

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 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information—enter all requested information		
1a Name of plan <u>COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶	<u>002</u>
1c Effective date of plan <u>01/01/1996</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>RCHP BILLINGS-MISSOULA, LLC</u> <u>330 SEVEN SPRINGS WAY</u> <u>BRENTWOOD, TN 37027</u>	2b Employer Identification Number (EIN) <u>61-1744940</u>	2c Plan Sponsor's telephone number <u>615-920-7000</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.	10/14/2021	SONNY TERRILL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	SONNY TERRILL
	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.

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor LIFEPOINT HEALTH RETIREMENT CMTTE. LIFEPOINT HEALTH, INC 330 SEVEN SPRINGS WAY BRENTWOOD, TN 37027		3b Administrator's EIN 61-1744940 3c Administrator's telephone number 615-920-7000
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 c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1437
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; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6a(1) 995 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6a(2) 1027 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6b 3 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6c 434 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6d 1464 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6e 0 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6f 1464 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6g 1432 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> 6h 27 </div>
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3F 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance 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>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RCHP BILLINGS-MISSOULA, LLC	D Employer Identification Number (EIN) 61-1744940	

Part I	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
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY 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
06-1050034	93629	075612	1464	10/01/2020	12/31/2020

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	336551

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RCHP BILLINGS-MISSOULA, LLC	D Employer Identification Number (EIN) 61-1744940	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL RETIREMENT INSURANCE AND
06-1050034

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC.
23-1945930

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

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

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

VANGUARD GROUP INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	NONE	74491	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50 64	NONE	1850	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2020</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
<p>For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020</p>		
<p>A Name of plan COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST</p>		<p>B Three-digit plan number (PN) ▶ 002</p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 RCHP BILLINGS-MISSOULA, LLC</p>		<p>D Employer Identification Number (EIN) 61-1744940</p>
<p>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)</p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MC EQ IDX FD</p>		
<p>b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.</p>		
<p>c EIN-PN 45-4378115-001</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 639617</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH 2040 N</p>		
<p>b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</p>		
<p>c EIN-PN 82-1532549-001</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12006406</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH 2045 N</p>		
<p>b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</p>		
<p>c EIN-PN 82-1546505-001</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8413565</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH 2050 N</p>		
<p>b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</p>		
<p>c EIN-PN 82-1562543-001</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4488499</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH 2060 N</p>		
<p>b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</p>		
<p>c EIN-PN 82-1592041-001</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 510328</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH 2030 N</p>		
<p>b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</p>		
<p>c EIN-PN 82-1498398-001</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14812980</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH 2035 N</p>		
<p>b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</p>		
<p>c EIN-PN 82-1513534-001</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10910178</p>

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH 2065 N		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 84-1845096-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30933
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH RET N		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-1458076-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13224136
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH 2025 N		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-1483157-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17079106
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX FUND J		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 35-2439538-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2396471
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX FUND M		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-4352603-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 496144
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH 2055 N		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-1578259-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1966674
a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE/COHEN&STEERS		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 06-1050034-305	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35517
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET CR BD		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS		
c EIN-PN 06-1050034-841	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 301034
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC RETIREMENT SAVINGS TRUST III		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 38-7041744-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: ALGER CAPITAL APPRECIATION CIT		
b Name of sponsor of entity listed in (a): ALGER		
c EIN-PN 46-4295699-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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 2020 This Form is Open to Public Inspection		
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>				
A Name of plan <u>COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> </table>		B Three-digit plan number (PN) ►	<u>002</u>
B Three-digit plan number (PN) ►	<u>002</u>			
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RCHP BILLINGS-MISSOULA, LLC</u>	D Employer Identification Number (EIN) <u>61-1744940</u>			

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	12244181209950
(2) Participant contributions.....		1b(2)	0133910
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	
(9) Value of interest in common/collective trusts		1c(9)	926075386975037
(10) Value of interest in pooled separate accounts		1c(10)	0336551
(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)	745331201691567
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	0830290

		(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	85018291 91177305
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	85018291 91177305

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1209950
	(B) Participants	2a(1)(B)	4321364
	(C) Others (including rollovers).....	2a(1)(C)	118400
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5649714
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)	123
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	123
(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)	290795
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	290795
(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)		10359663
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		6069
(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)		3037133
c Other income	2c		7865
d Total income. Add all income amounts in column (b) and enter total.....	2d		19351362

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13112158	
(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)		13112158
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)	80190	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		80190
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13192348

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6159014
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **LPMC P.C.**

(2) EIN: **62-1199757**

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
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		10000000
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<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>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RCHP BILLINGS-MISSOULA, LLC		D Employer Identification Number (EIN) 61-1744940
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 23-2186884 22-1211670		
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) 2020 v. 200204		

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	
14b	
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.....

b The corresponding number for the second preceding plan year.....

15a	
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.....

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.....

16a	
16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

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

Financial Statements and Supplemental Schedule

December 31, 2020 and 2019

(With Independent Auditors' Report Thereon)



COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

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Independent Auditors' Report

**The Investment Committee
Community Medical Center 401(k) Retirement Plan and Trust:**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Community Medical Center 401(k) Retirement Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 by Prudential Bank and Trust, FSB ("PB&T"), Prudential Retirement Insurance and Annuity Company ("PRIAC") and Vanguard Fiduciary Trust Company ("Vanguard"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that PB&T and PRIAC holds the Plan's investment assets and executed investment transactions as of December 31, 2020 and for the period from October 1, 2020 to December 31, 2020, and that Vanguard held the Plan's investment assets and executed investment transactions as of and for the year ended December 31, 2019 and for the period from January 1, 2020 to September 30, 2020. The plan administrator has obtained certifications from PB&T, PRIAC and Vanguard as of and for the years ended December 31, 2020 and December 31, 2019, that the information provided to the plan administrator by PB&T, PRIAC and Vanguard 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 on the financial statements. Accordingly, we do not express an opinion on the financial statements.

Other Matter - Report on the Supplementary Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2020 is required by the DOL's Rules and Regulation for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by PB&T, PRIAC and Vanguard, 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.

LBMC, PC

Brentwood, Tennessee
October 12, 2021

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets:		
Investments, at fair value:		
Mutual funds	\$ 1,691,567	\$ 74,533,120
Collective trust funds	86,975,038	9,260,753
Money market fund	830,290	-
Pooled separate accounts	<u>336,551</u>	<u>-</u>
Total investments, at fair value	89,833,446	83,793,873
Receivables:		
Plan Sponsor contributions	1,209,950	1,224,418
Participant contributions	<u>133,910</u>	<u>-</u>
Total receivables	<u>1,343,860</u>	<u>1,224,418</u>
Net assets available for benefits	<u>\$ 91,177,306</u>	<u>\$ 85,018,291</u>

See accompanying notes to the financial statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Additions to net assets attributed to:		
Net change resulting from investment activity:		
Net appreciation in fair value of investments	\$ 13,395,009	\$ 13,292,156
Interest and dividends	<u>307,111</u>	<u>2,683,226</u>
Net change resulting from investment activity	<u>13,702,120</u>	<u>15,975,382</u>
Contributions:		
Plan Sponsor	1,209,600	1,224,418
Participant	4,321,364	4,113,063
Rollovers	<u>118,400</u>	<u>714,172</u>
Total contributions	<u>5,649,364</u>	<u>6,051,653</u>
Total additions	<u>19,351,484</u>	<u>22,027,035</u>
Deductions from net assets attributed to:		
Benefits paid	13,112,157	5,672,126
Administrative expenses	<u>80,312</u>	<u>73,614</u>
Total deductions	<u>13,192,469</u>	<u>5,745,740</u>
Net increase	6,159,015	16,281,295
Net assets available for benefits at beginning of year	<u>85,018,291</u>	<u>68,736,996</u>
Net assets available for benefits at end of year	<u>\$ 91,177,306</u>	<u>\$ 85,018,291</u>

See accompanying notes to the financial statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(1) Description of plan

The following description of the Community Medical Center 401(k) Retirement Plan and Trust (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan established January 1, 1986 to provide retirement benefits for employees of RCHP Billings - Missoula, LLC (the "Plan Sponsor"). The Plan covers substantially all employees ("participants"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Investment Committee of the LifePoint Health, Inc. Retirement Plans is responsible for the oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

(b) Contributions

Participants may voluntarily make qualified retirement contributions to the Plan up to 100% of their annual compensation which are deductible for federal income tax purposes under Section 401(k) of the Internal Revenue Code ("IRC"), subject to certain IRC limitations. Participants may also rollover amounts from other qualified defined benefit or defined contribution plans.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions are invested in the designated default fund until changed by the participants. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions.

For all participants, except union registered nurse ("RN") participants, who have completed 1,000 or more hours of service during the plan year, are actively employed on the last day of the plan year and have completed a year of service, the Plan Sponsor makes a matching contribution of 50% of the participant deferrals up to the first 6.5% of eligible compensation. For union RN participants who have completed 800 or more hours of service during the plan year, are actively employed on the last day of the plan year and have completed a year of service, the Plan Sponsor makes a matching contribution of 50% of the participant deferrals up to the first 6.5% of eligible compensation as stated in the terms of the collective bargaining agreement.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

For applicable employees of IUOE Local 400 CBA, the Plan Sponsor shall contribute on behalf of each such employee an amount equal to fifty cents (\$0.50) per compensated hour into the Plan in addition to wages. This contribution will be made with the annual Plan Sponsor contribution, such as the match or non-elective contribution using the same eligibility requirements applicable to such Plan Sponsor contributions.

Plan Sponsor and participant contributions may not exceed the maximum amount deductible for federal income tax purposes.

(c) Participant accounts

Each participant's account is credited (charged) with the participant's contributions, the Plan Sponsor's contributions, and an allocation of Plan earnings or losses and administrative expenses. Allocations are based on participant earnings (losses) or account balances, or participant transactions, as defined in the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

(d) Payment of benefits

Upon termination of service, death, disability or retirement, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump-sum distribution. Any distribution from the prior Community Medical Center Employees' Pension Plan is subject to Qualified Joint & Survivor Annuity rules. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$1,000, the plan administrator may authorize the benefit payment without the participant's consent.

(e) Vesting

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

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

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(f) Forfeitures

Forfeitures of nonvested accounts can be used to pay Plan expenses or reduce the Plan Sponsor's contributions. Forfeitures were not used to reduce the Plan Sponsor's contributions for the years ended December 31, 2020 and 2019. Forfeitures of \$26,500 and \$4,500 were used to pay Plan expenses for the years ended December 31, 2020 and 2019, respectively. At December 31, 2020 and 2019, forfeited nonvested accounts totaled \$299,371 and \$186,184, respectively.

(g) Hardship withdrawals

The Plan permits distributions in the event of a hardship, as defined in the plan agreement. These distributions are taxable and subject to a tax penalty equal to 10% of the hardship distribution amount if the participant is younger than age 59½. Hardship withdrawals are limited to the participant's elective account balance.

(h) Plan changes

During 2020, the Plan implemented certain provisions of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE Act"), which changed the Plan to, allow certain eligible individuals to receive coronavirus-related distributions of up to \$100,000, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and guidance provided by the Internal Revenue Service ("IRS").

(i) Administrative expenses

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

(j) Plan termination

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

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(2) Summary of significant accounting policies

(a) Basis of accounting

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

(b) Investment valuation and income recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 4 for discussion of fair value measurements.

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

(c) Payment of benefits

Benefits are recorded when paid.

(d) Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(e) Events occurring after reporting date

Management of the Plan Sponsor has evaluated events and transactions that occurred between December 31, 2020 and October 12, 2021, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(3) Certified information

Certified information related to investments reported and disclosed in the accompanying financial statements and supplemental schedule, including the fair value of investments held at December 31, 2020 and 2019, net appreciation in fair value of investments, and interest and dividends for the years ended December 31, 2020 and 2019, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Prudential Bank and Trust, FSB ("PB&T") and Prudential Retirement Insurance and Annuity Company ("PRIAC"), as of December 31, 2020 and for the period from October 1, 2020 to December 31, 2020, and by Vanguard Fiduciary Trust Company ("Vanguard") as of and for the year ended December 31, 2019 and for the period from January 1, 2020 to September 30, 2020.

(4) Fair value measurements

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

- (i) *Mutual funds*: Valued at the net asset value ("NAV") of shares held by the Plan at year-end in an active market.
- (ii) *Money market fund*: Valued at quoted prices in markets that are not active by a combination of inputs, including but not limited to quotes from dealers who are market makers in the underlying funds and other directly and indirectly observable inputs.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level the Plan's assets within the fair value hierarchy as of December 31, 2020 and 2019:

	Fair value measurements as of December 31, 2020 using the following inputs			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 1,691,567	\$ -	\$ -	\$ 1,691,567
Money market fund	<u>-</u>	<u>830,290</u>	<u>-</u>	<u>830,290</u>
Total assets in the fair value hierarchy	\$ <u>1,691,567</u>	\$ <u>830,290</u>	\$ <u>-</u>	2,521,857
Investments measured at NAV as a practical expedient (a)				<u>87,311,589</u>
Investments at fair value				\$ <u>89,833,446</u>

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

Fair value measurements as of
December 31, 2019 using the following inputs

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ <u>74,533,120</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 74,533,120
Investments measured at NAV, as a practical expedient (a)				<u>9,260,753</u>
Investments at fair value				\$ <u>83,793,873</u>

- (a) Certain investments are measured at NAV as a practical expedient to estimate fair value and, therefore, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which the fair value is measured using the NAV as a practical expedient as of December 31, 2020 and 2019, respectively.

<u>Description</u>	<u>Fair Value 12/31/2020</u>	<u>Fair Value 12/31/2019</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective trust funds	\$ 86,975,038	\$ 9,260,753	N/A	Daily	N/A
Pooled separate accounts	<u>336,551</u>	<u>-</u>	N/A	Daily	N/A
Total	\$ <u>87,311,589</u>	\$ <u>9,260,753</u>			

(5) Income tax status

The Plan Sponsor adopted a prototype non-standardized profit sharing plan with CODA, which received a favorable opinion letter from the IRS on April 29, 2014, which stated that the prototype plan was designed in accordance with the applicable sections of the IRC. The Plan itself has not received a determination letter from the IRS stating that the Plan is qualified under Section 401(a) of the IRC. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and is therefore, qualified and exempt from taxation.

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 position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(6) Related party and party-in-interest transactions

Certain Plan investments were managed by PB&T, PRIAC and Vanguard, and, therefore, these transactions qualify as party-in-interest transactions under ERISA. As described in Note 1, the Plan paid expenses to various service providers which also qualify as party-in-interest transactions.

(7) Risks and uncertainties

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

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

EIN 61-1744940, PLAN No. 002

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

December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Mutual funds:			
	J.P. Morgan Asset Management	JPMORGAN EMGMKTS R6	**	\$ 629,194
	American Funds Distributors, Inc.	AM FND EUROPACIFIC GRTH R6	**	288,744
	John Hancock Investment Management	JH STRAT INC OPPS R6	**	<u>773,629</u>
	Total mutual funds			<u>1,691,567</u>
	Collective trusts:			
	Blackrock Institutional Trust Company, N.A.	BLACKROCK MC EQ INDX FD	**	639,617
	Blackrock Institutional Trust Company, N.A.	EQUITY INDEX FUND J	**	2,396,471
	Blackrock Institutional Trust Company, N.A.	RUSSELL 2000 INDEX FUND M	**	496,144
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2025 N	**	17,079,106
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2030 N	**	14,812,980
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2035 N	**	10,910,178
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2040 N	**	12,006,406
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2045 N	**	8,413,565
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2050 N	**	4,488,499
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2055 N	**	1,966,674
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2060 N	**	510,328
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2065 N	**	30,933
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH RET N	**	<u>13,224,137</u>
	Total collective trusts			<u>86,975,038</u>
	Money market fund -			
	Ameriprise Trust Company	LIFEPOINT STABLE VALUE	**	<u>830,290</u>
	Pooled separate accounts:			
*	Prudential Retirement Insurance and Annuity Company	WESTERN ASSET CR BD	**	301,034
*	Prudential Retirement Insurance and Annuity Company	REAL ESTATE/COHEN&STEERS	**	<u>35,517</u>
	Total pooled separate accounts			<u>336,551</u>
		Total investments		\$ <u>89,833,446</u>

* Represents a party-in-interest.

** Not required for participant directed plans.

The above data is based upon information which has been certified as complete and accurate by Prudential Bank and Trust, FSB, and Prudential Retirement Insurance and Annuity Company.

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

Financial Statements and Supplemental Schedule

December 31, 2020 and 2019

(With Independent Auditors' Report Thereon)



COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

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Independent Auditors' Report

**The Investment Committee
Community Medical Center 401(k) Retirement Plan and Trust:**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Community Medical Center 401(k) Retirement Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 by Prudential Bank and Trust, FSB ("PB&T"), Prudential Retirement Insurance and Annuity Company ("PRIAC") and Vanguard Fiduciary Trust Company ("Vanguard"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that PB&T and PRIAC holds the Plan's investment assets and executed investment transactions as of December 31, 2020 and for the period from October 1, 2020 to December 31, 2020, and that Vanguard held the Plan's investment assets and executed investment transactions as of and for the year ended December 31, 2019 and for the period from January 1, 2020 to September 30, 2020. The plan administrator has obtained certifications from PB&T, PRIAC and Vanguard as of and for the years ended December 31, 2020 and December 31, 2019, that the information provided to the plan administrator by PB&T, PRIAC and Vanguard 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 on the financial statements. Accordingly, we do not express an opinion on the financial statements.

Other Matter - Report on the Supplementary Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2020 is required by the DOL's Rules and Regulation for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by PB&T, PRIAC and Vanguard, 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.

LBMC, PC

Brentwood, Tennessee
October 12, 2021

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets:		
Investments, at fair value:		
Mutual funds	\$ 1,691,567	\$ 74,533,120
Collective trust funds	86,975,038	9,260,753
Money market fund	830,290	-
Pooled separate accounts	<u>336,551</u>	<u>-</u>
Total investments, at fair value	89,833,446	83,793,873
Receivables:		
Plan Sponsor contributions	1,209,950	1,224,418
Participant contributions	<u>133,910</u>	<u>-</u>
Total receivables	<u>1,343,860</u>	<u>1,224,418</u>
Net assets available for benefits	<u>\$ 91,177,306</u>	<u>\$ 85,018,291</u>

See accompanying notes to the financial statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Additions to net assets attributed to:		
Net change resulting from investment activity:		
Net appreciation in fair value of investments	\$ 13,395,009	\$ 13,292,156
Interest and dividends	<u>307,111</u>	<u>2,683,226</u>
Net change resulting from investment activity	<u>13,702,120</u>	<u>15,975,382</u>
Contributions:		
Plan Sponsor	1,209,600	1,224,418
Participant	4,321,364	4,113,063
Rollovers	<u>118,400</u>	<u>714,172</u>
Total contributions	<u>5,649,364</u>	<u>6,051,653</u>
Total additions	<u>19,351,484</u>	<u>22,027,035</u>
Deductions from net assets attributed to:		
Benefits paid	13,112,157	5,672,126
Administrative expenses	<u>80,312</u>	<u>73,614</u>
Total deductions	<u>13,192,469</u>	<u>5,745,740</u>
Net increase	6,159,015	16,281,295
Net assets available for benefits at beginning of year	<u>85,018,291</u>	<u>68,736,996</u>
Net assets available for benefits at end of year	<u>\$ 91,177,306</u>	<u>\$ 85,018,291</u>

See accompanying notes to the financial statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(1) Description of plan

The following description of the Community Medical Center 401(k) Retirement Plan and Trust (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan established January 1, 1986 to provide retirement benefits for employees of RCHP Billings - Missoula, LLC (the "Plan Sponsor"). The Plan covers substantially all employees ("participants"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Investment Committee of the LifePoint Health, Inc. Retirement Plans is responsible for the oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

(b) Contributions

Participants may voluntarily make qualified retirement contributions to the Plan up to 100% of their annual compensation which are deductible for federal income tax purposes under Section 401(k) of the Internal Revenue Code ("IRC"), subject to certain IRC limitations. Participants may also rollover amounts from other qualified defined benefit or defined contribution plans.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions are invested in the designated default fund until changed by the participants. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions.

For all participants, except union registered nurse ("RN") participants, who have completed 1,000 or more hours of service during the plan year, are actively employed on the last day of the plan year and have completed a year of service, the Plan Sponsor makes a matching contribution of 50% of the participant deferrals up to the first 6.5% of eligible compensation. For union RN participants who have completed 800 or more hours of service during the plan year, are actively employed on the last day of the plan year and have completed a year of service, the Plan Sponsor makes a matching contribution of 50% of the participant deferrals up to the first 6.5% of eligible compensation as stated in the terms of the collective bargaining agreement.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

For applicable employees of IUOE Local 400 CBA, the Plan Sponsor shall contribute on behalf of each such employee an amount equal to fifty cents (\$0.50) per compensated hour into the Plan in addition to wages. This contribution will be made with the annual Plan Sponsor contribution, such as the match or non-elective contribution using the same eligibility requirements applicable to such Plan Sponsor contributions.

Plan Sponsor and participant contributions may not exceed the maximum amount deductible for federal income tax purposes.

(c) Participant accounts

Each participant's account is credited (charged) with the participant's contributions, the Plan Sponsor's contributions, and an allocation of Plan earnings or losses and administrative expenses. Allocations are based on participant earnings (losses) or account balances, or participant transactions, as defined in the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

(d) Payment of benefits

Upon termination of service, death, disability or retirement, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump-sum distribution. Any distribution from the prior Community Medical Center Employees' Pension Plan is subject to Qualified Joint & Survivor Annuity rules. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$1,000, the plan administrator may authorize the benefit payment without the participant's consent.

(e) Vesting

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

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

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(f) Forfeitures

Forfeitures of nonvested accounts can be used to pay Plan expenses or reduce the Plan Sponsor's contributions. Forfeitures were not used to reduce the Plan Sponsor's contributions for the years ended December 31, 2020 and 2019. Forfeitures of \$26,500 and \$4,500 were used to pay Plan expenses for the years ended December 31, 2020 and 2019, respectively. At December 31, 2020 and 2019, forfeited nonvested accounts totaled \$299,371 and \$186,184, respectively.

(g) Hardship withdrawals

The Plan permits distributions in the event of a hardship, as defined in the plan agreement. These distributions are taxable and subject to a tax penalty equal to 10% of the hardship distribution amount if the participant is younger than age 59½. Hardship withdrawals are limited to the participant's elective account balance.

(h) Plan changes

During 2020, the Plan implemented certain provisions of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE Act"), which changed the Plan to, allow certain eligible individuals to receive coronavirus-related distributions of up to \$100,000, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and guidance provided by the Internal Revenue Service ("IRS").

(i) Administrative expenses

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

(j) Plan termination

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

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(2) Summary of significant accounting policies

(a) Basis of accounting

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

(b) Investment valuation and income recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 4 for discussion of fair value measurements.

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

(c) Payment of benefits

Benefits are recorded when paid.

(d) Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(e) Events occurring after reporting date

Management of the Plan Sponsor has evaluated events and transactions that occurred between December 31, 2020 and October 12, 2021, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(3) Certified information

Certified information related to investments reported and disclosed in the accompanying financial statements and supplemental schedule, including the fair value of investments held at December 31, 2020 and 2019, net appreciation in fair value of investments, and interest and dividends for the years ended December 31, 2020 and 2019, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Prudential Bank and Trust, FSB ("PB&T") and Prudential Retirement Insurance and Annuity Company ("PRIAC"), as of December 31, 2020 and for the period from October 1, 2020 to December 31, 2020, and by Vanguard Fiduciary Trust Company ("Vanguard") as of and for the year ended December 31, 2019 and for the period from January 1, 2020 to September 30, 2020.

(4) Fair value measurements

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

- (i) *Mutual funds*: Valued at the net asset value ("NAV") of shares held by the Plan at year-end in an active market.
- (ii) *Money market fund*: Valued at quoted prices in markets that are not active by a combination of inputs, including but not limited to quotes from dealers who are market makers in the underlying funds and other directly and indirectly observable inputs.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level the Plan's assets within the fair value hierarchy as of December 31, 2020 and 2019:

	Fair value measurements as of December 31, 2020 using the following inputs			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 1,691,567	\$ -	\$ -	\$ 1,691,567
Money market fund	<u>-</u>	<u>830,290</u>	<u>-</u>	<u>830,290</u>
Total assets in the fair value hierarchy	\$ <u>1,691,567</u>	\$ <u>830,290</u>	\$ <u>-</u>	2,521,857
Investments measured at NAV as a practical expedient (a)				<u>87,311,589</u>
Investments at fair value				\$ <u>89,833,446</u>

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

Fair value measurements as of
December 31, 2019 using the following inputs

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ <u>74,533,120</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 74,533,120
Investments measured at NAV, as a practical expedient (a)				<u>9,260,753</u>
Investments at fair value				\$ <u>83,793,873</u>

(a) Certain investments are measured at NAV as a practical expedient to estimate fair value and, therefore, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which the fair value is measured using the NAV as a practical expedient as of December 31, 2020 and 2019, respectively.

<u>Description</u>	<u>Fair Value 12/31/2020</u>	<u>Fair Value 12/31/2019</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective trust funds	\$ 86,975,038	\$ 9,260,753	N/A	Daily	N/A
Pooled separate accounts	<u>336,551</u>	<u>-</u>	N/A	Daily	N/A
Total	\$ <u>87,311,589</u>	\$ <u>9,260,753</u>			

(5) Income tax status

The Plan Sponsor adopted a prototype non-standardized profit sharing plan with CODA, which received a favorable opinion letter from the IRS on April 29, 2014, which stated that the prototype plan was designed in accordance with the applicable sections of the IRC. The Plan itself has not received a determination letter from the IRS stating that the Plan is qualified under Section 401(a) of the IRC. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and is therefore, qualified and exempt from taxation.

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 position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(6) Related party and party-in-interest transactions

Certain Plan investments were managed by PB&T, PRIAC and Vanguard, and, therefore, these transactions qualify as party-in-interest transactions under ERISA. As described in Note 1, the Plan paid expenses to various service providers which also qualify as party-in-interest transactions.

(7) Risks and uncertainties

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

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

EIN 61-1744940, PLAN No. 002

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

December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Mutual funds:			
	J.P. Morgan Asset Management	JPMORGAN EMGMKTS R6	**	\$ 629,194
	American Funds Distributors, Inc.	AM FND EUROPACIFIC GRTH R6	**	288,744
	John Hancock Investment Management	JH STRAT INC OPPS R6	**	<u>773,629</u>
	Total mutual funds			<u>1,691,567</u>
	Collective trusts:			
	Blackrock Institutional Trust Company, N.A.	BLACKROCK MC EQ INDX FD	**	639,617
	Blackrock Institutional Trust Company, N.A.	EQUITY INDEX FUND J	**	2,396,471
	Blackrock Institutional Trust Company, N.A.	RUSSELL 2000 INDEX FUND M	**	496,144
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2025 N	**	17,079,106
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2030 N	**	14,812,980
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2035 N	**	10,910,178
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2040 N	**	12,006,406
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2045 N	**	8,413,565
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2050 N	**	4,488,499
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2055 N	**	1,966,674
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2060 N	**	510,328
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2065 N	**	30,933
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH RET N	**	<u>13,224,137</u>
	Total collective trusts			<u>86,975,038</u>
	Money market fund -			
	Ameriprise Trust Company	LIFEPOINT STABLE VALUE	**	<u>830,290</u>
	Pooled separate accounts:			
*	Prudential Retirement Insurance and Annuity Company	WESTERN ASSET CR BD	**	301,034
*	Prudential Retirement Insurance and Annuity Company	REAL ESTATE/COHEN&STEERS	**	<u>35,517</u>
	Total pooled separate accounts			<u>336,551</u>
		Total investments		\$ <u>89,833,446</u>

* Represents a party-in-interest.

** Not required for participant directed plans.

The above data is based upon information which has been certified as complete and accurate by Prudential Bank and Trust, FSB, and Prudential Retirement Insurance and Annuity Company.

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

Financial Statements and Supplemental Schedule

December 31, 2020 and 2019

(With Independent Auditors' Report Thereon)



COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

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Independent Auditors' Report

**The Investment Committee
Community Medical Center 401(k) Retirement Plan and Trust:**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Community Medical Center 401(k) Retirement Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 by Prudential Bank and Trust, FSB ("PB&T"), Prudential Retirement Insurance and Annuity Company ("PRIAC") and Vanguard Fiduciary Trust Company ("Vanguard"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that PB&T and PRIAC holds the Plan's investment assets and executed investment transactions as of December 31, 2020 and for the period from October 1, 2020 to December 31, 2020, and that Vanguard held the Plan's investment assets and executed investment transactions as of and for the year ended December 31, 2019 and for the period from January 1, 2020 to September 30, 2020. The plan administrator has obtained certifications from PB&T, PRIAC and Vanguard as of and for the years ended December 31, 2020 and December 31, 2019, that the information provided to the plan administrator by PB&T, PRIAC and Vanguard 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 on the financial statements. Accordingly, we do not express an opinion on the financial statements.

Other Matter - Report on the Supplementary Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2020 is required by the DOL's Rules and Regulation for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by PB&T, PRIAC and Vanguard, 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.

LBMC, PC

Brentwood, Tennessee
October 12, 2021

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets:		
Investments, at fair value:		
Mutual funds	\$ 1,691,567	\$ 74,533,120
Collective trust funds	86,975,038	9,260,753
Money market fund	830,290	-
Pooled separate accounts	<u>336,551</u>	<u>-</u>
Total investments, at fair value	89,833,446	83,793,873
Receivables:		
Plan Sponsor contributions	1,209,950	1,224,418
Participant contributions	<u>133,910</u>	<u>-</u>
Total receivables	<u>1,343,860</u>	<u>1,224,418</u>
Net assets available for benefits	<u>\$ 91,177,306</u>	<u>\$ 85,018,291</u>

See accompanying notes to the financial statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST**Statements of Changes in Net Assets Available for Benefits****Years ended December 31, 2020 and 2019**

	<u>2020</u>	<u>2019</u>
Additions to net assets attributed to:		
Net change resulting from investment activity:		
Net appreciation in fair value of investments	\$ 13,395,009	\$ 13,292,156
Interest and dividends	<u>307,111</u>	<u>2,683,226</u>
Net change resulting from investment activity	<u>13,702,120</u>	<u>15,975,382</u>
Contributions:		
Plan Sponsor	1,209,600	1,224,418
Participant	4,321,364	4,113,063
Rollovers	<u>118,400</u>	<u>714,172</u>
Total contributions	<u>5,649,364</u>	<u>6,051,653</u>
Total additions	<u>19,351,484</u>	<u>22,027,035</u>
Deductions from net assets attributed to:		
Benefits paid	13,112,157	5,672,126
Administrative expenses	<u>80,312</u>	<u>73,614</u>
Total deductions	<u>13,192,469</u>	<u>5,745,740</u>
Net increase	6,159,015	16,281,295
Net assets available for benefits at beginning of year	<u>85,018,291</u>	<u>68,736,996</u>
Net assets available for benefits at end of year	<u>\$ 91,177,306</u>	<u>\$ 85,018,291</u>

See accompanying notes to the financial statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(1) Description of plan

The following description of the Community Medical Center 401(k) Retirement Plan and Trust (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan established January 1, 1986 to provide retirement benefits for employees of RCHP Billings - Missoula, LLC (the "Plan Sponsor"). The Plan covers substantially all employees ("participants"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Investment Committee of the LifePoint Health, Inc. Retirement Plans is responsible for the oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

(b) Contributions

Participants may voluntarily make qualified retirement contributions to the Plan up to 100% of their annual compensation which are deductible for federal income tax purposes under Section 401(k) of the Internal Revenue Code ("IRC"), subject to certain IRC limitations. Participants may also rollover amounts from other qualified defined benefit or defined contribution plans.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions are invested in the designated default fund until changed by the participants. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions.

For all participants, except union registered nurse ("RN") participants, who have completed 1,000 or more hours of service during the plan year, are actively employed on the last day of the plan year and have completed a year of service, the Plan Sponsor makes a matching contribution of 50% of the participant deferrals up to the first 6.5% of eligible compensation. For union RN participants who have completed 800 or more hours of service during the plan year, are actively employed on the last day of the plan year and have completed a year of service, the Plan Sponsor makes a matching contribution of 50% of the participant deferrals up to the first 6.5% of eligible compensation as stated in the terms of the collective bargaining agreement.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

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For applicable employees of IUOE Local 400 CBA, the Plan Sponsor shall contribute on behalf of each such employee an amount equal to fifty cents (\$0.50) per compensated hour into the Plan in addition to wages. This contribution will be made with the annual Plan Sponsor contribution, such as the match or non-elective contribution using the same eligibility requirements applicable to such Plan Sponsor contributions.

Plan Sponsor and participant contributions may not exceed the maximum amount deductible for federal income tax purposes.

(c) Participant accounts

Each participant's account is credited (charged) with the participant's contributions, the Plan Sponsor's contributions, and an allocation of Plan earnings or losses and administrative expenses. Allocations are based on participant earnings (losses) or account balances, or participant transactions, as defined in the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

(d) Payment of benefits

Upon termination of service, death, disability or retirement, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump-sum distribution. Any distribution from the prior Community Medical Center Employees' Pension Plan is subject to Qualified Joint & Survivor Annuity rules. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$1,000, the plan administrator may authorize the benefit payment without the participant's consent.

(e) Vesting

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

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

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(f) Forfeitures

Forfeitures of nonvested accounts can be used to pay Plan expenses or reduce the Plan Sponsor's contributions. Forfeitures were not used to reduce the Plan Sponsor's contributions for the years ended December 31, 2020 and 2019. Forfeitures of \$26,500 and \$4,500 were used to pay Plan expenses for the years ended December 31, 2020 and 2019, respectively. At December 31, 2020 and 2019, forfeited nonvested accounts totaled \$299,371 and \$186,184, respectively.

(g) Hardship withdrawals

The Plan permits distributions in the event of a hardship, as defined in the plan agreement. These distributions are taxable and subject to a tax penalty equal to 10% of the hardship distribution amount if the participant is younger than age 59½. Hardship withdrawals are limited to the participant's elective account balance.

(h) Plan changes

During 2020, the Plan implemented certain provisions of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE Act"), which changed the Plan to, allow certain eligible individuals to receive coronavirus-related distributions of up to \$100,000, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and guidance provided by the Internal Revenue Service ("IRS").

(i) Administrative expenses

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

(j) Plan termination

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

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(2) Summary of significant accounting policies

(a) Basis of accounting

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

(b) Investment valuation and income recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 4 for discussion of fair value measurements.

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

(c) Payment of benefits

Benefits are recorded when paid.

(d) Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(e) Events occurring after reporting date

Management of the Plan Sponsor has evaluated events and transactions that occurred between December 31, 2020 and October 12, 2021, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(3) Certified information

Certified information related to investments reported and disclosed in the accompanying financial statements and supplemental schedule, including the fair value of investments held at December 31, 2020 and 2019, net appreciation in fair value of investments, and interest and dividends for the years ended December 31, 2020 and 2019, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Prudential Bank and Trust, FSB ("PB&T") and Prudential Retirement Insurance and Annuity Company ("PRIAC"), as of December 31, 2020 and for the period from October 1, 2020 to December 31, 2020, and by Vanguard Fiduciary Trust Company ("Vanguard") as of and for the year ended December 31, 2019 and for the period from January 1, 2020 to September 30, 2020.

(4) Fair value measurements

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

- (i) *Mutual funds*: Valued at the net asset value ("NAV") of shares held by the Plan at year-end in an active market.
- (ii) *Money market fund*: Valued at quoted prices in markets that are not active by a combination of inputs, including but not limited to quotes from dealers who are market makers in the underlying funds and other directly and indirectly observable inputs.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level the Plan's assets within the fair value hierarchy as of December 31, 2020 and 2019:

	Fair value measurements as of December 31, 2020 using the following inputs			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 1,691,567	\$ -	\$ -	\$ 1,691,567
Money market fund	<u>-</u>	<u>830,290</u>	<u>-</u>	<u>830,290</u>
Total assets in the fair value hierarchy	\$ <u>1,691,567</u>	\$ <u>830,290</u>	\$ <u>-</u>	2,521,857
Investments measured at NAV as a practical expedient (a)				<u>87,311,589</u>
Investments at fair value				\$ <u>89,833,446</u>

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

Fair value measurements as of
December 31, 2019 using the following inputs

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ <u>74,533,120</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 74,533,120
Investments measured at NAV, as a practical expedient (a)				<u>9,260,753</u>
Investments at fair value				\$ <u>83,793,873</u>

(a) Certain investments are measured at NAV as a practical expedient to estimate fair value and, therefore, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which the fair value is measured using the NAV as a practical expedient as of December 31, 2020 and 2019, respectively.

<u>Description</u>	<u>Fair Value 12/31/2020</u>	<u>Fair Value 12/31/2019</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective trust funds	\$ 86,975,038	\$ 9,260,753	N/A	Daily	N/A
Pooled separate accounts	<u>336,551</u>	<u>-</u>	N/A	Daily	N/A
Total	\$ <u>87,311,589</u>	\$ <u>9,260,753</u>			

(5) Income tax status

The Plan Sponsor adopted a prototype non-standardized profit sharing plan with CODA, which received a favorable opinion letter from the IRS on April 29, 2014, which stated that the prototype plan was designed in accordance with the applicable sections of the IRC. The Plan itself has not received a determination letter from the IRS stating that the Plan is qualified under Section 401(a) of the IRC. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and is therefore, qualified and exempt from taxation.

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 position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2020 and 2019

(6) Related party and party-in-interest transactions

Certain Plan investments were managed by PB&T, PRIAC and Vanguard, and, therefore, these transactions qualify as party-in-interest transactions under ERISA. As described in Note 1, the Plan paid expenses to various service providers which also qualify as party-in-interest transactions.

(7) Risks and uncertainties

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

COMMUNITY MEDICAL CENTER 401(K) RETIREMENT PLAN AND TRUST

EIN 61-1744940, PLAN No. 002

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

December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Mutual funds:			
	J.P. Morgan Asset Management	JPMORGAN EMGMKTS R6	**	\$ 629,194
	American Funds Distributors, Inc.	AM FND EUROPACIFIC GRTH R6	**	288,744
	John Hancock Investment Management	JH STRAT INC OPPS R6	**	<u>773,629</u>
	Total mutual funds			<u>1,691,567</u>
	Collective trusts:			
	Blackrock Institutional Trust Company, N.A.	BLACKROCK MC EQ INDX FD	**	639,617
	Blackrock Institutional Trust Company, N.A.	EQUITY INDEX FUND J	**	2,396,471
	Blackrock Institutional Trust Company, N.A.	RUSSELL 2000 INDEX FUND M	**	496,144
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2025 N	**	17,079,106
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2030 N	**	14,812,980
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2035 N	**	10,910,178
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2040 N	**	12,006,406
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2045 N	**	8,413,565
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2050 N	**	4,488,499
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2055 N	**	1,966,674
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2060 N	**	510,328
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH 2065 N	**	30,933
	Blackrock Institutional Trust Company, N.A.	BLACKROCK LIFEPATH RET N	**	<u>13,224,137</u>
	Total collective trusts			<u>86,975,038</u>
	Money market fund -			
	Ameriprise Trust Company	LIFEPOINT STABLE VALUE	**	<u>830,290</u>
	Pooled separate accounts:			
*	Prudential Retirement Insurance and Annuity Company	WESTERN ASSET CR BD	**	301,034
*	Prudential Retirement Insurance and Annuity Company	REAL ESTATE/COHEN&STEERS	**	<u>35,517</u>
	Total pooled separate accounts			<u>336,551</u>
		Total investments		\$ <u>89,833,446</u>

* Represents a party-in-interest.

** Not required for participant directed plans.

The above data is based upon information which has been certified as complete and accurate by Prudential Bank and Trust, FSB, and Prudential Retirement Insurance and Annuity Company.