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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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	Filed with authorized/valid electronic signature.	10/13/2020	SONNY TERRILL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	193
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	107
a(2) Total number of active participants at the end of the plan year	**6a(2)**	100
b Retired or separated participants receiving benefits	**6b**	65
c Other retired or separated participants entitled to future benefits	**6c**	25
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	190
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**.	**6f**	192
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	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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
LEGACY LIFEPOINT HEALTH INC

D Employer Identification Number (EIN)
20-1538254

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	**2a**	27185400
b Actuarial value	**2b**	28829221

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	61	15868151	15868151
b For terminated vested participants	25	1836925	1836925
c For active participants	107	16677462	17218448
d Total	193	34382538	34923524

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**	5.62 %
6 Target normal cost	**6**	581932

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

	10/05/2020
Signature of actuary	Date
JOSEPH L ENGSTROM	20-07612
Type or print name of actuary	Most recent enrollment number
AON CONSULTING INC	615-771-8152
Firm name	Telephone number (including area code)
501 CORPORATE CENTRE DR, 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 [ ]

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 -7.43 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		263
	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 5.79 %		15
	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		278
	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	82.54 %
15	Adjusted funding target attainment percentage	15	82.54 %
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	84.32 %
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
03/27/2109	473106	0	01/18/2019	0	19987
07/03/2019	473106	0	01/23/2019	0	13276
10/11/2019	473106	0	02/05/2019	0	13461
01/13/2020	473106	0	02/15/2019	0	11373
09/29/2020	605485	0	03/01/2019	0	11589
01/07/2019	0	13323	03/19/2019	0	11633
			Totals ► 18(b)	2497909	18(c) 349742

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	2378503

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

Part II Beginning of Year Carryover and Prefunding Balances

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

Part III Funding Percentages

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

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/05/2019	0	11524	06/25/2019	0	12599
04/16/2019	0	11176	07/11/2019	0	12115
04/26/2019	0	11216	07/24/2019	0	12219
05/17/2019	0	11311	08/06/2019	0	12188
05/29/2019	0	11570	08/16/2019	0	11671
06/11/2019	0	12420	08/26/2019	0	21136
			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 II Beginning of Year Carryover and Prefunding Balances

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

Part III Funding Percentages

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

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/05/2019	0	10990			
09/16/2019	0	11934			
10/01/2019	0	11727			
10/17/2019	0	69304			
			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:	2nd segment:	3rd segment:	
3.74 %	5.35 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	581932
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	6094303	1796571
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**	2378503

	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**	2378503
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2378503
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

WELLS FARGO BANK NA

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 50 63	NONE	12944	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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 Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	235730	501253
(2) Participant contributions	1b(2)	41122	
(3) Other	1b(3)	2123	3300
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1049194	2214158
(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)	25451390	31827172
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	26779559	34545883
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	26779559	34545883

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)	2378503	
	(B) Participants	2a(1)(B)	308620	
	(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)		2687123
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	38554	
	(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)		38554
	(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)	869949	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		869949
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1309496	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1309496	
	(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)		5505833
c Other income	2c		6003
d Total income. Add all **income** amounts in column (b) and enter total	2d		9107462
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1328112	
(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)		1328112
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)	13026	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		13026
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1341138
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7766324
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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:

		Yes	No	Amount
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.)	4a	X		21136
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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 4227878. (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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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 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): 41-6257133

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** 0

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Audited Financial Statements
and Supplemental Schedules

LIFEPOINT MARQUETTE PENSION PLAN

Years Ended December 31, 2019 and 2018

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LIFEPOINT MARQUETTE PENSION PLAN

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MAKELA, TOUTANT, HILL, NARDI & KATONA, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

201 West Bluff Street
Marquette, Michigan 49855

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, 2019 and 2018, 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, 2019 and 2018, that the information provided to the Plan administrator by the trustee is complete and accurate.

Members: American Institute of CPAs & Michigan Association of CPAs
◆ (906) 228-3600 ◆ (800) 228-0554 ◆ Fax: (906) 228-3113 ◆ mthnk@mthnk.com ◆

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, 2019, 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 12, 2020

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

LIFEPOINT MARQUETTE PENSION PLAN

	December 31 2019	December 31 2018
ASSETS		
Investments, at fair value:		
Money market funds	$ 2,214,158	$ 1,049,194
Mutual funds	31,827,172	25,451,390
TOTAL INVESTMENTS	34,041,330	26,500,584
Receivables:		
Employer contributions	501,253	235,730
Employee contributions	-	41,122
Interest	3,300	2,123
TOTAL RECEIVABLES	504,553	278,975
TOTAL ASSETS	34,545,883	26,779,559
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 34,545,883	$ 26,779,559

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

LIFEPOINT MARQUETTE PENSION PLAN

	Year Ended December 31	
	2019	2018
ADDITIONS		
Employer contributions	$ 2,378,503	$ 1,892,423
Employee contributions	308,620	331,768
Interest and dividend income	914,506	822,331
Net appreciation (depreciation) in fair value of investments	5,505,833	(2,916,990)
TOTAL ADDITIONS	9,107,462	129,532
DEDUCTIONS		
Benefit payments	1,328,112	1,188,592
Investment management and administrative fees	13,026	12,576
TOTAL DEDUCTIONS	1,341,138	1,201,168
NET INCREASE (DECREASE)	7,766,324	(1,071,636)
Net assets available for benefits at beginning of year	26,779,559	27,851,195
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 34,545,883	$ 26,779,559

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.

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.

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, 2019 and 2018, one investment security represented approximately 47 percent and 49 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, 2019 and 2018, these administrative expenses approximated $142,000 and $207,000, respectively.

Subsequent Events

Subsequent events were evaluated through October 12, 2020, which is the date the financial statements were available to be issued.

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 2019	January 1 2018
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	$ 16,079,751	$ 14,184,011
Other participants	19,986,597	18,395,411
TOTAL VESTED BENEFITS	36,066,348	32,579,422
Non-vested benefits	433,625	532,318
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 36,499,973	$ 33,111,740

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

	January 1 2019	January 1 2018
Actuarial present value of accumulated plan benefits as of January 1 of the prior year	$ 33,111,740	$ 31,720,160
Increase (Decrease) during the year due to:		
Benefits paid	(1,188,592)	(1,011,982)
Interest accumulation due to decrease in discount period	1,837,697	1,763,993
Other--primarily due to benefits accumulated	1,004,192	823,771
Change in actuarial assumptions	1,734,936	(184,202)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 36,499,973	$ 33,111,740

NOTE C--ACCUMULATED PLAN BENEFITS--Continued

Significant assumptions underlying the actuarial computations are:

Description	Assumption
Investment Return	5.25% for the 2019 valuation 5.65% for the 2018 valuation
Salary Increases	3%
Discount Rate	4.14% for the 2019 valuation 3.52% for the 2018 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-2018 for the 2019 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-2017 for the 2018 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

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, 2019 and 2018, by major asset category and aggregated by level within the fair value hierarchy:

	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
December 31, 2019:			
Money market funds	$ 2,214,158	$ -	$ 2,214,158
Mutual funds	31,827,172	31,827,172	-
TOTAL	$ 34,041,330	$ 31,827,172	$ 2,214,158

	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
December 31, 2018:			
Money market funds	$ 1,049,194	$ -	$ 1,049,194
Mutual funds	25,451,390	25,451,390	-
TOTAL	$ 26,500,584	$ 25,451,390	$ 1,049,194

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2019 and 2018, are reported in net appreciation (depreciation) in fair value of investments.

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	
	2019	2018
Investments, at fair value:		
Money market funds	$ 2,214,158	$ 1,049,194
Mutual funds	$ 31,827,172	$ 25,451,390
Interest receivable	$ 3,300	$ 2,123
Investment income:		
Interest and dividend income	$ 914,506	$ 822,331
Net appreciation (depreciation) in fair value of investments	$ 5,505,833	$ (2,916,990)

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.

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--SUBSEQUENT EVENTS

As a result of the spread of COVID-19, economic uncertainties have arisen which have resulted in heightened market risk and significant volatility in the investment markets, and this could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

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, 2019

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments are Included ❒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 21,136	$ -	$ 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, 2019

(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	2,214,158 shares	$ 2,214,158	$ 2,214,158
	Mutual funds:			
	Calamos Market Neutral Income Fund	21,545 shares	273,146	286,761
	JP Morgan International Equity Fund	88,437 shares	1,293,320	1,588,322
	Oppenheimer Developing	27,455 shares	1,118,839	1,251,958
	Transamerica International	81,487 shares	1,273,039	1,493,665
	Vanguard Developed Markets Index	35,905 shares	431,046	507,700
	Vanguard REIT	2,040 shares	217,088	268,444
	Vanguard Small Cap	30,332 shares	1,923,341	2,407,429
	Vanguard Total Stock Market	86,908 shares	5,415,450	6,925,680
	Ryan Labs Credit Fund	1,469,171 shares	14,053,562	16,102,111
	Transamerica Emerging Market	27,107 shares	268,592	289,507
	Altergris Managed Futures Strategy	38,095 shares	303,256	297,140
	Pimco Real Estate Real Return Strategy	43,826 shares	346,236	408,455
		TOTAL MUTUAL FUNDS	26,916,915	31,827,172
		TOTAL INVESTMENTS	$ 29,131,073	$ 34,041,330

* A party-in-interest as defined by ERISA

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019

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	01/02/19 B	3	1.000	0	3-	3
17697690	02/01/19 B	3	1.000	0	3-	3
17697690	03/01/19 B	3	1.000	0	3-	3
17697690	03/08/19 B	955	1.000	0	955-	955
17697690	04/01/19 B	5	1.000	0	5-	5
17697690	05/01/19 B	5	1.000	0	5-	5
17697690	06/03/19 B	5	1.000	0	5-	5
17697690	07/01/19 B	5	1.000	0	5-	5
17697690	08/01/19 B	5	1.000	0	5-	5
17697690	09/03/19 B	5	1.000	0	5-	5
17697690	10/01/19 B	5	1.000	0	5-	5
17697690	11/01/19 B	4	1.000	0	4-	4
17697690	12/02/19 B	4	1.000	0	4-	4
17697692	01/07/19 B	13,323	1.000	0	13,323-	13,323
17697692	01/15/19 B	425,796	1.000	0	425,796-	425,796
17697692	01/18/19 B	19,986	1.000	0	19,986-	19,986
17697692	01/24/19 B	13,276	1.000	0	13,276-	13,276
17697692	01/28/19 B	329	1.000	0	329-	329
17697692	01/31/19 B	778	1.000	0	778-	778
17697692	02/05/19 B	13,461	1.000	0	13,461-	13,461
17697692	02/06/19 B	103	1.000	0	103-	103
17697692	02/15/19 B	11,373	1.000	0	11,373-	11,373
17697692	03/01/19 B	11,589	1.000	0	11,589-	11,589
17697692	03/19/19 B	11,633	1.000	0	11,633-	11,633
17697692	03/27/19 B	473,106	1.000	0	473,106-	473,106
17697692	04/05/19 B	11,524	1.000	0	11,524-	11,524
17697692	04/16/19 B	11,176	1.000	0	11,176-	11,176
17697692	04/26/19 B	11,216	1.000	0	11,216-	11,216
17697692	05/03/19 B	390	1.000	0	390-	390
17697692	05/08/19 B	101	1.000	0	101-	101
17697692	05/13/19 B	402	1.000	0	402-	402
17697692	05/13/19 B	339	1.000	0	339-	339
17697692	05/17/19 B	11,311	1.000	0	11,311-	11,311
17697692	05/29/19 B	11,570	1.000	0	11,570-	11,570
17697692	06/06/19 B	331	1.000	0	331-	331
17697692	06/11/19 B	12,420	1.000	0	12,420-	12,420
17697692	06/25/19 B	12,599	1.000	0	12,599-	12,599

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019

LIFEPOINT MQT PENSION CONSOLIDATED
ACCOUNT NUMBER 17697698

(a) IDENTITY OF PARTY & (b) DESCRIPTION OF ASSET			(c) & (d) PRICE	(f) EXPENSE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN/LOSS
17697692	07/05/19 B	473,106	1.000	0	473,106-	473,106	
17697692	07/11/19 B	12,115	1.000	0	12,115-	12,115	
17697692	07/24/19 B	12,219	1.000	0	12,219-	12,219	
17697692	07/30/19 B	2,841	1.000	0	2,841-	2,841	
17697692	08/01/19 B	2,841	1.000	0	2,841-	2,841	
17697692	08/06/19 B	104	1.000	0	104-	104	
17697692	08/06/19 B	12,188	1.000	0	12,188-	12,188	
17697692	08/07/19 B	403	1.000	0	403-	403	
17697692	08/16/19 B	11,671	1.000	0	11,671-	11,671	
17697692	08/26/19 B	21,136	1.000	0	21,136-	21,136	
17697692	08/29/19 B	357	1.000	0	357-	357	
17697692	08/30/19 B	530	1.000	0	530-	530	
17697692	09/05/19 B	10,990	1.000	0	10,990-	10,990	
17697692	09/06/19 B	267,866	1.000	0	267,866-	267,866	
17697692	09/16/19 B	11,934	1.000	0	11,934-	11,934	
17697692	10/01/19 B	11,727	1.000	0	11,727-	11,727	
17697692	10/15/19 B	473,106	1.000	0	473,106-	473,106	
17697692	10/17/19 B	11,249	1.000	0	11,249-	11,249	
17697692	10/25/19 B	408	1.000	0	408-	408	
17697692	10/30/19 B	11,212	1.000	0	11,212-	11,212	
17697692	11/07/19 B	107	1.000	0	107-	107	
17697692	11/14/19 B	11,342	1.000	0	11,342-	11,342	
17697692	11/25/19 B	11,595	1.000	0	11,595-	11,595	
17697692	12/13/19 B	11,935	1.000	0	11,935-	11,935	
17697692	12/18/19 B	366	1.000	0	366-	366	
17697692	12/23/19 B	11,970	1.000	0	11,970-	11,970	
	SUB-TOTAL OF BUYS # 63			0	2,474,457	2,474,457	
17697692	01/02/19 S	102,274	1.000	0	102,274	102,274	0
17697692	01/22/19 S	3,051	1.000	0	3,051	3,051	0
17697692	02/01/19 S	101,800	1.000	0	101,800	101,800	0
17697692	02/21/19 S	1,107	1.000	0	1,107	1,107	0
17697692	03/01/19 S	102,855	1.000	0	102,855	102,855	0
17697692	03/04/19 S	1,061	1.000	0	1,061	1,061	0
17697692	04/01/19 S	103,684	1.000	0	103,684	103,684	0
17697692	04/10/19 S	8,247	1.000	0	8,247	8,247	0
17697692	04/22/19 S	3,280	1.000	0	3,280	3,280	0
17697692	05/01/19 S	105,858	1.000	0	105,858	105,858	0
17697692	05/22/19 S	4,468	1.000	0	4,468	4,468	0
17697692	06/03/19 S	110,503	1.000	0	110,503	110,503	0
17697692	07/01/19 S	110,847	1.000	0	110,847	110,847	0
17697692	07/22/19 S	3,309	1.000	0	3,309	3,309	0
17697692	08/01/19 S	110,149	1.000	0	110,149	110,149	0
17697692	08/05/19 S	209	1.000	0	209	209	0
17697692	09/03/19 S	107,794	1.000	0	107,794	107,794	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019

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	10/01/19 S	107,747	1.000	0	107,747	107,747	0
17697692	10/21/19 S	3,386	1.000	0	3,386	3,386	0
17697692	11/01/19 S	108,810	1.000	0	108,810	108,810	0
17697692	12/02/19 S	109,057	1.000	0	109,057	109,057	0
SUB-TOTAL OF SALES # 21				0	1,309,496	1,309,496	0
SUB-TOTAL				0	3,783,953	3,783,953	0
GRAND TOTAL				0	3,783,953	3,783,953	0

F O O T N O T E S

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

Schedule SB Attachment (Form 5500)—2019 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.

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 ⅓ of 1% for each month during which early retirement benefit payments are made before the normal retirement date.
Disability Retirement Benefit	Age 40 with 10 years of service and eligible for a disability benefit under the Federal Social Security Act. Accrued normal retirement benefit is payable without reduction.
Vesting	Five years of service: Normal retirement formula in effect at date of termination deferred to age 65 or later, or reduced as for early retirement. Effective January 1, 2010, all participants who are active as of November 1, 2010 are fully vested.
Employee Mandatory Contribution Benefit	The total of the employee mandatory contributions and all interest calculated per section 14.10D of the Plan document.
Spouse Benefit for Preretirement Death	Death benefit attributable to employer contributions: A monthly benefit payable to the spouse of a vested employee in the amount of 50% of the employee’s vested accrued normal retirement benefit attributable to employer contributions, reduced for commencement prior to normal retirement date and the joint and survivor option. The benefit is payable on the first day of the month following the later of the employee’s death or attainment of age 55 if eligible for early retirement. Death benefit attributable to employee mandatory contributions:

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

Payment Options

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

b) Life only.

c) Lifetime benefit with 120 payments certain.

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

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

Definitions

Service

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

Credited Service

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

Annual Compensation	Base rate of pay on January 1 of the plan year times 2080 (capped at $205,000 on and after January 1, 2005).
Final Average Annual Compensation	The average of the employee's annual compensation during the highest five consecutive calendar years.

Schedule SB Attachment (Form 5500)—2019 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

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

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

Due to software limitations related to the number of entries allowed on line 18, the employee contributions from October 17, 2019 to December 23, 2019 were summarized as a single contribution on October 17, 2019 on line 18 of the Schedule SB. The complete schedule of contributions is below.

Date	Amount Paid by Employer	Amount Paid by Employee
March 27, 2019	473,106	0
July 3, 2019	473,106	0
October 11, 2019	473,106	0
January 13, 2020	473,106	0
September 29, 2020	605,485	0
January 7, 2019	0	13,323
January 18, 2019	0	19,987
January 23, 2019	0	13,276
February 5, 2019	0	13,461
February 15, 2019	0	11,373
March 1, 2019	0	11,589
March 19, 2019	0	11,633
April 5, 2019	0	11,524
April 16, 2019	0	11,176
April 26, 2019	0	11,216
May 17, 2019	0	11,311
May 29, 2019	0	11,570
June 11, 2019	0	12,420
June 25, 2019	0	12,599
July 11, 2019	0	12,115
July 24, 2019	0	12,219
August 6, 2019	0	12,188
August 16, 2019	0	11,671
August 26, 2019	0	21,136
September 5, 2019	0	10,990
September 16, 2019	0	11,934
October 1, 2019	0	11,727
October 17, 2019	0	11,249
October 30, 2019	0	11,212
November 14, 2019	0	11,342
November 25, 2019	0	11,595
December 13, 2019	0	11,935
December 23, 2019	0	11,971

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, 2019

(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	2,214,158 shares	$ 2,214,158	$ 2,214,158
	Mutual funds:			
	Calamos Market Neutral Income Fund	21,545 shares	273,146	286,761
	JP Morgan International Equity Fund	88,437 shares	1,293,320	1,588,322
	Oppenheimer Developing	27,455 shares	1,118,839	1,251,958
	Transamerica International	81,487 shares	1,273,039	1,493,665
	Vanguard Developed Markets Index	35,905 shares	431,046	507,700
	Vanguard REIT	2,040 shares	217,088	268,444
	Vanguard Small Cap	30,332 shares	1,923,341	2,407,429
	Vanguard Total Stock Market	86,908 shares	5,415,450	6,925,680
	Ryan Labs Credit Fund	1,469,171 shares	14,053,562	16,102,111
	Transamerica Emerging Market	27,107 shares	268,592	289,507
	Altergris Managed Futures Strategy	38,095 shares	303,256	297,140
	Pimco Real Estate Real Return Strategy	43,826 shares	346,236	408,455
		TOTAL MUTUAL FUNDS	26,916,915	31,827,172
		TOTAL INVESTMENTS	$ 29,131,073	$ 34,041,330

* A party-in-interest as defined by ERISA

Schedule SB Attachment (Form 5500)—2019 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

Number of Participants and Average Compensation

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

N-107

Schedule SB Attachment (Form 5500)—2019 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 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2018), without regard to interest rate stabilization
1st Segment Rate	2.28%
2nd Segment Rate	3.81%
3rd Segment Rate	4.46%
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	2019 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2018-02
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements

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 $225,000 and the IRC section 401(a)(17) compensation limit of $280,000.
Valuation of Plan Assets	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. 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).
Expected Return on Assets	
2017 Plan Year	5.65%
2018 Plan Year	5.65%
2019 Plan Year	5.25%
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, 2019

Table 1

Retirement Rates

Age	Rate
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%

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%		

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%	66	0.0000%	0.0000%
37	0.0900%	0.0780%	67	0.0000%	0.0000%
38	0.0972%	0.0858%	68	0.0000%	0.0000%
39	0.1044%	0.0936%	69	0.0000%	0.0000%
40	0.1116%	0.1014%	70	0.0000%	0.0000%
41	0.1188%	0.1092%	71	0.0000%	0.0000%
42	0.1260%	0.1170%	72	0.0000%	0.0000%
43	0.1404%	0.1290%	73	0.0000%	0.0000%
44	0.1548%	0.1410%	74	0.0000%	0.0000%

Schedule SB Attachment (Form 5500)—2019 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	$ 215,952	September 1, 2012	0.66	$ 215,952
Shortfall	$ 498,214	January 1, 2013	1	$ 498,214
Shortfall	$ (25,706)	January 1, 2014	2	$ (13,089)
Shortfall	$ 370,424	January 1, 2015	3	$ 128,035
Shortfall	$ 770,283	January 1, 2016	4	$ 203,303
Shortfall	$ 1,045,207	January 1, 2017	5	$ 224,667
Shortfall	$ 743,239	January 1, 2018	6	$ 137,057
Shortfall	$ 2,476,690	January 1, 2019	7	$ 402,432

Schedule SB Attachment (Form 5500)—2019 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2019

Date	Amount	Days to Discount to 1/1/2019 at 5.62%	Days to Discount to 9/15/2020 at 5.46%	Interest Adjusted Contribution
March 27, 2019	$ 473,106	85	0	$ 467,120
July 3, 2019	473,106	183	0	460,313
October 11, 2019	473,106	283	0	453,468
January 13, 2020	473,106	377	0	447,130
September 29, 2020	605,485	623	14	550,472
Total Contribution	$ 2,497,909			$ 2,378,503

Schedule SB Attachment (Form 5500)—2019 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, 2019

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

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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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	Signature of plan administrator	Date 10/13/2020	Enter name of individual signing as plan administrator SONNY TERRILL
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 (2019)
v. 190130

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	193
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	107
a (2) Total number of active participants at the end of the plan year	**6a(2)**	100
b Retired or separated participants receiving benefits	**6b**	65
c Other retired or separated participants entitled to future benefits	**6c**	25
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	190
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f Total. Add lines **6d** and **6e**	**6f**	192
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) [X] 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) [X] 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) [X] **R** (Retirement Plan Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules
(1) [X] **H** (Financial Information)
(2) [ ] **I** (Financial Information - Small Plan)
(3) [ ] ____ **A** (Insurance Information)
(4) [X] **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 _____

WELLS FARGO

SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT MARQUETTE PENSION PLAN
EIN: 20-1538254 PN: 002
DECEMBER 31, 2019

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE — **LIFEPOINT MQT PENSION CONSOLIDATED**
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019 — **ACCOUNT NUMBER 17697698**

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

(a) IDENTITY OF PARTY & (b) DESCRIPTION OF ASSET		(c) & (d) PRICE	(f) EXPENSE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN/LOSS
17697690	01/02/19 B	3	1.000	0	3-	3
17697690	02/01/19 B	3	1.000	0	3-	3
17697690	03/01/19 B	3	1.000	0	3-	3
17697690	03/08/19 B	955	1.000	0	955-	955
17697690	04/01/19 B	5	1.000	0	5-	5
17697690	05/01/19 B	5	1.000	0	5-	5
17697690	06/03/19 B	5	1.000	0	5-	5
17697690	07/01/19 B	5	1.000	0	5-	5
17697690	08/01/19 B	5	1.000	0	5-	5
17697690	09/03/19 B	5	1.000	0	5-	5
17697690	10/01/19 B	5	1.000	0	5-	5
17697690	11/01/19 B	4	1.000	0	4-	4
17697690	12/02/19 B	4	1.000	0	4-	4
17697692	01/07/19 B	13,323	1.000	0	13,323-	13,323
17697692	01/15/19 B	425,796	1.000	0	425,796-	425,796
17697692	01/18/19 B	19,986	1.000	0	19,986-	19,986
17697692	01/24/19 B	13,276	1.000	0	13,276-	13,276
17697692	01/28/19 B	329	1.000	0	329-	329
17697692	01/31/19 B	778	1.000	0	778-	778
17697692	02/05/19 B	13,461	1.000	0	13,461-	13,461
17697692	02/06/19 B	103	1.000	0	103-	103
17697692	02/15/19 B	11,373	1.000	0	11,373-	11,373
17697692	03/01/19 B	11,589	1.000	0	11,589-	11,589
17697692	03/19/19 B	11,633	1.000	0	11,633-	11,633
17697692	03/27/19 B	473,106	1.000	0	473,106-	473,106
17697692	04/05/19 B	11,524	1.000	0	11,524-	11,524
17697692	04/16/19 B	11,176	1.000	0	11,176-	11,176
17697692	04/26/19 B	11,216	1.000	0	11,216-	11,216
17697692	05/03/19 B	390	1.000	0	390-	390
17697692	05/08/19 B	101	1.000	0	101-	101
17697692	05/13/19 B	402	1.000	0	402-	402
17697692	05/13/19 B	339	1.000	0	339-	339
17697692	05/17/19 B	11,311	1.000	0	11,311-	11,311
17697692	05/29/19 B	11,570	1.000	0	11,570-	11,570
17697692	06/06/19 B	331	1.000	0	331-	331
17697692	06/11/19 B	12,420	1.000	0	12,420-	12,420
17697692	06/25/19 B	12,599	1.000	0	12,599-	12,599

WELLS FARGO

SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT MARQUETTE PENSION PLAN
EIN: 20-1538254 PN: 002
DECEMBER 31, 2019

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE — **LIFEPOINT MQT PENSION CONSOLIDATED**
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019 — **ACCOUNT NUMBER 17697698**

(a) IDENTITY OF PARTY & (b) DESCRIPTION OF ASSET			(c) & (d) PRICE	(f) EXPENSE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN/LOSS
17697692	07/05/19 B	473,106	1.000	0	473,106-	473,106	
17697692	07/11/19 B	12,115	1.000	0	12,115-	12,115	
17697692	07/24/19 B	12,219	1.000	0	12,219-	12,219	
17697692	07/30/19 B	2,841	1.000	0	2,841-	2,841	
17697692	08/01/19 B	2,841	1.000	0	2,841-	2,841	
17697692	08/06/19 B	104	1.000	0	104-	104	
17697692	08/06/19 B	12,188	1.000	0	12,188-	12,188	
17697692	08/07/19 B	403	1.000	0	403-	403	
17697692	08/16/19 B	11,671	1.000	0	11,671-	11,671	
17697692	08/26/19 B	21,136	1.000	0	21,136-	21,136	
17697692	08/29/19 B	357	1.000	0	357-	357	
17697692	08/30/19 B	530	1.000	0	530-	530	
17697692	09/05/19 B	10,990	1.000	0	10,990-	10,990	
17697692	09/06/19 B	267,866	1.000	0	267,866-	267,866	
17697692	09/16/19 B	11,934	1.000	0	11,934-	11,934	
17697692	10/01/19 B	11,727	1.000	0	11,727-	11,727	
17697692	10/15/19 B	473,106	1.000	0	473,106-	473,106	
17697692	10/17/19 B	11,249	1.000	0	11,249-	11,249	
17697692	10/25/19 B	408	1.000	0	408-	408	
17697692	10/30/19 B	11,212	1.000	0	11,212-	11,212	
17697692	11/07/19 B	107	1.000	0	107-	107	
17697692	11/14/19 B	11,342	1.000	0	11,342-	11,342	
17697692	11/25/19 B	11,595	1.000	0	11,595-	11,595	
17697692	12/13/19 B	11,935	1.000	0	11,935-	11,935	
17697692	12/18/19 B	366	1.000	0	366-	366	
17697692	12/23/19 B	11,970	1.000	0	11,970-	11,970	
	SUB-TOTAL OF BUYS # 63			0	2,474,457	2,474,457	
17697692	01/02/19 S	102,274	1.000	0	102,274	102,274	0
17697692	01/22/19 S	3,051	1.000	0	3,051	3,051	0
17697692	02/01/19 S	101,800	1.000	0	101,800	101,800	0
17697692	02/21/19 S	1,107	1.000	0	1,107	1,107	0
17697692	03/01/19 S	102,855	1.000	0	102,855	102,855	0
17697692	03/04/19 S	1,061	1.000	0	1,061	1,061	0
17697692	04/01/19 S	103,684	1.000	0	103,684	103,684	0
17697692	04/10/19 S	8,247	1.000	0	8,247	8,247	0
17697692	04/22/19 S	3,280	1.000	0	3,280	3,280	0
17697692	05/01/19 S	105,858	1.000	0	105,858	105,858	0
17697692	05/22/19 S	4,468	1.000	0	4,468	4,468	0
17697692	06/03/19 S	110,503	1.000	0	110,503	110,503	0
17697692	07/01/19 S	110,847	1.000	0	110,847	110,847	0
17697692	07/22/19 S	3,309	1.000	0	3,309	3,309	0
17697692	08/01/19 S	110,149	1.000	0	110,149	110,149	0
17697692	08/05/19 S	209	1.000	0	209	209	0
17697692	09/03/19 S	107,794	1.000	0	107,794	107,794	0

SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT MARQUETTE PENSION PLAN
EIN: 20-1538254 PN: 002
DECEMBER 31, 2019

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2019 THROUGH DECEMBER 31, 2019

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	10/01/19 S	107,747	1.000	0	107,747	107,747	0
17697692	10/21/19 S	3,386	1.000	0	3,386	3,386	0
17697692	11/01/19 S	108,810	1.000	0	108,810	108,810	0
17697692	12/02/19 S	109,057	1.000	0	109,057	109,057	0
	SUB-TOTAL OF SALES # 21			0	1,309,496	1,309,496	0
	SUB-TOTAL			0	3,783,953	3,783,953	0
	GRAND TOTAL			0	3,783,953	3,783,953	0

F O O T N O T E S

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

SCHEDULE SB (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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	**2a**	27,185,400
b Actuarial value	**2b**	28,829,221

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	61	15,868,151	15,868,151
b For terminated vested participants	25	1,836,925	1,836,925
c For active participants	107	16,677,462	17,218,448
d Total	193	34,382,538	34,923,524

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**	5.62%
6 Target normal cost	**6**	581,932

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 J.L.E
JOSEPH L. ENGSTROM — Signature of actuary

10/05/2020 — Date

JOSEPH L. ENGSTROM — Type or print name of actuary

2007612 — 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 [ ]

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 -7.43%	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)		263
	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 5.79%		15
	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		278
	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	82.54%
15	Adjusted funding target attainment percentage	15	82.54%
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	84.32%
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
03/27/2019	473,106	0	04/26/2019	0	11,216
07/03/2019	473,106	0	05/17/2019	0	11,311
10/11/2019	473,106	0	05/29/2019	0	11,570
01/13/2020	473,106	0	06/11/2019	0	12,420
09/29/2020	605,485	0	06/25/2019	0	12,599
01/07/2019	0	13,323	07/11/2019	0	12,115
01/18/2019	0	19,987	07/24/2019	0	12,219
01/23/2019	0	13,276	08/06/2019	0	12,188
02/05/2019	0	13,461	08/16/2019	0	11,671
02/15/2019	0	11,373	08/26/2019	0	21,136
03/01/2019	0	11,589	09/05/2019	0	10,990
03/19/2019	0	11,633	09/16/2019	0	11,934
04/05/2019	0	11,524	10/01/2019	0	11,727
04/16/2019	0	11,176	10/17/2019	0	69,304
			Totals ► 18(b)	2,497,909	18(c) 349,742

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	2,378,503

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
3.74 %	5.35 %	6.11%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	581,932
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	6,094,303	1,796,571
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**	2,378,503

	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**	2,378,503
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,378,503
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
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)—2019 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2019

Date	Amount	Days to Discount to 1/1/2019 at 5.62%	Days to Discount to 9/15/2020 at 5.46%	Interest Adjusted Contribution
March 27, 2019	$ 473,106	85	0	$ 467,120
July 3, 2019	473,106	183	0	460,313
October 11, 2019	473,106	283	0	453,468
January 13, 2020	473,106	377	0	447,130
September 29, 2020	605,485	623	14	550,472
Total Contribution	$ 2,497,909			$ 2,378,503

Schedule SB Attachment (Form 5500)—2019 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 SB Attachment (Form 5500)—2019 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 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2018), without regard to interest rate stabilization
1st Segment Rate	2.28%
2nd Segment Rate	3.81%
3rd Segment Rate	4.46%
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	2019 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2018-02
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements

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 $225,000 and the IRC section 401(a)(17) compensation limit of $280,000.
Valuation of Plan Assets	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. 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).
Expected Return on Assets	
2017 Plan Year	5.65%
2018 Plan Year	5.65%
2019 Plan Year	5.25%
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, 2019

Table 1

Retirement Rates

Age	Rate
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%

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%		

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%	66	0.0000%	0.0000%
37	0.0900%	0.0780%	67	0.0000%	0.0000%
38	0.0972%	0.0858%	68	0.0000%	0.0000%
39	0.1044%	0.0936%	69	0.0000%	0.0000%
40	0.1116%	0.1014%	70	0.0000%	0.0000%
41	0.1188%	0.1092%	71	0.0000%	0.0000%
42	0.1260%	0.1170%	72	0.0000%	0.0000%
43	0.1404%	0.1290%	73	0.0000%	0.0000%
44	0.1548%	0.1410%	74	0.0000%	0.0000%

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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.
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 ⅓ of 1% for each month during which early retirement benefit payments are made before the normal retirement date.
Disability Retirement Benefit	Age 40 with 10 years of service and eligible for a disability benefit under the Federal Social Security Act. Accrued normal retirement benefit is payable without reduction.
Vesting	Five years of service: Normal retirement formula in effect at date of termination deferred to age 65 or later, or reduced as for early retirement. Effective January 1, 2010, all participants who are active as of November 1, 2010 are fully vested.
Employee Mandatory Contribution Benefit	The total of the employee mandatory contributions and all interest calculated per section 14.10D of the Plan document.
Spouse Benefit for Preretirement Death	Death benefit attributable to employer contributions: A monthly benefit payable to the spouse of a vested employee in the amount of 50% of the employee’s vested accrued normal retirement benefit attributable to employer contributions, reduced for commencement prior to normal retirement date and the joint and survivor option. The benefit is payable on the first day of the month following the later of the employee’s death or attainment of age 55 if eligible for early retirement. Death benefit attributable to employee mandatory contributions:

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

Payment Options

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

b) Life only.

c) Lifetime benefit with 120 payments certain.

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

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

Definitions

Service

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

Credited Service

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

Annual Compensation	Base rate of pay on January 1 of the plan year times 2080 (capped at $205,000 on and after January 1, 2005).
Final Average Annual Compensation	The average of the employee's annual compensation during the highest five consecutive calendar years.

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

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

Due to software limitations related to the number of entries allowed on line 18, the employee contributions from October 17, 2019 to December 23, 2019 were summarized as a single contribution on October 17, 2019 on line 18 of the Schedule SB. The complete schedule of contributions is below.

Date	Amount Paid by Employer	Amount Paid by Employee
March 27, 2019	473,106	0
July 3, 2019	473,106	0
October 11, 2019	473,106	0
January 13, 2020	473,106	0
September 29, 2020	605,485	0
January 7, 2019	0	13,323
January 18, 2019	0	19,987
January 23, 2019	0	13,276
February 5, 2019	0	13,461
February 15, 2019	0	11,373
March 1, 2019	0	11,589
March 19, 2019	0	11,633
April 5, 2019	0	11,524
April 16, 2019	0	11,176
April 26, 2019	0	11,216
May 17, 2019	0	11,311
May 29, 2019	0	11,570
June 11, 2019	0	12,420
June 25, 2019	0	12,599
July 11, 2019	0	12,115
July 24, 2019	0	12,219
August 6, 2019	0	12,188
August 16, 2019	0	11,671
August 26, 2019	0	21,136
September 5, 2019	0	10,990
September 16, 2019	0	11,934
October 1, 2019	0	11,727
October 17, 2019	0	11,249
October 30, 2019	0	11,212
November 14, 2019	0	11,342
November 25, 2019	0	11,595
December 13, 2019	0	11,935
December 23, 2019	0	11,971

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

Number of Participants and Average Compensation

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

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 215,952	September 1, 2012	0.66	$ 215,952
Shortfall	$ 498,214	January 1, 2013	1	$ 498,214
Shortfall	$ (25,706)	January 1, 2014	2	$ (13,089)
Shortfall	$ 370,424	January 1, 2015	3	$ 128,035
Shortfall	$ 770,283	January 1, 2016	4	$ 203,303
Shortfall	$ 1,045,207	January 1, 2017	5	$ 224,667
Shortfall	$ 743,239	January 1, 2018	6	$ 137,057
Shortfall	$ 2,476,690	January 1, 2019	7	$ 402,432