

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>LIFEPOINT MARQUETTE PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>09/01/2012</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>LIFEPOINT HEALTH INC</u> <u>330 SEVEN SPRINGS WAY</u> <u>BRENTWOOD, TN 37027-5098</u>	2b	Employer Identification Number (EIN) <u>20-1538254</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.	10/10/2018	JOHN BUMPUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 193
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	6a(1) 128 6a(2) 115 6b 55 6c 21 6d 191 6e 2 6f 193 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan LIFEPOINT MARQUETTE PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LIFEPOINT HEALTH INC	D Employer Identification Number (EIN) 20-1538254
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2017			
2	Assets:			
a	Market value	2a	23304877	
b	Actuarial value	2b	23945668	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	43	10856711	10856711
b	For terminated vested participants	22	1217659	1217659
c	For active participants	128	16245564	17139189
d	Total	193	28319934	29213559
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.00 %	
6	Target normal cost	6	352939	

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	
JOSEPH L ENGSTROM	09/19/2018
Signature of actuary	Date
AON CONSULTING INC	17-07612
Type or print name of actuary	Most recent enrollment number
501 CORPORATE CENTRE DR, SUITE 300 FRANKLIN, TN 37067	615-771-8152
Firm name	Telephone number (including area code)
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of <u>4.87</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		696
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.19</u> %		43
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		739
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	81.96%
15 Adjusted funding target attainment percentage	15	81.96%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.91%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/06/2017	0	14863	04/05/2017	387788	0
01/19/2017	0	15695	04/20/2017	0	27738
02/13/2017	0	15343	06/05/2017	0	29653
02/17/2017	0	14536	06/20/2017	107719	0
03/06/2017	0	13428	06/22/2017	278469	0
03/27/2017	0	29255	06/23/2017	0	29235
Totals ▶			18(b)	1795615	18(c) 366394

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1716493

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____ %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14 Funding target attainment percentage	14	%
15 Adjusted funding target attainment percentage	15	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/21/2017	0	13937	11/16/2017	0	12859
08/04/2017	0	28532	12/04/2017	0	13211
09/15/2017	0	28039	12/19/2017	0	13868
09/28/2017	0	28222	01/09/2018	386187	0
10/13/2017	386187	0	09/11/2018	249265	0
11/15/2017	0	37980			
Totals ▶			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	352939	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	5267891	1363446	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1716385	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1716385	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1716493	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	108	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan LIFEPOINT MARQUETTE PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 LIFEPOINT HEALTH INC	D Employer Identification Number (EIN) 20-1538254	

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

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

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

WELLS FARGO BANK NA

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 50 63	NONE	17578	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 ☐

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
(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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>LIFEPOINT MARQUETTE PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIFEPOINT HEALTH INC</u>	D Employer Identification Number (EIN) <u>20-1538254</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	319625	262748
	(2) Participant contributions	1b(2)	14898	12792
	(3) Other.....	1b(3)	638	1048
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	969883	934314
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	22160414	26848566
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	23465458	28059468

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	427648	208273
k Total liabilities (add all amounts in lines 1g through 1j)	1k	427648	208273

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	23037810	27851195
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1716385	
(B) Participants	2a(1)(B)	364289	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2080674
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8614	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8614
(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)	694213	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		694213
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4082363	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4082363	
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3055314
c Other income	2c		4130
d Total income. Add all income amounts in column (b) and enter total.....	2d		5842945

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1011982	
(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)		1011982
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)	17578	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		17578
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1029560

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4813385
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: MAKELA TOUTANT HILL NARDI & KATONA

(2) EIN: 38-2806590

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4072749. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>LIFEPOINT MARQUETTE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIFEPOINT HEALTH INC</u>	D Employer Identification Number (EIN) <u>20-1538254</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6257133</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

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

Schedule R (Form 5500) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Audited Financial Statements
and Supplemental Schedules

LIFEPOINT MARQUETTE PENSION PLAN

Years Ended December 31, 2017 and 2016

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LIFEPOINT MARQUETTE PENSION PLAN

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INDEPENDENT AUDITOR'S REPORT

Retirement Plans Administration Committee
of LifePoint Health, Inc.
LifePoint Health, Inc.
Brentwood, Tennessee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the LifePoint Marquette Pension Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the trustee is complete and accurate.

Retirement Plans Administration Committee
of LifePoint Health, Inc.
LifePoint Health, Inc.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 the supplemental schedules referred to above.

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

Makela, Tautant, Hill, Nardi & Katona, P.C.

October 8, 2018

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

LIFEPOINT MARQUETTE PENSION PLAN

	December 31	
	2017	2016
ASSETS		
Investments, at fair value:		
Money market funds	\$ 934,314	\$ 969,883
Mutual funds	26,848,566	22,160,414
TOTAL INVESTMENTS	27,782,880	23,130,297
Receivables:		
Employer contributions	262,748	319,625
Employee contributions	12,792	14,898
Interest	1,048	638
TOTAL RECEIVABLES	276,588	335,161
TOTAL ASSETS	28,059,468	23,465,458
LIABILITY--Due to broker for securities purchased	208,273	427,648
NET ASSETS AVAILABLE FOR BENEFITS	\$ 27,851,195	\$ 23,037,810

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

LIFEPOINT MARQUETTE PENSION PLAN

	Year Ended December 31	
	2017	2016
ADDITIONS		
Employer contributions	\$ 1,716,385	\$ 1,551,152
Employee contributions	364,289	411,210
Interest and dividend income	706,957	535,962
Net appreciation in fair value of investments	3,055,314	496,693
TOTAL ADDITIONS	5,842,945	2,995,017
DEDUCTIONS		
Benefit payments	1,011,982	730,945
Investment management and administrative fees	17,578	12,314
TOTAL DEDUCTIONS	1,029,560	743,259
NET INCREASE	4,813,385	2,251,758
Net assets available for benefits at beginning of year	23,037,810	20,786,052
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ 27,851,195	\$ 23,037,810

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

LIFEPOINT MARQUETTE PENSION PLAN

NOTE A--PLAN DESCRIPTION

The following description of the LifePoint Marquette Pension Plan (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions. LifePoint Health, Inc. (LifePoint), is the sponsor of the Plan and is also designated as the plan administrator.

General

On August 31, 2012, LifePoint acquired certain assets of the Marquette General Health System, including the assets and liabilities associated with the benefits of certain participants in the Marquette General Hospital, Inc. Retirement Plan (Prior Plan). LifePoint established the Plan to assume the liability and associated assets for benefits accrued by the Prior Plan as of August 31, 2012, and to provide retirement benefits to such transferred participants who are employed by LifePoint and are otherwise eligible to participate in the Plan.

Employees eligible to participate in the plan:

- Are subject to the collective bargaining agreement in effect as of August 31, 2012, between LifePoint and the Michigan Nurses Association
- Have been continuously employed by DLP Partner Marquette, LLC, since September 1, 2012, and were actively accruing benefits under the Prior Plan on August 31, 2012

Contributions

Contributions by LifePoint are based on a determination by an enrolled actuary and are in accordance with the Plan's requirements and the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements. The contributions are determined in order to fund the Plan's current service cost, on a current basis, and fund the current funding shortfall over a period of seven years. Although it has not expressed any intention to do so, LifePoint has the right, under the Plan, to discontinue such contributions at any time and terminate the Plan.

As a condition of participation, eligible employees under the collective bargaining agreement are required to contribute six percent of their salary to the Plan.

Benefits

Normal retirement age is 65. Retirement benefits under the Plan are determined by a formula based on the following:

- The applicable percentage of the participant's final average compensation, up to covered compensation. If the participant was born before January 1, 1955, the applicable percentage is 1.7736 percent. If the participant was born on or after January 1, 1955, the applicable percentage is 1.8333 percent.

NOTES TO FINANCIAL STATEMENTS--Continued

LIFEPOINT MARQUETTE PENSION PLAN

NOTE A--PLAN DESCRIPTION--Continued

- If the participant's final average compensation is greater than covered compensation, 2.5 percent of the amount by which the final average compensation exceeds covered compensation.
- The participant's years of credited service.

The Plan includes an early retirement option at age 55 with 10 or more years of service.

In addition, the Plan provides death and disability benefits to eligible participants.

The Plan provides for the following forms of distribution:

- Qualified joint and survivor annuity
- Single life annuity
- Joint annuitant option
- Life income with period certain option

Vesting

All participants are fully vested.

NOTE B--SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Investments

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. Purchases and sales are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. The Plan sponsor determines the Plan's valuation policies utilizing information provided by its investment advisors and trustee.

NOTES TO FINANCIAL STATEMENTS--Continued

LIFEPOINT MARQUETTE PENSION PLAN

NOTE B--SUMMARY OF ACCOUNTING POLICIES--Continued

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note C) are those estimated future periodic payments that are attributable, under the Plan's provisions, to services rendered by the employees at the valuation date. Accumulated plan benefits include those expected to be paid to retired or terminated employees or their beneficiaries; beneficiaries of employees who have died; and present employees or their beneficiaries. Benefits for retired, terminated, and active employees or their beneficiaries are based on the employee's highest consecutive 60 months of credited service compensation. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee services rendered at the valuation date.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Risks and Uncertainties

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

As of December 31, 2017 and 2016, one investment security represented approximately 50 percent and 48 percent of the Plan's total investments, respectively.

Administration

Certain administrative functions are performed by employees of LifePoint. No such employee receives compensation from the Plan for these services. LifePoint pays for various expenses incurred in administering the Plan. During the years ended December 31, 2017 and 2016, these administrative expenses approximated \$211,000 and \$272,000, respectively.

Subsequent Events

Subsequent events were evaluated through October 8, 2018, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS--Continued

LIFEPOINT MARQUETTE PENSION PLAN

NOTE C--ACCUMULATED PLAN BENEFITS

The Plan's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information, as of the two most recent valuation dates, is as follows:

	January 1	
	2017	2016
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 11,350,884	\$ 7,952,048
Other participants	19,640,222	21,612,985
TOTAL VESTED BENEFITS	30,991,106	29,565,033
Non-vested benefits	729,054	701,487
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 31,720,160</u>	<u>\$ 30,266,520</u>

The components of the change in actuarial present value of accumulated Plan benefits are as follows:

	January 1	
	2017	2016
Actuarial present value of accumulated plan benefits as of January 1 of the prior year	\$ 30,266,520	\$ 22,506,419
Increase (Decrease) during the year due to:		
Benefits paid	(730,945)	(585,336)
Interest accumulation due to decrease in discount period	1,689,693	1,555,309
Other--primarily due to benefits accumulated	890,706	679,220
Change in actuarial assumptions	(395,814)	6,110,908
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 31,720,160</u>	<u>\$ 30,266,520</u>

NOTES TO FINANCIAL STATEMENTS--Continued

LIFEPOINT MARQUETTE PENSION PLAN

NOTE C--ACCUMULATED PLAN BENEFITS--Continued

Significant assumptions underlying the actuarial computations are:

Description	Assumption
Investment Return	5.65% for the 2017 valuation 5.65% for the 2016 valuation
Salary Increases	3%
Discount Rate	4.04% for the 2017 valuation 4.25% for the 2016 valuation
Mortality Basis	Base table: 2006 base rates from RP-2014 mortality study with blue collar adjustments. Projection: Mortality rates are projected generationally from 2006 using Scale MP-2016 for the 2017 valuation. Base table: 2006 base rates from RP-2014 mortality study with blue collar adjustments. Projection: Mortality rates are projected generationally from 2006 using Scale MP-2015 for the 2016 valuation.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE D--INVESTMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board Accounting Standards Codification establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels:

Level 1--Observable inputs such as quoted prices in active markets

Level 2--Inputs other than quoted prices in active markets that are either directly or indirectly observable

Level 3--Inputs consist of unobservable inputs in which little or no market data exists

NOTES TO FINANCIAL STATEMENTS--Continued

LIFEPOINT MARQUETTE PENSION PLAN

NOTE D--INVESTMENTS--Continued

Level 1 Fair Value Measurements:

The fair values of the cash and cash equivalents and mutual funds are valued at the net asset value (NAV) of the shares reported in the active market in which the funds are traded. Because quoted prices are available for these investments and the markets in which they are traded are generally considered active, the Plan has classified these assets as Level 1 investments.

Level 2 Fair Value Measurements:

The Plan's investments in money market funds are valued at quoted prices in markets that are not active by a combination of inputs including, but not limited to, dealer quotes who are market makers in the underlying funds and other directly and indirectly observable inputs. Because the inputs used to value money market funds are either directly or indirectly observable, but are not quoted prices in active markets, the Plan has classified these assets as Level 2 investments. Investments in corporate, U.S. Government and Agency, and municipal bonds and notes are generally valued at the closing price reported in the market in which the related instrument is traded. In certain limited circumstances, other debt instruments are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Because all of the inputs used to value corporate, U.S. Government and Agency, and municipal bonds and notes are either directly or indirectly observable, but other than quoted prices in active markets, the Plan has classified these assets as Level 2 investments.

The following table summarizes the investments measured at fair value as of December 31, 2017 and 2016, by major asset category and aggregated by level within the fair value hierarchy:

	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
<u>December 31, 2017:</u>			
Money market funds	\$ 934,314	\$ -	\$ 934,314
Mutual funds	26,848,566	26,848,566	-
TOTAL	<u>\$ 27,782,880</u>	<u>\$ 26,848,566</u>	<u>\$ 934,314</u>
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
<u>December 31, 2016:</u>			
Money market funds	\$ 969,883	\$ -	\$ 969,883
Mutual funds	22,160,414	22,160,414	-
TOTAL	<u>\$ 23,130,297</u>	<u>\$ 22,160,414</u>	<u>\$ 969,883</u>

NOTES TO FINANCIAL STATEMENTS--Continued

LIFEPOINT MARQUETTE PENSION PLAN

NOTE E--INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Wells Fargo Bank, N.A., the Plan's trustee, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31	
	2017	2016
Investments, at fair value:		
Money market funds	\$ 934,314	\$ 969,883
Mutual funds	\$ 26,848,566	\$ 22,160,414
Interest receivable	\$ 1,048	\$ 638
Investment income:		
Interest and dividend income	\$ 706,957	\$ 535,962
Net appreciation in fair value of investments	\$ 3,055,314	\$ 496,693

NOTE F--PLAN TERMINATION

In the event of termination, the Plan's assets are allocated, as prescribed by ERISA and its regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable, or would have been payable, on the day before the commencement of the said three-year period to the extent the benefits are based on provisions of the Plan during the five years preceding the Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), up to the applicable limitations discussed below.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency at that time of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTES TO FINANCIAL STATEMENTS--Continued

LIFEPOINT MARQUETTE PENSION PLAN

NOTE F--PLAN TERMINATION--Continued

The Plan is also insured by a fidelity bond against losses through fraud or dishonesty for a maximum recoverable loss of \$10,000,000.

NOTE G--INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined, and informed LifePoint in a letter dated November 3, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since applying for the determination letter; however, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate the tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

NOTE H--RELATED-PARTY TRANSACTIONS

Certain Plan investments are investments managed by the trustee; therefore, these transactions qualify as party-in-interest transactions.

SUPPLEMENTAL SCHEDULES

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)

LIFEPOINT MARQUETTE PENSION PLAN

Employer Identification Number: 20-1538254

Plan Number: 002

December 31, 2017

(a) Party-in-Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money market funds:			
*	Wells Fargo/Blackrock Short-Term Investment Money Market Fund	934,314 shares	\$ 934,314	\$ 934,314
	Mutual funds:			
	Calamos Market Neutral Income Fund	20,194 shares	262,897	263,931
	JP Morgan International Equity Fund	82,743 shares	1,272,858	1,516,675
	Oppenheimer Developing	21,085 shares	753,532	905,399
	Transamerica International	63,000 shares	1,055,533	1,229,758
	Vanguard Developed Markets Index	33,745 shares	435,494	486,273
	Vanguard REIT	26,635 shares	431,075	484,485
	Vanguard Small Cap	29,447 shares	1,302,689	2,084,268
	Vanguard Total Stock Market	70,311 shares	3,109,520	4,691,147
	Ryan Labs Credit Fund	1,318,053 shares	13,529,193	14,010,905
	Transamerica Emerging Market	25,019 shares	266,285	273,458
	Altegris Managed Futures Strategy	34,937 shares	328,889	301,505
	Pimco Real Estate Real Return Strategy	71,519 shares	634,183	600,762
	TOTAL MUTUAL FUNDS		<u>23,382,148</u>	<u>26,848,566</u>
	TOTAL INVESTMENTS		<u>\$ 24,316,462</u>	<u>\$ 27,782,880</u>

* A party-in-interest as defined by ERISA



SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT MARQUETTE PENSION PLAN
EIN: 20-1538254 PN: 002
DECEMBER 31, 2017

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2017 THROUGH DECEMBER 31, 2017

LIFEPOINT MQT PENSION CONSOLIDATED
ACCOUNT NUMBER 17697698

(a) IDENTITY OF PARTY & (b) DESCRIPTION OF ASSET		(c) & (d) PRICE	(f) EXPENSE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN/LOSS
17697690	ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N 04/13/17 S	1,158,000 1.000	0	1,158,000 *	1,158,000	0
17697690	ISSUE: 90386H776 - RYAN LABS LONG CREDIT FUND 04/13/17 B	112,427 10.300	0	1,158,000-*	1,158,000	
GRAND TOTAL			0	2,316,000	2,316,000	0

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION



SCHEDULE H, LINE 4J--SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT MARQUETTE PENSION PLAN
EIN: 20-1538254 PN: 002
DECEMBER 31, 2017

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2017 THROUGH DECEMBER 31, 2017

LIFEPOINT MQT PENSION CONSOLIDATED
ACCOUNT NUMBER 17697698

(a) IDENTITY OF PARTY & (b) DESCRIPTION OF ASSET		(c) & (d) PRICE	(f) EXPENSE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN/LOSS
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
17697690	01/03/17 B	253	1.000	0	253-	253
17697690	02/01/17 B	273	1.000	0	273-	273
17697690	03/01/17 B	260	1.000	0	260-	260
17697690	04/03/17 B	302	1.000	0	302-	302
17697690	04/06/17 B	800,000	1.000	0	800,000-	800,000
17697690	05/01/17 B	287	1.000	0	287-	287
17697690	06/01/17 B	1	1.000	0	1-	1
17697690	07/03/17 B	1	1.000	0	1-	1
17697690	08/01/17 B	1	1.000	0	1-	1
17697690	09/01/17 B	1	1.000	0	1-	1
17697690	10/02/17 B	1	1.000	0	1-	1
17697690	11/01/17 B	1	1.000	0	1-	1
17697690	12/01/17 B	1	1.000	0	1-	1
17697691	01/03/17 B	321	1.000	0	321-	321
17697691	01/05/17 B	338,744	1.000	0	338,744-	338,744
17697691	01/27/17 B	258	1.000	0	258-	258
17697691	02/01/17 B	601	1.000	0	601-	601
17697691	02/03/17 B	226	1.000	0	226-	226
17697691	03/01/17 B	427	1.000	0	427-	427
17697691	04/03/17 B	497	1.000	0	497-	497
17697691	04/05/17 B	387,788	1.000	0	387,788-	387,788
17697691	05/01/17 B	133	1.000	0	133-	133
17697691	05/08/17 B	318	1.000	0	318-	318
17697691	05/19/17 B	264	1.000	0	264-	264
17697691	06/01/17 B	47	1.000	0	47-	47
17697691	06/20/17 B	107,719	1.000	0	107,719-	107,719
17697691	06/22/17 B	278,469	1.000	0	278,469-	278,469
17697691	07/03/17 B	165	1.000	0	165-	165
17697691	08/01/17 B	437	1.000	0	437-	437
17697691	08/04/17 B	343	1.000	0	343-	343
17697691	08/10/17 B	1,354	1.000	0	1,354-	1,354
17697691	08/17/17 B	291	1.000	0	291-	291
17697691	08/31/17 B	65	1.000	0	65-	65
17697691	09/01/17 B	428	1.000	0	428-	428
17697691	09/13/17 B	274,355	1.000	0	274,355-	274,355
17697692	01/06/17 B	14,863	1.000	0	14,863-	14,863
17697692	01/09/17 B	6,922	1.000	0	6,922-	6,922



REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2017 THROUGH DECEMBER 31, 2017

LIFEPOINT MQT PENSION CONSOLIDATED
ACCOUNT NUMBER 17697698

-16-

(a) IDENTITY OF PARTY & (b) DESCRIPTION OF ASSET			(c) & (d) PRICE	(f) EXPENSE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN/LOSS
17697692	01/19/17 B	15,695	1.000	0	15,695-	15,695	
17697692	01/31/17 B	250,000	1.000	0	250,000-	250,000	
17697692	02/13/17 B	15,343	1.000	0	15,343-	15,343	
17697692	02/17/17 B	14,536	1.000	0	14,536-	14,536	
17697692	03/06/17 B	13,428	1.000	0	13,428-	13,428	
17697692	03/27/17 B	29,255	1.000	0	29,255-	29,255	
17697692	04/06/17 B	125,000	1.000	0	125,000-	125,000	
17697692	04/20/17 B	27,738	1.000	0	27,738-	27,738	
17697692	06/05/17 B	29,653	1.000	0	29,653-	29,653	
17697692	06/23/17 B	29,235	1.000	0	29,235-	29,235	
17697692	07/21/17 B	13,937	1.000	0	13,937-	13,937	
17697692	08/07/17 B	28,532	1.000	0	28,532-	28,532	
17697692	08/29/17 B	200,000	1.000	0	200,000-	200,000	
17697692	09/12/17 B	242,483	1.000	0	242,483-	242,483	
17697692	09/13/17 B	274,355	1.000	0	274,355-	274,355	
17697692	09/18/17 B	28,039	1.000	0	28,039-	28,039	
17697692	09/28/17 B	28,222	1.000	0	28,222-	28,222	
17697692	10/13/17 B	386,187	1.000	0	386,187-	386,187	
17697692	11/08/17 B	292	1.000	0	292-	292	
17697692	11/15/17 B	85	1.000	0	85-	85	
17697692	11/15/17 B	37,980	1.000	0	37,980-	37,980	
17697692	11/16/17 B	12,859	1.000	0	12,859-	12,859	
17697692	11/30/17 B	445	1.000	0	445-	445	
17697692	12/04/17 B	13,211	1.000	0	13,211-	13,211	
17697692	12/19/17 B	13,868	1.000	0	13,868-	13,868	
SUB-TOTAL OF BUYS # 62				0	4,046,795	4,046,795	
17697690	04/13/17 S	1,158,000	1.000	0	1,158,000 *	1,158,000	0
17697691	01/31/17 S	250,000	1.000	0	250,000	250,000	0
17697691	04/06/17 S	925,000	1.000	0	925,000	925,000	0
17697691	08/29/17 S	200,000	1.000	0	200,000	200,000	0
17697691	09/12/17 S	242,483	1.000	0	242,483	242,483	0
17697691	09/13/17 S	274,355	1.000	0	274,355	274,355	0
17697692	01/03/17 S	75,066	1.000	0	75,066	75,066	0
17697692	01/10/17 S	6,922	1.000	0	6,922	6,922	0
17697692	01/20/17 S	4,315	1.000	0	4,315	4,315	0
17697692	02/01/17 S	75,077	1.000	0	75,077	75,077	0
17697692	03/01/17 S	74,945	1.000	0	74,945	74,945	0
17697692	04/03/17 S	77,787	1.000	0	77,787	77,787	0
17697692	04/20/17 S	2,924	1.000	0	2,924	2,924	0
17697692	05/01/17 S	78,586	1.000	0	78,586	78,586	0
17697692	05/02/17 S	1,535	1.000	0	1,535	1,535	0
17697692	06/01/17 S	82,734	1.000	0	82,734	82,734	0
17697692	06/13/17 S	3,019	1.000	0	3,019	3,019	0
17697692	07/03/17 S	84,284	1.000	0	84,284	84,284	0



REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2017 THROUGH DECEMBER 31, 2017

LIFEPOINT MQT PENSION CONSOLIDATED
 ACCOUNT NUMBER 17697698

(a) IDENTITY OF PARTY & (b) DESCRIPTION OF ASSET			(c) & (d) PRICE	(f) EXPENSE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN/LOSS
17697692	07/13/17 S	4,505	1.000	0	4,505	4,505	0
17697692	07/20/17 S	3,023	1.000	0	3,023	3,023	0
17697692	08/01/17 S	86,575	1.000	0	86,575	86,575	0
17697692	08/02/17 S	2,888	1.000	0	2,888	2,888	0
17697692	09/01/17 S	88,064	1.000	0	88,064	88,064	0
17697692	10/02/17 S	87,559	1.000	0	87,559	87,559	0
17697692	10/20/17 S	7,126	1.000	0	7,126	7,126	0
17697692	11/01/17 S	87,226	1.000	0	87,226	87,226	0
17697692	11/03/17 S	1,935	1.000	0	1,935	1,935	0
17697692	11/06/17 S	1,686	1.000	0	1,686	1,686	0
17697692	11/14/17 S	2,909	1.000	0	2,909	2,909	0
17697692	11/17/17 S	8	1.000	0	8	8	0
17697692	12/01/17 S	91,827	1.000	0	91,827	91,827	0
SUB-TOTAL OF SALES # 31				0	4,082,363	4,082,363	0
SUB-TOTAL				0	8,129,158	8,129,158	0
ISSUE: 90386H776 - RYAN LABS LONG CREDIT FUND							
17697690	01/03/17 R	3,280	10.020	0	32,862-	32,862	
17697690	02/01/17 R	3,588	10.020	0	35,954-	35,954	
17697690	03/01/17 R	3,615	10.200	0	36,871-	36,871	
17697690	04/03/17 R	3,537	10.100	0	35,719-	35,719	
17697690	05/01/17 R	4,033	10.220	0	41,216-	41,216	
17697690	06/01/17 R	3,894	10.390	0	40,457-	40,457	
17697690	07/03/17 R	3,627	10.450	0	37,901-	37,901	
17697690	08/01/17 R	3,864	10.500	0	40,568-	40,568	
17697690	09/01/17 R	3,969	10.640	0	42,231-	42,231	
17697690	10/02/17 R	3,149	10.550	0	33,220-	33,220	
17697690	11/01/17 R	4,034	10.590	0	42,723-	42,723	
17697690	12/01/17 R	3,696	10.580	0	39,102-	39,102	
SUB-TOTAL OF REINVS # 12				0	458,824	458,824	
17697690	04/13/17 B	112,427	10.300	0	1,158,000-*	1,158,000	
17697690	12/29/17 B	7,622	10.630	0	81,024-	81,024	
17697690	12/29/17 B	11,971	10.630	0	127,249-	127,249	
SUB-TOTAL OF BUYS # 3				0	1,366,273	1,366,273	
SUB-TOTAL				0	1,825,097	1,825,097	0



SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT MARQUETTE PENSION PLAN
EIN: 20-1538254 PN: 002
DECEMBER 31, 2017

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2017 THROUGH DECEMBER 31, 2017

LIFEPOINT MQT PENSION CONSOLIDATED
ACCOUNT NUMBER 17697698

(a) IDENTITY OF PARTY & (b) DESCRIPTION OF ASSET	(c) & (d) PRICE	(f) EXPENSE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN/LOSS
GRAND TOTAL		0	9,954,255	9,954,255	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	September 1, 2012
Eligibility	Employees covered by a collective bargaining agreement who elected to contribute 6% of gross earnings to the plan and were actively accruing benefits as of August 31, 2012 under the Marquette General Hospital, Inc. Retirement Plan.
Normal Retirement Benefit Prior to November 1, 2010	<p>Upon the attainment of age 65.</p> <p>A participant who terminates employment with the employer for any reason on or after January 1, 2001, shall be eligible for a monthly normal retirement benefit equal to one-twelfth (1/12th) of the greater of (i), (ii), or (iii) below.</p> <p>(i) If the participant was born before 1938, 1.7% of his or her final average compensation up to covered compensation for each year of credited service (up to a maximum of 30 such years) plus 2.5% of final average compensation in excess of covered compensation for each year of credited service (up to a maximum of 30 such years). If the participant was born on or after January 1, 1938 but before January 1, 1955, the 1.7% is replaced with 1.7736%. If the participant was born on or after January 1, 1955, the 1.7% is replaced with 1.8333%.</p> <p>(ii) The participant's accrued benefit determined as of December 31, 1999.</p> <p>(iii) For a participant whose final average compensation is in excess of covered compensation and whose accrued benefit would otherwise decrease due to a change in covered compensation, his or her accrued benefit as of the last day of any preceding plan year which falls on or after December 31, 1999.</p> <p>Effective January 1, 2006, a participant may make an irrevocable election to waive future benefit accruals under the plan in exchange for increased company allocations under a defined contribution plan.</p>

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Effective November 1, 2010

For all union employees who elect to make employee mandatory contributions of 6% to the retirement plan, the normal retirement benefit remains the same as described above.

Early Retirement Benefit

Upon the attainment of age 55 with 10 years of service:

A participant who terminates employment with the employer for any reason on or after January 1, 2001, and who is eligible for an early retirement benefit hereunder shall be entitled to a monthly single life pension equal to the participant's accrued benefit reduced by $\frac{1}{3}$ of 1% for each month during which early retirement benefit payments are made before the normal retirement date.

Disability Retirement Benefit

Age 40 with 10 years of service and eligible for a disability benefit under the Federal Social Security Act. Accrued normal retirement benefit is payable without reduction.

Vesting

Five years of service: Normal retirement formula in effect at date of termination deferred to age 65 or later, or reduced as for early retirement. Effective January 1, 2010, all participants who are active as of November 1, 2010 are fully vested.

Employee Mandatory Contribution Benefit

The total of the employee mandatory contributions and all interest calculated per section 14.10D of the Plan document.

Spouse Benefit for Preretirement Death

Death benefit attributable to employer contributions:

A monthly benefit payable to the spouse of a vested employee in the amount of 50% of the employee's vested accrued normal retirement benefit attributable to employer contributions, reduced for commencement prior to normal retirement date and the joint and survivor option. The benefit is payable on the first day of the month following the later of the employee's death or attainment of age 55 if eligible for early retirement.

Death benefit attributable to employee mandatory contributions:

A lump sum payable to the spouse of a vested employee in the amount equal to the employee mandatory contribution benefit determined as of the participant's date of death payable immediately.

Payment Options

- a) Automatic joint and survivor benefit: Reduced benefit payable to retiree with 50% of such reduced benefit payable to surviving spouse (adjusted for age of spouse). Automatic for those married at retirement unless spouse waives rights.
- b) Life only.

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

- c) Lifetime benefit with 120 payments certain.
- d) Lifetime benefit with 50%, 75% or 100% payable to a contingent annuitant upon the retiree's death with certain restrictions.

The total amount that is paid on behalf of a participant in any of the payment forms that are offered shall never be less than the employee mandatory contribution benefit determined as of the participant's annuity starting date. The entire amount of each monthly benefit payment will be treated as a payment of the employee mandatory contribution benefit until the total amount that has been paid to or for the benefit of the participant is equal to the participant's employee mandatory contribution benefit.

Definitions
Service

An employee receives one year of service for each plan year in which he has 1,000 or more hours of service on or after January 1, 1976. Prior to January 1, 1976, years of service shall be credited at the rate of one year of service for each 12 consecutive month period in which the individual was credited with at least one hour of service.

Credited Service

An employee receives one year of credited service for each plan year in which he has 1,995 or more hours of service. Proportionate credit is given for 1,000 to 1,995 hours of service. Service with St. Mary's Hospital prior to July 1, 1973 is also included. Employees who are not contributing to the retirement plan after November 1, 2010, do not receive credited service for hours worked after November 1, 2010.

Annual Compensation

Base rate of pay on January 1 of the plan year times 2080 (capped at \$205,000 on and after January 1, 2005).

Final Average Annual Compensation

The average of the employee's annual compensation during the highest five consecutive calendar years.

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)

LIFEPOINT MARQUETTE PENSION PLAN

Employer Identification Number: 20-1538254

Plan Number: 002

December 31, 2017

(a) Party-in-Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money market funds:			
*	Wells Fargo/Blackrock Short-Term Investment Money Market Fund	934,314 shares	\$ 934,314	\$ 934,314
	Mutual funds:			
	Calamos Market Neutral Income Fund	20,194 shares	262,897	263,931
	JP Morgan International Equity Fund	82,743 shares	1,272,858	1,516,675
	Oppenheimer Developing	21,085 shares	753,532	905,399
	Transamerica International	63,000 shares	1,055,533	1,229,758
	Vanguard Developed Markets Index	33,745 shares	435,494	486,273
	Vanguard REIT	26,635 shares	431,075	484,485
	Vanguard Small Cap	29,447 shares	1,302,689	2,084,268
	Vanguard Total Stock Market	70,311 shares	3,109,520	4,691,147
	Ryan Labs Credit Fund	1,318,053 shares	13,529,193	14,010,905
	Transamerica Emerging Market	25,019 shares	266,285	273,458
	Altegris Managed Futures Strategy	34,937 shares	328,889	301,505
	Pimco Real Estate Real Return Strategy	71,519 shares	634,183	600,762
	TOTAL MUTUAL FUNDS		<u>23,382,148</u>	<u>26,848,566</u>
	TOTAL INVESTMENTS		<u>\$ 24,316,462</u>	<u>\$ 27,782,880</u>

* A party-in-interest as defined by ERISA

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			2	1						
35-39			5	8						
40-44		1	4	10	2	1				
45-49			2	4	5	4				
50-54			6	1	9	13	5			
55-59			1	7	5	10	4	6		
60-64			1	1	2		1	5		
65-69						2				
70+										

N-128

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Social Security COLA Increases	3.00%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Surviving Spouse Benefit	It is assumed that 80% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$215,000 and the IRC section 401(a)(17) compensation limit of \$270,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2015 Plan Year	7.00%, limited to 6.81%
2016 Plan Year	5.65%
2017 Plan Year	5.65%
Trust Expenses Included in Target Normal Cost	Assumed to equal prior year's non-PBGC administrative expense plus expected PBGC premiums for current year.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2017

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	10.00%
56	5.00%
57	5.00%
58	10.00%
59	10.00%
60	15.00%
61	15.00%
62	35.00%
63	25.00%
64	25.00%
65	50.00%
66	50.00%
67+	100.00%

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	0.00%	45	3.00%
16	0.00%	46	3.00%
17	0.00%	47	3.00%
18	0.00%	48	3.00%
19	0.00%	49	3.00%
20	20.00%	50	1.75%
21	20.00%	51	1.75%
22	20.00%	52	1.75%
23	20.00%	53	1.75%
24	20.00%	54	1.75%
25	15.00%	55	0.50%
26	15.00%	56	0.50%
27	15.00%	57	0.50%
28	15.00%	58	0.50%
29	15.00%	59	0.50%
30	10.00%	60+	0.00%
31	10.00%		
32	10.00%		
33	10.00%		
34	10.00%		
35	7.00%		
36	7.00%		
37	7.00%		
38	7.00%		
39	7.00%		
40	5.00%		
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0000%	0.0000%	45	0.1692%	0.1530%
16	0.0000%	0.0000%	46	0.1836%	0.1650%
17	0.0000%	0.0000%	47	0.1980%	0.1770%
18	0.0000%	0.0000%	48	0.2256%	0.1992%
19	0.0000%	0.0000%	49	0.2532%	0.2214%
20	0.0287%	0.0112%	50	0.2808%	0.2436%
21	0.0308%	0.0129%	51	0.3084%	0.2658%
22	0.0330%	0.0150%	52	0.3360%	0.2880%
23	0.0354%	0.0174%	53	0.3888%	0.3258%
24	0.0378%	0.0198%	54	0.4416%	0.3636%
25	0.0402%	0.0222%	55	0.4944%	0.4014%
26	0.0426%	0.0246%	56	0.5472%	0.4392%
27	0.0450%	0.0270%	57	0.6000%	0.4770%
28	0.0480%	0.0318%	58	0.6456%	0.4806%
29	0.0510%	0.0366%	59	0.6912%	0.4842%
30	0.0540%	0.0414%	60	0.7368%	0.4878%
31	0.0570%	0.0462%	61	0.7824%	0.4914%
32	0.0600%	0.0510%	62	0.8280%	0.4950%
33	0.0660%	0.0564%	63	0.8763%	0.4986%
34	0.0720%	0.0618%	64	0.9273%	0.5023%
35	0.0780%	0.0672%	65+	0.0000%	0.0000%
36	0.0840%	0.0726%			
37	0.0900%	0.0780%			
38	0.0972%	0.0858%			
39	0.1044%	0.0936%			
40	0.1116%	0.1014%			
41	0.1188%	0.1092%			
42	0.1260%	0.1170%			
43	0.1404%	0.1290%			
44	0.1548%	0.1410%			

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 829,815	September 1, 2012	2.66	\$ 322,316
Shortfall	\$ 1,435,743	January 1, 2013	3	\$ 498,214
Shortfall	\$ (49,302)	January 1, 2014	4	\$ (13,089)
Shortfall	\$ 591,041	January 1, 2015	5	\$ 128,035
Shortfall	\$ 1,092,440	January 1, 2016	6	\$ 203,303
Shortfall	\$ 1,368,154	January 1, 2017	7	\$ 224,667

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2017

Date	Amount	Days to Discount to 1/1/2017 at 6.00%	Interest Adjusted Contribution
April 5, 2017	\$ 387,788	94	\$ 382,012
June 20, 2017	107,719	170	104,835
June 22, 2017	278,469	172	270,927
October 13, 2017	386,187	285	369,010
January 9, 2018	386,187	373	363,862
September 11, 2018	249,265	618	225,847
Total Contribution	\$ 1,795,615		\$ 1,716,493

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	5.00%	0.9000	2.52
57	5.00%	0.8550	2.44
58	10.00%	0.8123	4.71
59	10.00%	0.7310	4.31
60	15.00%	0.6579	5.92
61	15.00%	0.5592	5.12
62	35.00%	0.4753	10.32
63	25.00%	0.3090	4.87
64	25.00%	0.2317	3.71
65	50.00%	0.1738	5.65
66	50.00%	0.0869	2.87
67	100.00%	0.0434	2.91
Weighted Average			60.85

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1510-0046
1510-0089**2017****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2017 or fiscal plan year beginning **01/01/2017** and ending **12/31/2017**

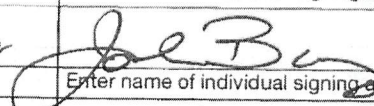
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
- ☐ the first return/report ☐ 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 LIFEPOINT MARQUETTE PENSION PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 09/01/2012
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) LIFEPOINT HEALTH INC 330 SEVEN SPRINGS WAY BRENTWOOD TN 37027-5098	2b Employer Identification Number (EIN) 20-1538254 2c Plan Sponsor's telephone number 615-920-7000 2d Business code (see instructions) 622000

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  Signature of plan administrator	10/10/18 Date	JOHN BUMPUS Enter name of individual signing as plan administrator
SIGN HERE  Signature of employer/plan sponsor	10/10/18 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 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 193
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a (1) Total number of active participants at the beginning of the plan year	6a(1) 128
a (2) Total number of active participants at the end of the plan year	6a(2) 115
b Retired or separated participants receiving benefits	6b 55
c Other retired or separated participants entitled to future benefits	6c 21
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 191
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 2
f Total. Add lines 6d and 6e	6f 193
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A	

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

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

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

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

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

Receipt Confirmation Code _____



SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT MARQUETTE PENSION PLAN
EIN: 20-1538254 PN: 002
DECEMBER 31, 2017

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2017 THROUGH DECEMBER 31, 2017

LIFEPOINT MQT PENSION CONSOLIDATED
ACCOUNT NUMBER 17697698

(a) IDENTITY OF PARTY & (b) DESCRIPTION OF ASSET	(c) & (d) PRICE	(f) EXPENSE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN/LOSS
17697690 ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N 04/13/17 S 1,158,000 1.000		0	1,158,000 *	1,158,000	0
17697690 ISSUE: 90386H776 - RYAN LABS LONG CREDIT FUND 04/13/17 B 112,427 10.300		0	1,158,000-*	1,158,000	
GRAND TOTAL		0	2,316,000	2,316,000	0

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION



REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2017 THROUGH DECEMBER 31, 2017

LIFEPOINT MQT PENSION CONSOLIDATED
ACCOUNT NUMBER 17697698

(a) IDENTITY OF PARTY & (b) DESCRIPTION OF ASSET	(c) & (d) PRICE	(f) EXPENSE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN/LOSS
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N					
17697690 01/03/17 B	253	1.000	0	253-	253
17697690 02/01/17 B	273	1.000	0	273-	273
17697690 03/01/17 B	260	1.000	0	260-	260
17697690 04/03/17 B	302	1.000	0	302-	302
17697690 04/06/17 B	800,000	1.000	0	800,000-	800,000
17697690 05/01/17 B	287	1.000	0	287-	287
17697690 06/01/17 B	1	1.000	0	1-	1
17697690 07/03/17 B	1	1.000	0	1-	1
17697690 08/01/17 B	1	1.000	0	1-	1
17697690 09/01/17 B	1	1.000	0	1-	1
17697690 10/02/17 B	1	1.000	0	1-	1
17697690 11/01/17 B	1	1.000	0	1-	1
17697690 12/01/17 B	1	1.000	0	1-	1
17697691 01/03/17 B	321	1.000	0	321-	321
17697691 01/05/17 B	338,744	1.000	0	338,744-	338,744
17697691 01/27/17 B	258	1.000	0	258-	258
17697691 02/01/17 B	601	1.000	0	601-	601
17697691 02/03/17 B	226	1.000	0	226-	226
17697691 03/01/17 B	427	1.000	0	427-	427
17697691 04/03/17 B	497	1.000	0	497-	497
17697691 04/05/17 B	387,788	1.000	0	387,788-	387,788
17697691 05/01/17 B	133	1.000	0	133-	133
17697691 05/08/17 B	318	1.000	0	318-	318
17697691 05/19/17 B	264	1.000	0	264-	264
17697691 06/01/17 B	47	1.000	0	47-	47
17697691 06/20/17 B	107,719	1.000	0	107,719-	107,719
17697691 06/22/17 B	278,469	1.000	0	278,469-	278,469
17697691 07/03/17 B	165	1.000	0	165-	165
17697691 08/01/17 B	437	1.000	0	437-	437
17697691 08/04/17 B	343	1.000	0	343-	343
17697691 08/10/17 B	1,354	1.000	0	1,354-	1,354
17697691 08/17/17 B	291	1.000	0	291-	291
17697691 08/31/17 B	65	1.000	0	65-	65
17697691 09/01/17 B	428	1.000	0	428-	428
17697691 09/13/17 B	274,355	1.000	0	274,355-	274,355
17697692 01/06/17 B	14,863	1.000	0	14,863-	14,863
17697692 01/09/17 B	6,922	1.000	0	6,922-	6,922



SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT MARQUETTE PENSION PLAN
EIN: 20-1538254 PN: 002
DECEMBER 31, 2017

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2017 THROUGH DECEMBER 31, 2017

LIFEPOINT MQT PENSION CONSOLIDATED
ACCOUNT NUMBER 17697698

(a) IDENTITY OF PARTY & (b) DESCRIPTION OF ASSET			(c) & (d) PRICE	(f) EXPENSE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN/LOSS
17697692	01/19/17 B	15,695	1.000	0	15,695-	15,695	
17697692	01/31/17 B	250,000	1.000	0	250,000-	250,000	
17697692	02/13/17 B	15,343	1.000	0	15,343-	15,343	
17697692	02/17/17 B	14,536	1.000	0	14,536-	14,536	
17697692	03/06/17 B	13,428	1.000	0	13,428-	13,428	
17697692	03/27/17 B	29,255	1.000	0	29,255-	29,255	
17697692	04/06/17 B	125,000	1.000	0	125,000-	125,000	
17697692	04/20/17 B	27,738	1.000	0	27,738-	27,738	
17697692	06/05/17 B	29,653	1.000	0	29,653-	29,653	
17697692	06/23/17 B	29,235	1.000	0	29,235-	29,235	
17697692	07/21/17 B	13,937	1.000	0	13,937-	13,937	
17697692	08/07/17 B	28,532	1.000	0	28,532-	28,532	
17697692	08/29/17 B	200,000	1.000	0	200,000-	200,000	
17697692	09/12/17 B	242,483	1.000	0	242,483-	242,483	
17697692	09/13/17 B	274,355	1.000	0	274,355-	274,355	
17697692	09/18/17 B	28,039	1.000	0	28,039-	28,039	
17697692	09/28/17 B	28,222	1.000	0	28,222-	28,222	
17697692	10/13/17 B	386,187	1.000	0	386,187-	386,187	
17697692	11/08/17 B	292	1.000	0	292-	292	
17697692	11/15/17 B	85	1.000	0	85-	85	
17697692	11/15/17 B	37,980	1.000	0	37,980-	37,980	
17697692	11/16/17 B	12,859	1.000	0	12,859-	12,859	
17697692	11/30/17 B	445	1.000	0	445-	445	
17697692	12/04/17 B	13,211	1.000	0	13,211-	13,211	
17697692	12/19/17 B	13,868	1.000	0	13,868-	13,868	
SUB-TOTAL OF BUYS # 62				0	4,046,795	4,046,795	
17697690	04/13/17 S	1,158,000	1.000	0	1,158,000 *	1,158,000	0
17697691	01/31/17 S	250,000	1.000	0	250,000	250,000	0
17697691	04/06/17 S	925,000	1.000	0	925,000	925,000	0
17697691	08/29/17 S	200,000	1.000	0	200,000	200,000	0
17697691	09/12/17 S	242,483	1.000	0	242,483	242,483	0
17697691	09/13/17 S	274,355	1.000	0	274,355	274,355	0
17697692	01/03/17 S	75,066	1.000	0	75,066	75,066	0
17697692	01/10/17 S	6,922	1.000	0	6,922	6,922	0
17697692	01/20/17 S	4,315	1.000	0	4,315	4,315	0
17697692	02/01/17 S	75,077	1.000	0	75,077	75,077	0
17697692	03/01/17 S	74,945	1.000	0	74,945	74,945	0
17697692	04/03/17 S	77,787	1.000	0	77,787	77,787	0
17697692	04/20/17 S	2,924	1.000	0	2,924	2,924	0
17697692	05/01/17 S	78,586	1.000	0	78,586	78,586	0
17697692	05/02/17 S	1,535	1.000	0	1,535	1,535	0
17697692	06/01/17 S	82,734	1.000	0	82,734	82,734	0
17697692	06/13/17 S	3,019	1.000	0	3,019	3,019	0
17697692	07/03/17 S	84,284	1.000	0	84,284	84,284	0



REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2017 THROUGH DECEMBER 31, 2017

LIFEPOINT MQT PENSION CONSOLIDATED
ACCOUNT NUMBER 17697698

(a) IDENTITY OF PARTY & (b) DESCRIPTION OF ASSET			(c) & (d) PRICE	(f) EXPENSE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN/LOSS
17697692	07/13/17 S	4,505	1.000	0	4,505	4,505	0
17697692	07/20/17 S	3,023	1.000	0	3,023	3,023	0
17697692	08/01/17 S	86,575	1.000	0	86,575	86,575	0
17697692	08/02/17 S	2,888	1.000	0	2,888	2,888	0
17697692	09/01/17 S	88,064	1.000	0	88,064	88,064	0
17697692	10/02/17 S	87,559	1.000	0	87,559	87,559	0
17697692	10/20/17 S	7,126	1.000	0	7,126	7,126	0
17697692	11/01/17 S	87,226	1.000	0	87,226	87,226	0
17697692	11/03/17 S	1,935	1.000	0	1,935	1,935	0
17697692	11/06/17 S	1,686	1.000	0	1,686	1,686	0
17697692	11/14/17 S	2,909	1.000	0	2,909	2,909	0
17697692	11/17/17 S	8	1.000	0	8	8	0
17697692	12/01/17 S	91,827	1.000	0	91,827	91,827	0
SUB-TOTAL OF SALES # 31				0	4,082,363	4,082,363	0
SUB-TOTAL				0	8,129,158	8,129,158	0
ISSUE: 90386H776 - RYAN LABS LONG CREDIT FUND							
17697690	01/03/17 R	3,280	10.020	0	32,862-	32,862	
17697690	02/01/17 R	3,588	10.020	0	35,954-	35,954	
17697690	03/01/17 R	3,615	10.200	0	36,871-	36,871	
17697690	04/03/17 R	3,537	10.100	0	35,719-	35,719	
17697690	05/01/17 R	4,033	10.220	0	41,216-	41,216	
17697690	06/01/17 R	3,894	10.390	0	40,457-	40,457	
17697690	07/03/17 R	3,627	10.450	0	37,901-	37,901	
17697690	08/01/17 R	3,864	10.500	0	40,568-	40,568	
17697690	09/01/17 R	3,969	10.640	0	42,231-	42,231	
17697690	10/02/17 R	3,149	10.550	0	33,220-	33,220	
17697690	11/01/17 R	4,034	10.590	0	42,723-	42,723	
17697690	12/01/17 R	3,696	10.580	0	39,102-	39,102	
SUB-TOTAL OF REINVS # 12				0	458,824	458,824	
17697690	04/13/17 B	112,427	10.300	0	1,158,000-*	1,158,000	
17697690	12/29/17 B	7,622	10.630	0	81,024-	81,024	
17697690	12/29/17 B	11,971	10.630	0	127,249-	127,249	
SUB-TOTAL OF BUYS # 3				0	1,366,273	1,366,273	
SUB-TOTAL				0	1,825,097	1,825,097	0



SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT MARQUETTE PENSION PLAN
EIN: 20-1538254 PN: 002
DECEMBER 31, 2017

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2017 THROUGH DECEMBER 31, 2017

LIFEPOINT MQT PENSION CONSOLIDATED
ACCOUNT NUMBER 17697698

(a) IDENTITY OF PARTY & (b) DESCRIPTION OF ASSET	(c) & (d) PRICE	(f) EXPENSE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN/LOSS
GRAND TOTAL		0	9,954,255	9,954,255	0

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017**This Form is Open to Public
Inspection**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan LIFEPOINT MARQUETTE PENSION PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LLFEPOINT HEALTH INC.		D Employer Identification Number (EIN) 20-1538254	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017			
2 Assets:			
a Market value.....		2a	23,304,877
b Actuarial value		2b	23,945,668
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	43	10,856,711	10,856,711
b For terminated vested participants	22	1,217,659	1,217,659
c For active participants	128	16,245,564	17,139,189
d Total	193	28,319,934	29,213,559
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	6.00%	
6 Target normal cost	6	352,939	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	JOSEPH L. ENGSTROM	09/19/2018
Signature of actuary		Date
JOSEPH L. ENGSTROM		1707612
Type or print name of actuary		Most recent enrollment number
AON CONSULTING, INC.		615-771-8152
Firm name		Telephone number (including area code)
501 CORPORATE CENTRE DRIVE		
SUITE 300		
FRANKLIN	TN	37067
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2017

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>4.87%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		696
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.19%</u>		43
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		739
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	81.96%
15 Adjusted funding target attainment percentage	15	81.96%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.91%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/06/2017	0	14,863	09/15/2017	0	28,039
01/19/2017	0	15,695	09/28/2017	0	28,222
02/13/2017	0	15,343	10/13/2017	386,187	0
02/17/2017	0	14,536	11/15/2017	0	37,980
03/06/2017	0	13,428	11/16/2017	0	12,859
03/27/2017	0	29,255	12/04/2017	0	13,211
04/05/2017	387,788	0	12/19/2017	0	13,868
04/20/2017	0	27,738	01/09/2018	386,187	0
06/05/2017	0	29,653	09/11/2018	249,265	0
06/20/2017	107,719	0			
06/22/2017	278,469	0			
06/23/2017	0	29,235			
07/21/2017	0	13,937			
08/04/2017	0	28,532			
Totals ▶			18(b)	1,795,615	18(c) 366,394

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,716,493

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	352,939	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5,267,891	1,363,446	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1,716,385	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1,716,385	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,716,493	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	108	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42
43 Excess installment acceleration amount to be carried over to future plan years	43

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 18—Employee Contributions

Year applied for contributions: 2017

Date	Amount
January 6, 2017	\$ 14,863
January 19, 2017	\$ 15,695
February 13, 2017	\$ 15,343
February 17, 2017	\$ 14,536
March 6, 2017	\$ 13,428
March 27, 2017	\$ 29,255
April 20, 2017	\$ 27,738
June 5, 2017	\$ 29,653
June 23, 2017	\$ 29,235
July 21, 2017	\$ 13,937
August 4, 2017	\$ 28,532
September 15, 2017	\$ 28,039
September 28, 2017	\$ 28,222
November 15, 2017	\$ 37,980
November 16, 2017	\$ 12,859
December 4, 2017	\$ 13,211
December 19, 2017	\$ 13,868

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2017

Date	Amount	Days to Discount to 1/1/2017 at 6.00%	Interest Adjusted Contribution
April 5, 2017	\$ 387,788	94	\$ 382,012
June 20, 2017	107,719	170	104,835
June 22, 2017	278,469	172	270,927
October 13, 2017	386,187	285	369,010
January 9, 2018	386,187	373	363,862
September 11, 2018	<u>249,265</u>	618	<u>225,847</u>
Total Contribution	\$ 1,795,615		\$ 1,716,493

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	5.00%	0.9000	2.52
57	5.00%	0.8550	2.44
58	10.00%	0.8123	4.71
59	10.00%	0.7310	4.31
60	15.00%	0.6579	5.92
61	15.00%	0.5592	5.12
62	35.00%	0.4753	10.32
63	25.00%	0.3090	4.87
64	25.00%	0.2317	3.71
65	50.00%	0.1738	5.65
66	50.00%	0.0869	2.87
67	100.00%	0.0434	2.91
Weighted Average			60.85

Schedule SB Attachment (Form 5500)—2017 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Social Security COLA Increases	3.00%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements

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Surviving Spouse Benefit	It is assumed that 80% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$215,000 and the IRC section 401(a)(17) compensation limit of \$270,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2015 Plan Year	7.00%, limited to 6.81%
2016 Plan Year	5.65%
2017 Plan Year	5.65%
Trust Expenses Included in Target Normal Cost	Assumed to equal prior year's non-PBGC administrative expense plus expected PBGC premiums for current year.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2017

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Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	10.00%
56	5.00%
57	5.00%
58	10.00%
59	10.00%
60	15.00%
61	15.00%
62	35.00%
63	25.00%
64	25.00%
65	50.00%
66	50.00%
67+	100.00%

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Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	0.00%	45	3.00%
16	0.00%	46	3.00%
17	0.00%	47	3.00%
18	0.00%	48	3.00%
19	0.00%	49	3.00%
20	20.00%	50	1.75%
21	20.00%	51	1.75%
22	20.00%	52	1.75%
23	20.00%	53	1.75%
24	20.00%	54	1.75%
25	15.00%	55	0.50%
26	15.00%	56	0.50%
27	15.00%	57	0.50%
28	15.00%	58	0.50%
29	15.00%	59	0.50%
30	10.00%	60+	0.00%
31	10.00%		
32	10.00%		
33	10.00%		
34	10.00%		
35	7.00%		
36	7.00%		
37	7.00%		
38	7.00%		
39	7.00%		
40	5.00%		
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		

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Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0000%	0.0000%	45	0.1692%	0.1530%
16	0.0000%	0.0000%	46	0.1836%	0.1650%
17	0.0000%	0.0000%	47	0.1980%	0.1770%
18	0.0000%	0.0000%	48	0.2256%	0.1992%
19	0.0000%	0.0000%	49	0.2532%	0.2214%
20	0.0287%	0.0112%	50	0.2808%	0.2436%
21	0.0308%	0.0129%	51	0.3084%	0.2658%
22	0.0330%	0.0150%	52	0.3360%	0.2880%
23	0.0354%	0.0174%	53	0.3888%	0.3258%
24	0.0378%	0.0198%	54	0.4416%	0.3636%
25	0.0402%	0.0222%	55	0.4944%	0.4014%
26	0.0426%	0.0246%	56	0.5472%	0.4392%
27	0.0450%	0.0270%	57	0.6000%	0.4770%
28	0.0480%	0.0318%	58	0.6456%	0.4806%
29	0.0510%	0.0366%	59	0.6912%	0.4842%
30	0.0540%	0.0414%	60	0.7368%	0.4878%
31	0.0570%	0.0462%	61	0.7824%	0.4914%
32	0.0600%	0.0510%	62	0.8280%	0.4950%
33	0.0660%	0.0564%	63	0.8763%	0.4986%
34	0.0720%	0.0618%	64	0.9273%	0.5023%
35	0.0780%	0.0672%	65+	0.0000%	0.0000%
36	0.0840%	0.0726%			
37	0.0900%	0.0780%			
38	0.0972%	0.0858%			
39	0.1044%	0.0936%			
40	0.1116%	0.1014%			
41	0.1188%	0.1092%			
42	0.1260%	0.1170%			
43	0.1404%	0.1290%			
44	0.1548%	0.1410%			

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Schedule SB, Part V—Summary of Plan Provisions

Effective Date

September 1, 2012

Eligibility

Employees covered by a collective bargaining agreement who elected to contribute 6% of gross earnings to the plan and were actively accruing benefits as of August 31, 2012 under the Marquette General Hospital, Inc. Retirement Plan.

Normal Retirement Benefit

Prior to November 1, 2010

Upon the attainment of age 65.

A participant who terminates employment with the employer for any reason on or after January 1, 2001, shall be eligible for a monthly normal retirement benefit equal to one-twelfth (1/12th) of the greater of (i), (ii), or (iii) below.

- (i) If the participant was born before 1938, 1.7% of his or her final average compensation up to covered compensation for each year of credited service (up to a maximum of 30 such years) plus 2.5% of final average compensation in excess of covered compensation for each year of credited service (up to a maximum of 30 such years). If the participant was born on or after January 1, 1938 but before January 1, 1955, the 1.7% is replaced with 1.7736%. If the participant was born on or after January 1, 1955, the 1.7% is replaced with 1.8333%.
- (ii) The participant's accrued benefit determined as of December 31, 1999.
- (iii) For a participant whose final average compensation is in excess of covered compensation and whose accrued benefit would otherwise decrease due to a change in covered compensation, his or her accrued benefit as of the last day of any preceding plan year which falls on or after December 31, 1999.

Effective January 1, 2006, a participant may make an irrevocable election to waive future benefit accruals under the plan in exchange for increased company allocations under a defined contribution plan.

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Effective November 1, 2010

For all union employees who elect to make employee mandatory contributions of 6% to the retirement plan, the normal retirement benefit remains the same as described above.

Early Retirement Benefit

Upon the attainment of age 55 with 10 years of service:

A participant who terminates employment with the employer for any reason on or after January 1, 2001, and who is eligible for an early retirement benefit hereunder shall be entitled to a monthly single life pension equal to the participant's accrued benefit reduced by $\frac{1}{3}$ of 1% for each month during which early retirement benefit payments are made before the normal retirement date.

Disability Retirement Benefit

Age 40 with 10 years of service and eligible for a disability benefit under the Federal Social Security Act. Accrued normal retirement benefit is payable without reduction.

Vesting

Five years of service: Normal retirement formula in effect at date of termination deferred to age 65 or later, or reduced as for early retirement. Effective January 1, 2010, all participants who are active as of November 1, 2010 are fully vested.

Employee Mandatory Contribution Benefit

The total of the employee mandatory contributions and all interest calculated per section 14.10D of the Plan document.

Spouse Benefit for Preretirement Death

Death benefit attributable to employer contributions:

A monthly benefit payable to the spouse of a vested employee in the amount of 50% of the employee's vested accrued normal retirement benefit attributable to employer contributions, reduced for commencement prior to normal retirement date and the joint and survivor option. The benefit is payable on the first day of the month following the later of the employee's death or attainment of age 55 if eligible for early retirement.

Death benefit attributable to employee mandatory contributions:

A lump sum payable to the spouse of a vested employee in the amount equal to the employee mandatory contribution benefit determined as of the participant's date of death payable immediately.

Payment Options

- a) Automatic joint and survivor benefit: Reduced benefit payable to retiree with 50% of such reduced benefit payable to surviving spouse (adjusted for age of spouse). Automatic for those married at retirement unless spouse waives rights.
- b) Life only.

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- c) Lifetime benefit with 120 payments certain.
- d) Lifetime benefit with 50%, 75% or 100% payable to a contingent annuitant upon the retiree's death with certain restrictions.

The total amount that is paid on behalf of a participant in any of the payment forms that are offered shall never be less than the employee mandatory contribution benefit determined as of the participant's annuity starting date. The entire amount of each monthly benefit payment will be treated as a payment of the employee mandatory contribution benefit until the total amount that has been paid to or for the benefit of the participant is equal to the participant's employee mandatory contribution benefit.

Definitions
Service

An employee receives one year of service for each plan year in which he has 1,000 or more hours of service on or after January 1, 1976. Prior to January 1, 1976, years of service shall be credited at the rate of one year of service for each 12 consecutive month period in which the individual was credited with at least one hour of service.

Credited Service

An employee receives one year of credited service for each plan year in which he has 1,995 or more hours of service. Proportionate credit is given for 1,000 to 1,995 hours of service. Service with St. Mary's Hospital prior to July 1, 1973 is also included. Employees who are not contributing to the retirement plan after November 1, 2010, do not receive credited service for hours worked after November 1, 2010.

Annual Compensation

Base rate of pay on January 1 of the plan year times 2080 (capped at \$205,000 on and after January 1, 2005).

Final Average Annual Compensation

The average of the employee's annual compensation during the highest five consecutive calendar years.

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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			2	1						
35-39			5	8						
40-44		1	4	10	2	1				
45-49			2	4	5	4				
50-54			6	1	9	13	5			
55-59			1	7	5	10	4	6		
60-64			1	1	2		1	5		
65-69						2				
70+										

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 829,815	September 1, 2012	2.66	\$ 322,316
Shortfall	\$ 1,435,743	January 1, 2013	3	\$ 498,214
Shortfall	\$ (49,302)	January 1, 2014	4	\$ (13,089)
Shortfall	\$ 591,041	January 1, 2015	5	\$ 128,035
Shortfall	\$ 1,092,440	January 1, 2016	6	\$ 203,303
Shortfall	\$ 1,368,154	January 1, 2017	7	\$ 224,667