguard	Target Retirement 2030	4,420,394
Vanguard	Target Retirement 2035	2,964,303
Vanguard	Target Retirement 2040	2,648,041
Vanguard	Target Retirement 2045	2,271,401
Vanguard	Target Retirement 2050	882,793
Vanguard	Target Retirement 2055	447,521
Vanguard	Target Retirement 2060	44,280
Vanguard	Target Retirement Income	320,851
		<u>26,234,236</u>
Group Annuity Contract:		
Great-West Life & Annuity Insurance Company	Guaranteed Interest Fund	3,808,009
Participants*		
	Notes receivable due in various amounts through January 2036, with interest rates ranging from 4.25% to 5.25%	382,961
		<u><u>\$ 30,425,206</u></u>

* A party-in-interest as defined by ERISA.

The above information has been collectively certified by Great-West Trust Company, LLC, the trustee of certain assets of the Plan, and Great-West Life & Annuity Insurance Company, the custodian of certain assets of the Plan, as complete and accurate.

CRMC 401(k) Retirement Plan
EIN: 41-1724637
Plan Number: 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2016

Identity of Issuer	Description of Investment	Current Value
Mutual funds:		
AB	Global Bond	\$ 23,991
American Century	Mid Cap Value	53,986
American Funds	American Mutual	67,240
American Funds	Europacific Growth	50,366
American Funds	New World	24,357
DFA	US Small Cap	68,585
DFA	US Targeted Value I	21,588
Fidelity	Small Cap Growth	32,488
Great-West T.Rowe Price*	Mid Cap Growth	35,623
Metropolitan West	Total Return Bond	62,659
MFS	Growth	67,389
Prudential	High-Yield A	25,070
T. Rowe Price	Global Technology	15,067
Vanguard	500 Index	75,771
Vanguard	Health Care	32,504
Vanguard	Inflation-Protected Securities	23,059
Vanguard	Mid-Cap Index	24,792
Vanguard	Target Retirement 2015	184,021
Vanguard	Target Retirement 2020	795,160
Vanguard	Target Retirement 2025	1,588,072
Vanguard	Target Retirement 2030	1,327,901
Vanguard	Target Retirement 2035	923,118
Vanguard	Target Retirement 2040	970,636
Vanguard	Target Retirement 2045	635,390
Vanguard	Target Retirement 2050	302,369
Vanguard	Target Retirement 2055	137,905
Vanguard	Target Retirement 2060	1,341
Vanguard	Target Retirement Income	74,755
Vanguard	Developed Markets Index Admiral	19,973
Vanguard	Reit Index Admiral	1,941
		<u>7,667,117</u>
Collective trust fund:		
Wells Fargo	Stable Return Fund	3,201,660
Group Annuity Contract:		
Great-West Life & Annuity Insurance Company	Guaranteed Interest Fund	18,973
Participants*		
	Notes receivable due in various amounts through January 2036, with interest rates ranging from 4.25% to 4.50%	245,207
		<u><u>\$ 11,132,957</u></u>

* A party-in-interest as defined by ERISA.

The above information has been collectively certified by Great-West Trust Company, LLC, the trustee of certain assets of the Plan, and Great-West Life & Annuity Insurance Company, the custodian of certain assets of the Plan, as complete and accurate.

CRMC 401(k) Retirement Plan
EIN: 41-1724637
Plan Number: 002

Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2017

	Number of Purchases/ Sales	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Guarnateed Interest Fund	411	\$ 3,541,239	\$ -	\$ 3,541,239	\$ 3,541,239	\$ -
Wells Fargo Stable Return Fund	412	-	3,543,830	3,492,831	3,543,830	50,999

The above information has been certified by Great-West Trust Company, LLC, the trustee of the Plan, and Great West Life & Annuity Insurance Company, the custodian of the Plan, as complete and accurate.

CRMC 401(k) Retirement Plan
EIN: 41-1724637
Plan Number: 002

Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2016

	Number of Purchases/ Sales	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Loss
Vanguard Target Retirement Income	16	\$ 6,120	\$ -	\$ 6,120	\$ 6,120	\$ -
Vanguard Target Retirement 2010	14	18,000	-	18,000	18,000	-
Vanguard Target Retirement 2015	124	151,518	-	151,518	151,518	-
Vanguard Target Retirement 2020	262	876,442	-	876,442	876,442	-
Vanguard Target Retirement 2025	411	1,308,997	-	1,308,997	1,308,997	-
Vanguard Target Retirement 2030	497	1,235,825	-	1,235,825	1,235,825	-
Vanguard Target Retirement 2035	486	1,104,220	-	1,104,220	1,104,220	-
Vanguard Target Retirement 2040	458	821,673	-	821,673	821,673	-
Vanguard Target Retirement 2045	356	547,617	-	547,617	547,617	-
Vanguard Target Retirement 2050	332	256,797	-	256,797	256,797	-
Vanguard Target Retirement 2055	294	113,290	-	113,290	113,290	-
Vanguard Target Retirement 2060	16	299	-	299	299	-
Guaranteed Interest Fund	23	6,615,319	-	6,615,319	6,615,319	-
Guaranteed Interest Fund	7	-	6,620,095	6,620,095	6,620,095	-

The above information has been certified by Great-West Trust Company, LLC, the trustee of the Plan, and GLWA, the custodian of the Plan, as complete and accurate.

CRMC 401(k) Retirement Plan

Financial Report
December 31, 2017 and 2016

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RSM US LLP

Independent Auditor's Report

To the Plan Administrator and Participants
CRMC 401(k) Retirement Plan

Report on the Financial Statement

We were engaged to audit the accompanying financial statements of CRMC 401(k) Retirement Plan, formerly Cuyuna Regional Medical Center Non-Union Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statements of changes in net assets available for benefits for the year ended December 31, 2017 and the period from August 1, 2016 to December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Great-West Life & Annuity Insurance Company, the custodian of certain assets of the Plan, and Great-West Trust Company, LLC, the trustee of certain assets of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian and trustee hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the custodian and trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017 and the period from August 1, 2016 to December 31, 2016, that the information provided to the Plan Administrator by the custodian and trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter – Mergers In

As discussed in Note 9 to the financial statements, effective September 1, 2016, Cuyuna Regional Medical Center Pension Plan merged into the Plan. All plan assets of Cuyuna Regional Medical Center Pension Plan were transferred to the Plan by September 20, 2016.

As discussed in Note 9 to the financial statements, effective February 1, 2017, the Plan was amended to accept the merger of Cuyuna Regional Medical Center Union Retirement Plan into the Plan. All Plan assets of Cuyuna Regional Medical Center Union Retirement Plan were transferred to the Plan on February 1, 2017.

Our disclaimer of opinion has not been modified with respect to these matters.

Other Matter – Supplemental Schedules

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017 and 2016 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2017 and the period from August 1, 2016 to December 31, 2016, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with the DOL's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the custodian and 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

RSM US LLP

Duluth, Minnesota
October 15, 2018

CRMC 401(k) Retirement Plan

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

	2017	2016
Investments, at fair value (Notes 3 and 4):		
Mutual funds	\$ 26,234,236	\$ 7,667,117
Collective trust fund	-	3,201,660
Investments, at contract value (Notes 3 and 5)	3,808,009	18,973
Total Investments	30,042,245	10,887,750
Receivables:		
Employer contributions	1,806,826	170,684
Notes receivable from participants (Note 4)	382,961	245,207
Total receivables	2,189,787	415,891
Net assets available for benefits	\$ 32,232,032	\$ 11,303,641

See notes to financial statements.

CRMC 401(k) Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Year ended December 31, 2017 and period from August 1, 2016 to December 31, 2016

	2017	2016
Investment results (Note 3):		
Net appreciation (depreciation) in fair value of investments	\$ 2,684,109	\$ (36,752)
Interest and dividends	696,435	191,935
Total investment results	3,380,544	155,183
Interest income on notes receivable from participants (Note 3)	16,018	3,139
Contributions:		
Participants	1,902,986	590,066
Employer	1,814,488	482,344
Rollovers	10,411,808	-
Total contributions	14,129,282	1,072,410
Total additions	17,525,844	1,230,732
Benefits paid to participants	1,439,340	84,534
Administrative expenses	81,185	3,070
Total deductions	1,520,525	87,604
Net increase	16,005,319	1,143,128
Transfers (Note 9):		
From other plans	4,923,072	10,160,513
Net assets available for benefits:		
Beginning of year	11,303,641	-
End of year	\$ 32,232,032	\$ 11,303,641

See notes to financial statements.

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 1. Plan Description

The following description of CRMC 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Cuyuna Regional Medical Center (CRMC) (the Employer). From inception of the Plan, August 1, 2016, through December 31, 2016, the Plan was named Cuyuna Regional Medical Center Non-Union Retirement Plan. Prior to January 1, 2017, union employees of the Employer were excluded from participating in the Plan. Through February 28, 2017, employees 21 years of age or older were eligible to participate in the Plan after they had completed one year of service, provided they worked at least 1,000 hours during that year. Effective March 1, 2017, employees 18 years of age or older are eligible to participate in the Plan immediately upon employment commencement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute a portion of annual compensation, as defined in the Plan. The Plan allows participants to allocate contributions to pretax deferrals or Roth contributions. 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. The Employer makes nonelective contributions equal to two percent of a participant's eligible annual compensation. The Employer also makes safe harbor nonelective contributions equal to three percent of a participant's eligible annual compensation. Participants who have attained age 21 and completed one year of service (1,000 hours) are eligible to receive Employer nonelective and safe harbor nonelective contributions. Contributions are subject to certain limitations.

Participant accounts: Each participant's account is credited or charged with the participant's contribution, Employer nonelective and safe harbor nonelective contributions, as well as allocations of Plan investment results and administrative expenses that were paid by the Plan. Allocations were based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that could be provided from the participant's vested account.

Vesting: Participants were immediately vested in their contributions and Employer safe harbor nonelective contributions plus actual earnings thereon. Vesting in the Employer nonelective contribution portion of their account plus actual earnings thereon is based on years of service as defined. Participants vest 20 percent each year after completing two years of credited service. A participant is 100 percent vested after six years of credited service, total disability or death during the term of employment, upon attainment of normal retirement age, or termination of the Plan.

Vesting in any prior non-union or union money purchase plan portion of a participant's account is subject to separate vesting schedules as defined.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balances. Note terms range from one to five years, or longer for the purchase of a primary residence. The notes are secured by the balance in the participant's account and bear interest at the Prime rate plus one percent.

Payment of benefits: Upon termination of service due to death, disability, retirement, or any other reason, a participant may elect to receive either a lump-sum amount equal to the vested balance in his or her account or partial payments over a specified period of time in accordance with Plan provisions. In addition, distributions are permitted prior to termination of employment if certain criteria are met.

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

Forfeitures: Forfeited nonvested accounts totaled approximately \$38,600 and \$18,000 at December 31, 2017 and 2016, respectively. These accounts may be used to reduce future Employer contributions or pay Plan expenses. During 2017, the Plan used approximately \$26,000 of forfeitures to reduce Employer contributions. The Plan did not use any forfeitures to reduce Employer contributions in 2016.

Note 2. Summary of Accounting Policies

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

Financial statement presentation: These financial statements include the period from August 1, 2016 to December 31, 2016. The Plan elected to defer the filing of its financial statements with its Form 5500 for the period from August 1, 2016 to December 31, 2016, as permitted by 29 CFR 2520.104-50, since the period ended December 31, 2016, was a short year of seven months or less. Accordingly, the Plan has included statements of net assets as of December 31, 2017 and December 31, 2016, along with statements of changes in net assets for the year ended December 31, 2017 and the period from August 1, 2016 to December 31, 2016, as required by Department of Labor (DOL) regulations when such election is made.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) 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.

Investment valuation and income recognition: Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measurement for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 4 for discussion of fair value measurements.

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

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

Notes receivable from participants have been classified as an investment asset for Form 5500 reporting purposes and, accordingly, have been included as an investment in the supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year).

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 2. Summary of Accounting Policies (Continued)

Expenses: Certain expenses of maintaining the Plan were paid by the Plan, unless otherwise paid for by the Employer. Expenses that were paid by the Employer were excluded from these financial statements. Fees related to the administration of benefits paid to participants were charged directly to the participant's account and included in the administrative expenses. Investment related expenses were included in net appreciation (depreciation) of fair value of investments.

Payments of benefits: Benefits were recorded when paid.

Subsequent events: The Plan has evaluated subsequent events through October 15, 2018, the date the financial statements were available to be issued.

Note 3. Information Certified or Provided by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC

The following is a summary of the Plan's asset information as of December 31, 2017 and 2016, and for the year ended December 31, 2017 and for the period from August 1, 2016 to December 31, 2016, included throughout the Plan's financial statements and supplemental schedules, that was derived from information prepared or provided by the custodian of certain assets, Great-West Life & Annuity Insurance Company, and the trustee of certain assets, Great-West Trust Company, LLC, and furnished to the Plan Administrator. The Plan Administrator obtained certifications from the custodian and trustee that the information provided to the Plan Administrator related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

	2017	2016
Investments at fair value:		
Mutual funds	\$ 26,234,236	\$ 7,667,117
Collective trust fund	-	3,201,660
Investments at contract value:		
Guaranteed interest accounts	3,808,009	18,973
	30,042,245	10,887,750
Notes receivable from participants	382,961	245,207
	<u>\$ 30,425,206</u>	<u>\$ 11,132,957</u>

Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC also collectively certified to the completeness and accuracy of \$2,684,109 and \$(36,752) of net appreciation (depreciation) in the fair value of investments and \$696,435 and \$191,935 of interest and dividends related to the aforementioned investments, and \$16,018 and \$3,139 of interest related to notes receivable from participants for the year ended December 31, 2017 and period from August 1, 2016 to December 31, 2016, respectively.

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 4. Fair Value Measurements

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

The asset's 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2017 and 2016.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year-end based on the publicly quoted market prices of these funds.

Collective trust fund: The collective trust fund is a stable value fund that is composed primarily of fully benefit-responsive investment contracts and is valued at the NAV of units of the bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

The practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds, at fair value	\$ 26,234,236	\$ -	\$ -	\$ 26,234,236
	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds, at fair value	\$ 7,667,117	\$ -	\$ -	\$ 7,667,117
Collective trust fund, at NAV (a)				3,201,660
Total investments at fair value				\$ 10,868,777

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV or its equivalent as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table summarizes investments measured at fair value based on NAV per share as a practical expedient at December 31, 2017 and 2016:

	Fair Value at		Unfunded Commitments	Redemption Frequency and Notice Period
	December 31, 2017	December 31, 2016		
Wells Fargo Stable Return Fund	\$ -	\$ 3,201,660	None	Redemption must be made within one year of notice by the Plan

The redemption notice period disclosed in the table reflects the notice period required if the Plan withdraws from the investment.

Note 5. Fully Benefit-Responsive Investment Contract

The Plan has a traditional group annuity contract with Great-West Life & Annuity Insurance Company (GWLA) that invests contributions in the Guaranteed Interest Fund. The Guaranteed Interest Fund is a fixed annuity general account product. The account is credited with earnings on the underlying investment and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than zero percent. The crediting rate is reviewed on a quarterly basis for resetting. The crediting rate was 1.35 percent as of December 31, 2017 and 2016.

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 5. Fully Benefit-Responsive Investment Contract (Continued)

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value, as reported to the Plan by GWLA represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Examples of such events include the following: (a) the Plan's failure to qualify under section 401(a) of the Internal Revenue Code (IRC) or the failure of the trust to be tax-exempt under section 501(a) of the IRC, (b) premature termination of the contract, (c) plan termination or merger, (d) change in the Plan's prohibition on competing investment options, or (e) bankruptcy of the plan sponsor or other plan sponsor events that significantly affect the Plan's normal operations.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include the following: (a) an uncured violation of the Plan's investment guidelines, (b) a breach of material obligation under the contract, (c) a material misrepresentation, or (d) a material amendment to the agreements without the consent of the issuer.

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

Note 6. Tax Status

The Plan has adopted a nonstandardized form of a prototype plan sponsored by Great-West Trust Company, LLC. The prototype plan has received an opinion letter from the Internal Revenue Service (IRS) as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan has been amended and restated from the version of the prototype plan receiving a determination letter. The Plan Administrator believes the Plan was designed and operated in compliance with the applicable provisions of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain income tax 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.

Note 7. Related Party Transactions and Party in Interest Transactions

Certain Plan investments were managed by Great-West Capital Management, LLC, a wholly owned subsidiary of GWLA, the custodian; therefore, these transactions qualified as party-in-interest transactions. Fees paid by the Plan for investment management services were charged against Plan investment results.

CRMC 401(k) Retirement Plan

Notes to Financial Statements

Note 8. Risks and Uncertainties

The Plan invested 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 investment securities will occur in the near term and that such changes could materially affect participants' account balances.

Note 9. Transfers from Other Plans

On September 1, 2016, Cuyuna Regional Medical Center Pension Plan (MPP Plan) merged into the Plan. MPP Plan was a governmental retirement plan sponsored by CRMC prior to CRMC converting to a not-for-profit 501(c)(3) organization. As a result of the merger, net assets of approximately \$10,200,000 were transferred to the Plan in September 2016.

CRMC sponsors multiple retirement plans. In an effort to consolidate retirement plan options, Cuyuna Regional Medical Center Union Retirement Plan was merged into the Plan. As a result, net assets of approximately \$4,900,000 from Cuyuna Regional Medical Center Union Retirement Plan were transferred to the Plan on February 1, 2017. The merger does not affect participant benefits as the benefit provisions were incorporated into the Plan.

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 Form 5500 as of December 31, 2017 and 2016:

	2017	2016
Net assets available for benefits per the financial statements	\$ 32,232,032	\$ 11,303,641
Adjustments for deemed loans, net	(16,761)	(15,038)
Net assets available for benefits per the Form 5500	<u>\$ 32,215,271</u>	<u>\$ 11,288,603</u>

The notes receivable from participants are shown as investments in the Form 5500.

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2017 and the period from August 1, 2016 to December 31, 2016, to Form 5500.

	December 31, 2017	December 31, 2016
Net increase in net assets per the financial statements	\$ 16,005,319	\$ 1,143,128
Adjustments for:		
Deemed loans	(1,723)	(15,038)
Net increase in net assets per the Form 5500	<u>\$ 16,003,596</u>	<u>\$ 1,128,090</u>

CRMC 401(k) Retirement Plan**EIN: 41-1724637****Plan Number: 002****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****December 31, 2017**

Identity of Issuer	Description of Investment	Current Value
Mutual funds:		
AB	Global Bond	\$ 97,147
American Century	Mid Cap Value	206,004
American Funds	American Mutual	241,365
American Funds	Europacific Growth	203,320
American Funds	New World	185,243
DFA	US Small Cap	207,326
DFA	US Targeted Value	37,516
Fidelity	Small Cap Growth	109,884
Great-West T.Rowe Price*	Mid Cap Growth	143,457
Metropolitan West	Total Return Bond	224,272
MFS	Growth	242,030
Prudential	High-Yield A	104,320
T. Rowe Price	Global Technology	237,670
Vanguard	500 Index	322,493
Vanguard	Developed Markets Index	65,961
Vanguard	Health Care	118,629
Vanguard	Inflation-Protected Securities	75,354
Vanguard	Mid-Cap Index	85,451
Vanguard	Reit Index	68,649
Vanguard	Target Retirement 2015	521,473
Vanguard	Target Retirement 2020	3,215,235
Vanguard	Target Retirement 2025	5,521,853
Vanguard	Target Retirement 2030	4,420,394
Vanguard	Target Retirement 2035	2,964,303
Vanguard	Target Retirement 2040	2,648,041
Vanguard	Target Retirement 2045	2,271,401
Vanguard	Target Retirement 2050	882,793
Vanguard	Target Retirement 2055	447,521
Vanguard	Target Retirement 2060	44,280
Vanguard	Target Retirement Income	320,851
		<u>26,234,236</u>
Group Annuity Contract:		
Great-West Life & Annuity Insurance Company	Guaranteed Interest Fund	3,808,009
Participants*	Notes receivable due in various amounts through January 2036, with interest rates ranging from 4.25% to 5.25%	382,961
		<u><u>\$ 30,425,206</u></u>

* A party-in-interest as defined by ERISA.

The above information has been collectively certified by Great-West Trust Company, LLC, the trustee of certain assets of the Plan, and Great-West Life & Annuity Insurance Company, the custodian of certain assets of the Plan, as complete and accurate.

CRMC 401(k) Retirement Plan**EIN: 41-1724637****Plan Number: 002****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****December 31, 2016**

Identity of Issuer	Description of Investment	Current Value
Mutual funds:		
AB	Global Bond	\$ 23,991
American Century	Mid Cap Value	53,986
American Funds	American Mutual	67,240
American Funds	Europacific Growth	50,366
American Funds	New World	24,357
DFA	US Small Cap	68,585
DFA	US Targeted Value I	21,588
Fidelity	Small Cap Growth	32,488
Great-West T.Rowe Price*	Mid Cap Growth	35,623
Metropolitan West	Total Return Bond	62,659
MFS	Growth	67,389
Prudential	High-Yield A	25,070
T. Rowe Price	Global Technology	15,067
Vanguard	500 Index	75,771
Vanguard	Health Care	32,504
Vanguard	Inflation-Protected Securities	23,059
Vanguard	Mid-Cap Index	24,792
Vanguard	Target Retirement 2015	184,021
Vanguard	Target Retirement 2020	795,160
Vanguard	Target Retirement 2025	1,588,072
Vanguard	Target Retirement 2030	1,327,901
Vanguard	Target Retirement 2035	923,118
Vanguard	Target Retirement 2040	970,636
Vanguard	Target Retirement 2045	635,390
Vanguard	Target Retirement 2050	302,369
Vanguard	Target Retirement 2055	137,905
Vanguard	Target Retirement 2060	1,341
Vanguard	Target Retirement Income	74,755
Vanguard	Developed Markets Index Admiral	19,973
Vanguard	Reit Index Admiral	1,941
		<u>7,667,117</u>
Collective trust fund:		
Wells Fargo	Stable Return Fund	3,201,660
Group Annuity Contract:		
Great-West Life & Annuity Insurance Company	Guaranteed Interest Fund	18,973
Participants*	Notes receivable due in various amounts through January 2036, with interest rates ranging from 4.25% to 4.50%	245,207
		<u><u>\$ 11,132,957</u></u>

* A party-in-interest as defined by ERISA.

The above information has been collectively certified by Great-West Trust Company, LLC, the trustee of certain assets of the Plan, and Great-West Life & Annuity Insurance Company, the custodian of certain assets of the Plan, as complete and accurate.

CRMC 401(k) Retirement Plan
EIN: 41-1724637
Plan Number: 002

Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2017

	Number of Purchases/ Sales	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Guarnateed Interest Fund	411	\$ 3,541,239	\$ -	\$ 3,541,239	\$ 3,541,239	\$ -
Wells Fargo Stable Return Fund	412	-	3,543,830	3,492,831	3,543,830	50,999

The above information has been certified by Great-West Trust Company, LLC, the trustee of the Plan, and Great West Life & Annuity Insurance Company, the custodian of the Plan, as complete and accurate.

CRMC 401(k) Retirement Plan
EIN: 41-1724637
Plan Number: 002

Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2016

	Number of Purchases/ Sales	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Loss
Vanguard Target Retirement Income	16	\$ 6,120	\$ -	\$ 6,120	\$ 6,120	\$ -
Vanguard Target Retirement 2010	14	18,000	-	18,000	18,000	-
Vanguard Target Retirement 2015	124	151,518	-	151,518	151,518	-
Vanguard Target Retirement 2020	262	876,442	-	876,442	876,442	-
Vanguard Target Retirement 2025	411	1,308,997	-	1,308,997	1,308,997	-
Vanguard Target Retirement 2030	497	1,235,825	-	1,235,825	1,235,825	-
Vanguard Target Retirement 2035	486	1,104,220	-	1,104,220	1,104,220	-
Vanguard Target Retirement 2040	458	821,673	-	821,673	821,673	-
Vanguard Target Retirement 2045	356	547,617	-	547,617	547,617	-
Vanguard Target Retirement 2050	332	256,797	-	256,797	256,797	-
Vanguard Target Retirement 2055	294	113,290	-	113,290	113,290	-
Vanguard Target Retirement 2060	16	299	-	299	299	-
Guaranteed Interest Fund	23	6,615,319	-	6,615,319	6,615,319	-
Guaranteed Interest Fund	7	-	6,620,095	6,620,095	6,620,095	-

The above information has been certified by Great-West Trust Company, LLC, the trustee of the Plan, and GLWA, the custodian of the Plan, as complete and accurate.