

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) ____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ special extension (enter description)	☐ the DFVC program

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>LEGACY 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.	10/14/2019	SONNY TERRILL
	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 (2018)
v. 171027

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 LIFEPOINT HEALTH INC c Plan Name LIFEPOINT MARQUETTE PENSION PLAN	4b EIN 20-1538254 4d PN 002
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) 115
a(2) Total number of active participants at the end of the plan year	6a(2) 107
b Retired or separated participants receiving benefits.....	6b 60
c Other retired or separated participants entitled to future benefits	6c 24
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

- (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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department 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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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 <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 or 5500-SF <u>LEGACY LIFEPOINT HEALTH INC</u>	D Employer Identification Number (EIN) <u>20-1538254</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500
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Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	<u>28200748</u>	
b Actuarial value	2b	<u>26625737</u>	
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	<u>56</u>	<u>13902422</u>	<u>13902422</u>
b For terminated vested participants	<u>22</u>	<u>1280865</u>	<u>1280865</u>
c For active participants	<u>115</u>	<u>15736433</u>	<u>16390933</u>
d Total	<u>193</u>	<u>30919720</u>	<u>31574220</u>
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	<u>5.79 %</u>	
6 Target normal cost	6	<u>391920</u>	

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		<u>09/24/2019</u>
Signature of actuary		Date
<u>JOSEPH L ENGSTROM</u>		<u>17-07612</u>
Type or print name of actuary		Most recent enrollment number
<u>AON CONSULTING INC</u>		<u>615-771-8152</u>
Firm name		Telephone number (including area code)
<u>501 CORPORATE CENTRE DR, SUITE 300</u> <u>FRANKLIN, TN 37067</u>		
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 ☐

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)		
10 Interest on line 9 using prior year's actual return of <u>16.11</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		108
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>6.00</u> %		6
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		114
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	84.32%
15 Adjusted funding target attainment percentage	15	84.32%
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	81.96%
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
01/02/2018	0	12792	06/04/2018	0	24946
02/21/2018	0	39395	06/29/2018	0	26706
03/15/2018	0	24225	07/11/2018	429097	0
03/28/2018	0	11962	07/25/2018	0	12392
04/09/2018	429097	0	08/29/2018	0	27994
05/02/2018	0	23327	10/04/2018	425795	0
Totals ▶			18(b)	1977651	18(c) 303439

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	1892686

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

(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
10/26/2018	0	52158			
11/08/2018	0	23534			
12/12/2018	0	24008			
01/15/2019	425796	0			
09/06/2019	267866	0			
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: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ 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)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ 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	391920	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	4948483		1500503
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	1892423	
	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	1892423	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1892686	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	263	
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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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 LEGACY 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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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	12576	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
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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 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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>LEGACY 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)	262748	235730
	(2) Participant contributions	1b(2)	12792	41122
	(3) Other	1b(3)	1048	2123
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	934314	1049194
	(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)	26848566	25451390
	(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	28059468	26779559

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	27851195	26779559
---	-----------	----------	----------

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)	1892423	
(B) Participants	2a(1)(B)	331768	
(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)		2224191
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13372	
(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)		13372
(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)	803087	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		803087
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2539883	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2539883	
(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)		-2916990
c Other income.....	2c		5872
d Total income. Add all income amounts in column (b) and enter total	2d		129532

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1188592	
(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)		1188592
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)	12576	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12576
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1201168

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1071636
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		21136
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 4149557. (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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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>LEGACY 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.
----------------	---

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) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Audited Financial Statements
and Supplemental Schedules

LIFEPOINT MARQUETTE PENSION PLAN

Years Ended December 31, 2018 and 2017

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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, 2018 and 2017, 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, 2018 and 2017, 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 Delinquent Participant Contributions, Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended December 31, 2018, 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, Toutant, Hill, Nardi & Katona, P.C.

October 11, 2019

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

LIFEPOINT MARQUETTE PENSION PLAN

		December 31	
		2018	2017
ASSETS			
Investments, at fair value:			
Money market funds		\$ 1,049,194	\$ 934,314
Mutual funds		25,451,390	26,848,566
	TOTAL INVESTMENTS	26,500,584	27,782,880
Receivables:			
Employer contributions		235,730	262,748
Employee contributions		41,122	12,792
Interest		2,123	1,048
	TOTAL RECEIVABLES	278,975	276,588
	TOTAL ASSETS	26,779,559	28,059,468
LIABILITY--Due to broker for securities purchased		-	208,273
	NET ASSETS AVAILABLE FOR BENEFITS	\$ 26,779,559	\$ 27,851,195

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

LIFEPOINT MARQUETTE PENSION PLAN

	Year Ended December 31	
	2018	2017
ADDITIONS		
Employer contributions	\$ 1,892,423	\$ 1,716,385
Employee contributions	331,768	364,289
Interest and dividend income	822,331	706,957
Net appreciation (depreciation) in fair value of investments	(2,916,990)	3,055,314
TOTAL ADDITIONS	129,532	5,842,945
DEDUCTIONS		
Benefit payments	1,188,592	1,011,982
Investment management and administrative fees	12,576	17,578
TOTAL DEDUCTIONS	1,201,168	1,029,560
NET INCREASE (DECREASE)	(1,071,636)	4,813,385
Net assets available for benefits at beginning of year	27,851,195	23,037,810
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ 26,779,559	\$ 27,851,195

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. Legacy 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 the amounts reported in the statement of net assets available for benefits.

As of December 31, 2018 and 2017, one investment security represented approximately 49 percent and 50 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, 2018 and 2017, these administrative expenses approximated \$207,000 and \$211,000, respectively.

Subsequent Events

Subsequent events were evaluated through October 11, 2019, 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	
	2018	2017
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 14,184,011	\$ 11,350,884
Other participants	18,395,411	19,640,222
TOTAL VESTED BENEFITS	<u>32,579,422</u>	<u>30,991,106</u>
Non-vested benefits	<u>532,318</u>	<u>729,054</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 33,111,740</u></u>	<u><u>\$ 31,720,160</u></u>

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

	January 1	
	2018	2017
Actuarial present value of accumulated plan benefits		
as of January 1 of the prior year	\$ 31,720,160	\$ 30,266,520
Increase (Decrease) during the year due to:		
Benefits paid	(1,011,982)	(730,945)
Interest accumulation due to decrease in discount period	1,763,993	1,689,693
Other--primarily due to benefits accumulated	823,771	890,706
Change in actuarial assumptions	<u>(184,202)</u>	<u>(395,814)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 33,111,740</u></u>	<u><u>\$ 31,720,160</u></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 2018 valuation 5.65% for the 2017 valuation
Salary Increases	3%
Discount Rate	3.52% for the 2018 valuation 4.04% for the 2017 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-2017 for the 2018 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-2016 for the 2017 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: Inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority

Level 2: Inputs consist of observable inputs other than quoted prices for identical assets

Level 3: Inputs are unobservable and have the lowest priority

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.

The following table summarizes the investments measured at fair value as of December 31, 2018 and 2017, by major asset category and aggregated by level within the fair value hierarchy:

	<u>Total</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
<u>December 31, 2018:</u>			
Money market funds	\$ 1,049,194	\$ -	\$ 1,049,194
Mutual funds	<u>25,451,390</u>	<u>25,451,390</u>	<u>-</u>
TOTAL	<u>\$ 26,500,584</u>	<u>\$ 25,451,390</u>	<u>\$ 1,049,194</u>
	<u>Total</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
<u>December 31, 2017:</u>			
Money market funds	\$ 934,314	\$ -	\$ 934,314
Mutual funds	<u>26,848,566</u>	<u>26,848,566</u>	<u>-</u>
TOTAL	<u>\$ 27,782,880</u>	<u>\$ 26,848,566</u>	<u>\$ 934,314</u>

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2018 and 2017, are reported in net appreciation (depreciation) in fair value of investments.

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	
	2018	2017
Investments, at fair value:		
Money market funds	\$ 1,049,194	\$ 934,314
Mutual funds	\$ 25,451,390	\$ 26,848,566
Interest receivable	\$ 2,123	\$ 1,048
Investment income:		
Interest and dividend income	\$ 822,331	\$ 706,957
Net appreciation (depreciation) in fair value of investments	\$ (2,916,990)	\$ 3,055,314

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.

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

NOTES TO FINANCIAL STATEMENTS--Continued

LIFEPOINT MARQUETTE PENSION PLAN

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.

NOTE I--DELINQUENT CONTRIBUTIONS

As disclosed in the accompanying supplemental schedule, certain employee deferrals were not remitted to the Plan within the timeframe required by the Department of Labor, resulting in prohibited, or nonexempt, transactions. LifePoint is in process of calculating the required corrections to the Plan to reflect foregone earnings that would have been credited to the Plan if the late remittances had been made on a timely basis.

SUPPLEMENTAL SCHEDULES

SCHEDULE H, LINE 4a--SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

LIFEPOINT MARQUETTE PENSION PLAN

Employer Identification Number: 20-1538254

Plan Number: 002

December 31, 2018

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ 21,136			

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, 2018

(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	1,049,194 shares	\$ 1,049,194	\$ 1,049,194
	Mutual funds:			
	Calamos Market Neutral Income Fund	21,206 shares	275,836	268,685
	JP Morgan International Equity Fund	85,881 shares	1,319,010	1,247,852
	Oppenheimer Developing	26,792 shares	1,009,720	1,007,118
	Transamerica International	79,299 shares	1,370,493	1,233,097
	Vanguard Developed Markets Index	34,781 shares	449,057	415,980
	Vanguard REIT	1,969 shares	206,539	208,195
	Vanguard Small Cap	29,893 shares	1,333,878	1,890,146
	Vanguard Total Stock Market	85,274 shares	4,140,935	5,294,661
	Ryan Labs Credit Fund	1,374,557 shares	14,085,541	13,030,797
	Transamerica Emerging Market	25,821 shares	274,459	255,110
	Altergris Managed Futures Strategy	35,694 shares	334,867	284,486
	Pimco Real Estate Real Return Strategy	40,418 shares	358,237	315,263
		TOTAL MUTUAL FUNDS	<u>25,158,572</u>	<u>25,451,390</u>
		TOTAL INVESTMENTS	<u>\$ 26,207,766</u>	<u>\$ 26,500,584</u>

* A party-in-interest as defined by ERISA

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2018 THROUGH DECEMBER 31, 2018

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
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ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N

17697690	01/02/18 B	1	1.000	0	1-	1
17697690	01/26/18 B	714	1.000	0	714-	714
17697690	02/01/18 B	1	1.000	0	1-	1
17697690	03/01/18 B	2	1.000	0	2-	2
17697690	04/02/18 B	2	1.000	0	2-	2
17697690	05/01/18 B	2	1.000	0	2-	2
17697690	06/01/18 B	3	1.000	0	3-	3
17697690	07/02/18 B	3	1.000	0	3-	3
17697690	08/01/18 B	3	1.000	0	3-	3
17697690	09/04/18 B	3	1.000	0	3-	3
17697690	10/01/18 B	3	1.000	0	3-	3
17697690	11/01/18 B	3	1.000	0	3-	3
17697690	12/03/18 B	3	1.000	0	3-	3
17697692	01/03/18 B	12,792	1.000	0	12,792-	12,792
17697692	01/05/18 B	188	1.000	0	188-	188
17697692	01/09/18 B	386,187	1.000	0	386,187-	386,187
17697692	02/07/18 B	33	1.000	0	33-	33
17697692	02/14/18 B	126	1.000	0	126-	126
17697692	02/21/18 B	39,395	1.000	0	39,395-	39,395
17697692	03/09/18 B	112	1.000	0	112-	112
17697692	03/15/18 B	24,225	1.000	0	24,225-	24,225
17697692	03/22/18 B	310	1.000	0	310-	310
17697692	03/23/18 B	127	1.000	0	127-	127
17697692	03/28/18 B	11,962	1.000	0	11,962-	11,962
17697692	04/09/18 B	429,097	1.000	0	429,097-	429,097
17697692	04/18/18 B	468	1.000	0	468-	468
17697692	05/02/18 B	23,327	1.000	0	23,327-	23,327
17697692	05/03/18 B	425	1.000	0	425-	425
17697692	05/08/18 B	99	1.000	0	99-	99
17697692	05/16/18 B	425	1.000	0	425-	425
17697692	05/25/18 B	381	1.000	0	381-	381
17697692	06/04/18 B	24,946	1.000	0	24,946-	24,946
17697692	06/29/18 B	26,706	1.000	0	26,706-	26,706
17697692	07/11/18 B	429,097	1.000	0	429,097-	429,097
17697692	07/25/18 B	12,392	1.000	0	12,392-	12,392
17697692	07/31/18 B	433	1.000	0	433-	433
17697692	08/14/18 B	435	1.000	0	435-	435

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2018 THROUGH DECEMBER 31, 2018

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	08/22/18 B	101	1.000	0	101-	101	
17697692	08/29/18 B	27,994	1.000	0	27,994-	27,994	
17697692	09/11/18 B	249,265	1.000	0	249,265-	249,265	
17697692	09/25/18 B	374	1.000	0	374-	374	
17697692	10/04/18 B	851,590	1.000	0	851,590-	851,590	
17697692	10/29/18 B	52,584	1.000	0	52,584-	52,584	
17697692	10/31/18 B	103	1.000	0	103-	103	
17697692	11/08/18 B	23,534	1.000	0	23,534-	23,534	
17697692	11/13/18 B	418	1.000	0	418-	418	
17697692	12/12/18 B	24,008	1.000	0	24,008-	24,008	
17697692	12/18/18 B	361	1.000	0	361-	361	
SUB-TOTAL OF BUYS # 48				0	2,654,763	2,654,763	
17697692	01/02/18 S	91,764	1.000	0	91,764	91,764	0
17697692	01/17/18 S	925,000	1.000	0	925,000	925,000	0
17697692	01/22/18 S	3,308	1.000	0	3,308	3,308	0
17697692	02/01/18 S	91,952	1.000	0	91,952	91,952	0
17697692	02/13/18 S	3,165	1.000	0	3,165	3,165	0
17697692	03/01/18 S	94,134	1.000	0	94,134	94,134	0
17697692	03/21/18 S	12	1.000	0	12	12	0
17697692	04/02/18 S	94,153	1.000	0	94,153	94,153	0
17697692	04/20/18 S	3,275	1.000	0	3,275	3,275	0
17697692	05/01/18 S	93,760	1.000	0	93,760	93,760	0
17697692	06/01/18 S	93,647	1.000	0	93,647	93,647	0
17697692	07/02/18 S	93,749	1.000	0	93,749	93,749	0
17697692	07/13/18 S	7,000	1.000	0	7,000	7,000	0
17697692	07/18/18 S	5,033	1.000	0	5,033	5,033	0
17697692	07/20/18 S	3,029	1.000	0	3,029	3,029	0
17697692	08/01/18 S	98,162	1.000	0	98,162	98,162	0
17697692	08/08/18 S	2,852	1.000	0	2,852	2,852	0
17697692	09/04/18 S	100,930	1.000	0	100,930	100,930	0
17697692	10/01/18 S	100,792	1.000	0	100,792	100,792	0
17697692	10/02/18 S	689	1.000	0	689	689	0
17697692	10/05/18 S	425,795	1.000	0	425,795	425,795	0
17697692	10/22/18 S	3,153	1.000	0	3,153	3,153	0
17697692	11/01/18 S	100,642	1.000	0	100,642	100,642	0
17697692	11/08/18 S	1,605	1.000	0	1,605	1,605	0
17697692	12/03/18 S	102,283	1.000	0	102,283	102,283	0
SUB-TOTAL OF SALES # 25				0	2,539,884	2,539,884	0
SUB-TOTAL				0	5,194,647	5,194,647	0



SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT MARQUETTE PENSION PLAN
EIN: 20-1538254 PN: 002
DECEMBER 31, 2018

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2018 THROUGH DECEMBER 31, 2018

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	5,194,647	5,194,647	0

FOOTNOTES

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

Schedule SB Attachment (Form 5500)—2018 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

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.

Schedule SB Attachment (Form 5500)—2018 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	<p>Upon the attainment of age 55 with 10 years of service:</p> <p>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.</p>
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	<p>Death benefit attributable to employer contributions:</p> <p>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.</p> <p>Death benefit attributable to employee mandatory contributions:</p>

Schedule SB Attachment (Form 5500)—2018 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

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.
- 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.

Schedule SB Attachment (Form 5500)—2018 Plan Year
LifePoint Marquette Pension Plan
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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.

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, 2018

(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	1,049,194 shares	\$ 1,049,194	\$ 1,049,194
	Mutual funds:			
	Calamos Market Neutral Income Fund	21,206 shares	275,836	268,685
	JP Morgan International Equity Fund	85,881 shares	1,319,010	1,247,852
	Oppenheimer Developing	26,792 shares	1,009,720	1,007,118
	Transamerica International	79,299 shares	1,370,493	1,233,097
	Vanguard Developed Markets Index	34,781 shares	449,057	415,980
	Vanguard REIT	1,969 shares	206,539	208,195
	Vanguard Small Cap	29,893 shares	1,333,878	1,890,146
	Vanguard Total Stock Market	85,274 shares	4,140,935	5,294,661
	Ryan Labs Credit Fund	1,374,557 shares	14,085,541	13,030,797
	Transamerica Emerging Market	25,821 shares	274,459	255,110
	Altergris Managed Futures Strategy	35,694 shares	334,867	284,486
	Pimco Real Estate Real Return Strategy	40,418 shares	358,237	315,263
		TOTAL MUTUAL FUNDS	<u>25,158,572</u>	<u>25,451,390</u>
		TOTAL INVESTMENTS	<u>\$ 26,207,766</u>	<u>\$ 26,500,584</u>

* A party-in-interest as defined by ERISA

Schedule SB Attachment (Form 5500)—2018 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

Attained Age	Number of Participants and Average Compensation									
	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			1	1						
35-39			4	6						
40-44		1	3	8	4	1				
45-49			2	5	3	2				
50-54			2	5	7	7	5	1		
55-59			1	3	7	12	7	3	1	
60-64			1	3	1	2	1	4		
65-69						1				
70+										

N-115

Schedule SB Attachment (Form 5500)—2018 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 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
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	2.50%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) 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)—2018 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 \$220,000 and the IRC section 401(a)(17) compensation limit of \$275,000.
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	
2016 Plan Year	5.65%
2017 Plan Year	5.65%
2018 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, 2018

Schedule SB Attachment (Form 5500)—2018 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)—2018 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)—2018 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)—2018 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	\$ 529,087	September 1, 2012	1.66	\$ 322,316
Shortfall	\$ 977,635	January 1, 2013	2	\$ 498,214
Shortfall	\$ (37,804)	January 1, 2014	3	\$ (13,089)
Shortfall	\$ 483,884	January 1, 2015	4	\$ 128,035
Shortfall	\$ 942,665	January 1, 2016	5	\$ 203,303
Shortfall	\$ 1,213,462	January 1, 2017	6	\$ 224,667
Shortfall	\$ 839,554	January 1, 2018	7	\$ 137,057

Schedule SB Attachment (Form 5500)—2018 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

- A change in the social security COLA increase rate from 3.00% to 2.50%.

Schedule SB Attachment (Form 5500)—2018 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2018

Date	Amount	Days to Discount to 1/1/2018 at 5.79%	Interest Adjusted Contribution
April 9, 2018	\$ 429,097	98	\$ 422,661
July 11, 2018	429,097	191	416,643
October 4, 2018	425,795	276	408,053
January 15, 2019	425,796	379	401,624
September 6, 2019	<u>267,866</u>	613	<u>243,705</u>
Total Contribution	\$ 1,977,651		\$ 1,892,686

Schedule SB Attachment (Form 5500)—2018 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 beginning of year.

(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 H, LINE 4a--SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

LIFEPOINT MARQUETTE PENSION PLAN

Employer Identification Number: 20-1538254

Plan Number: 002

December 31, 2018

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ 21,136			

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. 1210 - 0110
1210 - 0089**2018****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

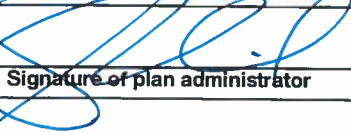
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
- ☐ the first return/report ☐ 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) LEGACY 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		10/14/19	SONNY TERRILL
	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 (2018)
v. 171027

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 LIFEPOINT HEALTH INC c Plan Name LIFEPOINT MARQUETTE PENSION PLAN	4b EIN 20-1538254 4d PN 002
--	--

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)	115
a (2) Total number of active participants at the end of the plan year	6a(2)	107
b Retired or separated participants receiving benefits	6b	60
c Other retired or separated participants entitled to future benefits	6c	24
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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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, 2018

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2018 THROUGH DECEMBER 31, 2018

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 01/02/18 B	1	1.000	0	1-	1
17697690 01/26/18 B	714	1.000	0	714-	714
17697690 02/01/18 B	1	1.000	0	1-	1
17697690 03/01/18 B	2	1.000	0	2-	2
17697690 04/02/18 B	2	1.000	0	2-	2
17697690 05/01/18 B	2	1.000	0	2-	2
17697690 06/01/18 B	3	1.000	0	3-	3
17697690 07/02/18 B	3	1.000	0	3-	3
17697690 08/01/18 B	3	1.000	0	3-	3
17697690 09/04/18 B	3	1.000	0	3-	3
17697690 10/01/18 B	3	1.000	0	3-	3
17697690 11/01/18 B	3	1.000	0	3-	3
17697690 12/03/18 B	3	1.000	0	3-	3
17697692 01/03/18 B	12,792	1.000	0	12,792-	12,792
17697692 01/05/18 B	188	1.000	0	188-	188
17697692 01/09/18 B	386,187	1.000	0	386,187-	386,187
17697692 02/07/18 B	33	1.000	0	33-	33
17697692 02/14/18 B	126	1.000	0	126-	126
17697692 02/21/18 B	39,395	1.000	0	39,395-	39,395
17697692 03/09/18 B	112	1.000	0	112-	112
17697692 03/15/18 B	24,225	1.000	0	24,225-	24,225
17697692 03/22/18 B	310	1.000	0	310-	310
17697692 03/23/18 B	127	1.000	0	127-	127
17697692 03/28/18 B	11,962	1.000	0	11,962-	11,962
17697692 04/09/18 B	429,097	1.000	0	429,097-	429,097
17697692 04/18/18 B	468	1.000	0	468-	468
17697692 05/02/18 B	23,327	1.000	0	23,327-	23,327
17697692 05/03/18 B	425	1.000	0	425-	425
17697692 05/08/18 B	99	1.000	0	99-	99
17697692 05/16/18 B	425	1.000	0	425-	425
17697692 05/25/18 B	381	1.000	0	381-	381
17697692 06/04/18 B	24,946	1.000	0	24,946-	24,946
17697692 06/29/18 B	26,706	1.000	0	26,706-	26,706
17697692 07/11/18 B	429,097	1.000	0	429,097-	429,097
17697692 07/25/18 B	12,392	1.000	0	12,392-	12,392
17697692 07/31/18 B	433	1.000	0	433-	433
17697692 08/14/18 B	435	1.000	0	435-	435



SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT MARQUETTE PENSION PLAN
EIN: 20-1538254 PN: 002
DECEMBER 31, 2018

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2018 THROUGH DECEMBER 31, 2018

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 08/22/18 B 101	1.000	0	101-	101	
17697692 08/29/18 B 27,994	1.000	0	27,994-	27,994	
17697692 09/11/18 B 249,265	1.000	0	249,265-	249,265	
17697692 09/25/18 B 374	1.000	0	374-	374	
17697692 10/04/18 B 851,590	1.000	0	851,590-	851,590	
17697692 10/29/18 B 52,584	1.000	0	52,584-	52,584	
17697692 10/31/18 B 103	1.000	0	103-	103	
17697692 11/08/18 B 23,534	1.000	0	23,534-	23,534	
17697692 11/13/18 B 418	1.000	0	418-	418	
17697692 12/12/18 B 24,008	1.000	0	24,008-	24,008	
17697692 12/18/18 B 361	1.000	0	361-	361	
SUB-TOTAL OF BUYS # 48		0	2,654,763	2,654,763	
17697692 01/02/18 S 91,764	1.000	0	91,764	91,764	0
17697692 01/17/18 S 925,000	1.000	0	925,000	925,000	0
17697692 01/22/18 S 3,308	1.000	0	3,308	3,308	0
17697692 02/01/18 S 91,952	1.000	0	91,952	91,952	0
17697692 02/13/18 S 3,165	1.000	0	3,165	3,165	0
17697692 03/01/18 S 94,134	1.000	0	94,134	94,134	0
17697692 03/21/18 S 12	1.000	0	12	12	0
17697692 04/02/18 S 94,153	1.000	0	94,153	94,153	0
17697692 04/20/18 S 3,275	1.000	0	3,275	3,275	0
17697692 05/01/18 S 93,760	1.000	0	93,760	93,760	0
17697692 06/01/18 S 93,647	1.000	0	93,647	93,647	0
17697692 07/02/18 S 93,749	1.000	0	93,749	93,749	0
17697692 07/13/18 S 7,000	1.000	0	7,000	7,000	0
17697692 07/18/18 S 5,033	1.000	0	5,033	5,033	0
17697692 07/20/18 S 3,029	1.000	0	3,029	3,029	0
17697692 08/01/18 S 98,162	1.000	0	98,162	98,162	0
17697692 08/08/18 S 2,852	1.000	0	2,852	2,852	0
17697692 09/04/18 S 100,930	1.000	0	100,930	100,930	0
17697692 10/01/18 S 100,792	1.000	0	100,792	100,792	0
17697692 10/02/18 S 689	1.000	0	689	689	0
17697692 10/05/18 S 425,795	1.000	0	425,795	425,795	0
17697692 10/22/18 S 3,153	1.000	0	3,153	3,153	0
17697692 11/01/18 S 100,642	1.000	0	100,642	100,642	0
17697692 11/08/18 S 1,605	1.000	0	1,605	1,605	0
17697692 12/03/18 S 102,283	1.000	0	102,283	102,283	0
SUB-TOTAL OF SALES # 25		0	2,539,884	2,539,884	0
SUB-TOTAL		0	5,194,647	5,194,647	0



SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT MARQUETTE PENSION PLAN
EIN: 20-1538254 PN: 002
DECEMBER 31, 2018

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2018 THROUGH DECEMBER 31, 2018

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	5,194,647	5,194,647	0

FOOTNOTES

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

SCHEDULE SB (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>	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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

► **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 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 <u>01</u> Day <u>01</u> Year <u>2018</u>				
2 Assets:				
a Market value.....	2a	28,200,748		
b Actuarial value	2b	26,625,737		
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	56	13,902,422	13,902,422	
b For terminated vested participants	22	1,280,865	1,280,865	
c For active participants	115	15,736,433	16,390,933	
d Total	193	30,919,720	31,574,220	
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	5.79%		
6 Target normal cost	6	391,920		

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 Signature of actuary	09/24/2019 Date
	JOSEPH L. ENGSTROM Type or print name of actuary	1707612 Most recent enrollment number
	AON CONSULTING, INC. Firm name	615-771-8152 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) 2018
v. 171027

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>16.11%</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)		108
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>6.00%</u>		6
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		114
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	84.32%
15 Adjusted funding target attainment percentage	15	84.32%
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	81.96%
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
01/02/2018	0	12,792	12/12/2018	0	24,008
02/21/2018	0	39,395	01/15/2019	425,796	0
03/15/2018	0	24,225	09/06/2019	267,866	0
03/28/2018	0	11,962			
04/09/2018	429,097	0			
05/02/2018	0	23,327			
06/04/2018	0	24,946			
06/29/2018	0	26,706			
07/11/2018	429,097	0			
07/25/2018	0	12,392			
08/29/2018	0	27,994			
10/04/2018	425,795	0			
10/26/2018	0	52,158			
11/08/2018	0	23,534			
Totals ▶			18(b)	1,977,651	18(c) 303,439

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	1,892,686

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: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %
			☐ 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) Prior regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			
Current regulation: ☐ 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	391,920
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		4,948,483	1,500,503
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	1,892,423
	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	1,892,423
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	1,892,686
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	263
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

Schedule SB Attachment (Form 5500)—2018 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 18—Employee Contributions

Year applied for contributions: 2018

Date	Amount
January 2, 2018	\$ 12,792
February 21, 2018	\$ 39,395
March 15, 2018	\$ 24,225
March 28, 2018	\$ 11,962
May 2, 2018	\$ 23,327
June 4, 2018	\$ 24,946
June 29, 2018	\$ 26,706
July 25, 2018	\$ 12,392
August 29, 2018	\$ 27,994
October 26, 2018	\$ 52,158
November 8, 2018	\$ 23,534
December 12, 2018	\$ 24,008

Schedule SB Attachment (Form 5500)—2018 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2018

Date	Amount	Days to Discount to 1/1/2018 at 5.79%	Interest Adjusted Contribution
April 9, 2018	\$ 429,097	98	\$ 422,661
July 11, 2018	429,097	191	416,643
October 4, 2018	425,795	276	408,053
January 15, 2019	425,796	379	401,624
September 6, 2019	<u>267,866</u>	613	<u>243,705</u>
Total Contribution	\$ 1,977,651		\$ 1,892,686

Schedule SB Attachment (Form 5500)—2018 Plan Year
LifePoint Marquette Pension Plan
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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 beginning of year.

(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)—2018 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 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
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	2.50%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) 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)—2018 Plan Year
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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 \$220,000 and the IRC section 401(a)(17) compensation limit of \$275,000.
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	
2016 Plan Year	5.65%
2017 Plan Year	5.65%
2018 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, 2018

Schedule SB Attachment (Form 5500)—2018 Plan Year
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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%

Schedule SB Attachment (Form 5500)—2018 Plan Year
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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%		

Schedule SB Attachment (Form 5500)—2018 Plan Year
LifePoint Marquette Pension Plan
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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%			

Schedule SB Attachment (Form 5500)—2018 Plan Year
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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.

Schedule SB Attachment (Form 5500)—2018 Plan Year
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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

Schedule SB Attachment (Form 5500)—2018 Plan Year
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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.
- 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).

Schedule SB Attachment (Form 5500)—2018 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Final Average Annual Compensation

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

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 SB Attachment (Form 5500)—2018 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

- A change in the social security COLA increase rate from 3.00% to 2.50%.

Schedule SB Attachment (Form 5500)—2018 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

Attained Age	Number of Participants and Average Compensation									
	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			1	1						
35-39			4	6						
40-44		1	3	8	4	1				
45-49			2	5	3	2				
50-54			2	5	7	7	5	1		
55-59			1	3	7	12	7	3	1	
60-64			1	3	1	2	1	4		
65-69						1				
70+										

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Schedule SB Attachment (Form 5500)—2018 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	\$ 529,087	September 1, 2012	1.66	\$ 322,316
Shortfall	\$ 977,635	January 1, 2013	2	\$ 498,214
Shortfall	\$ (37,804)	January 1, 2014	3	\$ (13,089)
Shortfall	\$ 483,884	January 1, 2015	4	\$ 128,035
Shortfall	\$ 942,665	January 1, 2016	5	\$ 203,303
Shortfall	\$ 1,213,462	January 1, 2017	6	\$ 224,667
Shortfall	\$ 839,554	January 1, 2018	7	\$ 137,057