

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN
1b	Three-digit plan number (PN) ▶ 005
1c	Effective date of plan 11/01/1959
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LIFEPOINT HEALTH, INC. 330 SEVEN SPRINGS WAY BRENTWOOD, TN 37027
2b	Employer Identification Number (EIN) 27-0500485
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.	08/14/2026	RANDALL CHARLES TONEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	201	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1) 17	
	6a(2) 14	6b 110	
	6c 60	6d 184	
	6e 13	6f 197	
	6g(1)	6g(2)	
	6h		
	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 1I 3D 3H

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
▶ 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 BELL MEMORIAL NON-UNION PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LIFEPOINT HEALTH, INC.	D Employer Identification Number (EIN) 27-0500485
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 11 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	12032306	
b	Actuarial value	2b	10960045	
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	123	7852419	7852419
b	For terminated vested participants	65	2519019	2519019
c	For active participants	17	687640	691715
d	Total	205	11059078	11063153
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	5.34 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	11431	
c	Target normal cost	6c	11431	

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	Signature of actuary	12/30/2025	Date
	WESLEY J. WICKENHEISER, FSA,EA,MAAA	23-06598	Most recent enrollment number
	USI CONSULTING GROUP	502-815-5182	Telephone number (including area code)
	435 N WHITTINGTON PKWY, SUITE 250 LOUISVILLE, KY 40222		
Address of the firm			

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1583152
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	153611
9 Amount remaining (line 7 minus line 8)	0	1429541
10 Interest on line 9 using prior year's actual return of 23.22 %	0	331939
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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 5.18 %		0
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		0
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	1761480

Part III Funding Percentages

14 Funding target attainment percentage	14	83.14 %
15 Adjusted funding target attainment percentage	15	83.14 %
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	86.80 %
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
Totals ►			18(b)	0	18(c) 0

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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21	Discount rate:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">a Segment rates:</td> <td style="width: 33%;">1st segment: 4.99 %</td> <td style="width: 33%;">2nd segment: 5.29 %</td> <td style="width: 33%;">3rd segment: 5.59 %</td> <td style="width: 33%;">☐ N/A, full yield curve used</td> </tr> </table>	a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	☐ N/A, full yield curve used		
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	☐ N/A, full yield curve used					
	b Applicable month (enter code)	21b	4						
22	Weighted average retirement age	22	62						
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute								

Part VI	Miscellaneous Items
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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	Demographic and benefit information		
	a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
	b Is the plan required to provide a projection of expected benefit payments? 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
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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
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31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c)	31a	11431
	b Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	1864588	184296
	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	195727
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	195727
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
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	
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 the American Rescue Plan Act of 2021 (See Instructions)
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41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 LIFEPOINT HEALTH, INC.	D Employer Identification Number (EIN) 27-0500485	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL GROUP
86-0206507

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GOLDMAN SACHS ASSET MANAGEMENT, L.P
11-3818954

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LORD ABBETT & CO
13-5620131

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NEUBERGER BERMAN TRUST COMPANY N.A.
20-4797982

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

PGIM, INC

22-2540245

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

PIMCO

95-2632339

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

TRANSAMERICA

94-0932740

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

VANGUARD

23-1945930

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

WESTERN ASSET

95-2705767

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

WILLIAM BLAIR

36-2214610

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

(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)

PRINCIPAL

42-1520346

(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?
21 27 52	NONE	11406	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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

A Name of plan LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 LIFEPOINT HEALTH, INC.	D Employer Identification Number (EIN) 27-0500485

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	-18400	-18279
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	19436	18795
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	232836	141760
(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)	11798434	12409468
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12032306	12551744
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12032306	12551744

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)		
(B) Participants	2a(1)(B)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5999	
(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)		5999
(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)	373507	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		373507
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4262551	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4262551	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(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)		918531
c Other income	2c		2029
d Total income. Add all income amounts in column (b) and enter total	2d		1300066

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	769222	
(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)		769222
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	11068	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	338	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		11406
j Total expenses. Add all expense amounts in column (b) and enter total	2j		780628

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		519438
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LPMC, PC**

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

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		40000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 568156.

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 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN		B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 LIFEPOINT HEALTH, INC.		D Employer Identification Number (EIN) 27-0500485
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1347393		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)..... b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	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
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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) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>02 / 28 / 2023</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q705276A</u> .	

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

Financial Statements and Supplemental Schedules

October 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

The logo for LifePoint Bell Memorial Non-Union Pension Plan (LBMC) is a blue square with the letters "LBMC" in white, sans-serif font.

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

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Independent Auditors' Report

Plan Administrator
LifePoint Bell Memorial Non-Union Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the LifePoint Bell Memorial Non-Union Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of October 31, 2025 and 2024, 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, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of and for the years ended October 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management has determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued or are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of October 31, 2025, and schedule of reportable transactions for the year ended October 31, 2025, are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or are derived from the certified investment information, are presented in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or are derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

LBM, PC

Brentwood, Tennessee
August 11, 2026

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

Statements of Net Assets Available for Benefits

October 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets:		
Investments, at fair value	\$ 12,551,228	\$ 12,031,270
Receivables - accrued interest and dividends	<u>18,795</u>	<u>19,436</u>
Total assets	12,570,023	12,050,706
Liability - payables for securities purchased	<u>18,279</u>	<u>18,400</u>
Net assets available for benefits	\$ <u>12,551,744</u>	\$ <u>12,032,306</u>

See accompanying notes to the financial statements.

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended October 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Changes in net assets attributed to:		
Net change resulting from investment activity:		
Net appreciation in fair value of investments	\$ 918,531	\$ 1,967,437
Interest and dividend income	<u>381,535</u>	<u>381,608</u>
Net change resulting from investment activity	<u>1,300,066</u>	<u>2,349,045</u>
Deductions from net assets attributed to:		
Benefits paid to participants	769,222	794,994
Administrative expenses	<u>11,406</u>	<u>11,431</u>
Total deductions	<u>780,628</u>	<u>806,425</u>
Net increase	519,438	1,542,620
Net assets available for benefits at beginning of year	<u>12,032,306</u>	<u>10,489,686</u>
Net assets available for benefits at end of year	<u>\$ 12,551,744</u>	<u>\$ 12,032,306</u>

See accompanying notes to the financial statements.

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

Notes to the Financial Statements

October 31, 2025 and 2024

(1) Description of plan

The following brief description of the LifePoint Bell Memorial Non-Union Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions. Lifepoint, Inc. (the "Plan Sponsor") is the sponsor of the Plan and is also designated as the plan administrator.

(a) General

The Plan is a non-contributory defined benefit pension plan. The Plan covers eligible employees of UP Health System - Bell, a subsidiary of the Plan Sponsor. The purpose of the Plan is to provide retirement benefits at each eligible employee's retirement date and related death benefits for the employee's beneficiary. The Plan has been subsequently amended to reflect certain changes in the tax law and Plan provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) Eligibility

Prior to October 31, 2005, substantially all employees, with the exception of leased employees and employees covered under a collective bargaining agreement, were eligible to participate in the Plan on November 1 or May 1 after attaining their 21st birthday and completing 1,000 hours within 12 months of service.

Effective October 31, 2005, the Plan was amended to freeze future accrual of benefits and to freeze participation to any new employees hired on or after October 31, 2005.

(c) Pension benefits

Plan participants become entitled to monthly pension benefits upon reaching their normal retirement age of 65 with 5 years of service. A participant's pension benefit is equal to 1.25% of final average monthly compensation plus 1.75% of final average monthly compensation in excess of covered compensation, multiplied by credited service to a maximum of 40 years.

Participants may also elect to receive an early retirement benefit upon reaching age 55 and 10 years of vesting service. Accrued normal retirement benefit is reduced five-ninths of 1% for each of the first 60 months and five-eighteenhs of 1% for each of the next 60 months by which benefit payments commence prior to the normal retirement date.

Participants can choose various annuity options to receive the value of their accumulated plan benefits. If less than \$5,000 in accumulated benefits exist, benefits will be paid in a single lump-sum distribution.

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

Notes to the Financial Statements

October 31, 2025 and 2024

(d) Funding policy

The Plan provides only for Plan Sponsor contributions. The Plan Sponsor's funding policy is to contribute for each Plan year not less than the amount required by ERISA to meet the minimum funding standard as calculated by an enrolled actuary. The minimum amount of such contributions shall be sufficient to fund the Plan's current service costs on a current basis and to fund prior service costs. For the years ended October 31, 2025 and 2024, there was no minimum funding requirement of ERISA.

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth in ERISA.

(e) Vesting

All accrued benefits became fully vested when future benefit accruals were frozen.

(f) Death and disability benefits

If an active participant dies before receiving benefits from the Plan, the Plan automatically provides death benefit coverage to the beneficiary of the participant in an amount equal to 50% of the actuarial equivalent value of the benefit earned up to the date of death. Active participants who have completed 10 years of service and who become totally and permanently disabled while employed, but prior to normal retirement, will be eligible for a disability benefit equal to the monthly benefit accrued as of the time they become disabled.

(2) Summary of significant accounting policies

(a) Basis of accounting

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

(b) Investment valuation and income recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determined the valuation policies utilizing information provided by Principal Bank ("Principal") for the years ended October 31, 2025 and 2024. See Note 6 for discussion of fair value measurements.

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

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

Notes to the Financial Statements

October 31, 2025 and 2024

(c) Payment of benefits

Benefit payments are recorded when paid.

(d) Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees paid by the Plan incurred in connection with the general administration of the Plan are included in administrative expenses. Fees incurred by the Plan for the investment related services are included in net appreciation in fair value of investments.

(e) Use of estimates

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

(f) Events occurring after reporting date

The Plan Sponsor has evaluated events and transactions that occurred between October 31, 2025, and August 11, 2026, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

(3) Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits accumulated under the Plan are based on the employee's length of service and compensation as of October 31, 2005. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered at the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, or retirement) between the valuation date and the expected date of payment.

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

Notes to the Financial Statements

October 31, 2025 and 2024

The significant assumptions used by the Plan's consulting actuaries as of November 1, 2024, are as follows:

Assumed rate of return	7.00%
Mortality	PRI-2012 Generational Mortality Table with Improvement Scale MP-2021
Benefit commencement age	Based on experience
Actuarial method	Unit Credit

The Plan's mortality rate for 2023 used the Improvement Scale MP-2021.

The foregoing 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. The computations of the actuarial present value of accumulated plan benefits were made as of November 1, 2024. Had the valuations been performed as of October 31, 2024, there would be no material differences.

(4) Certified information

Certain information related to the investments presented and disclosed in the accompanying financial statements and supplemental schedules of assets (held at end of year) and reportable transactions, the fair value of investments held and net appreciation in fair value of investments and interest and dividend income was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Principal as of October 31, 2025 and 2024.

(5) Accumulated plan benefits

A schedule of the actuarial present value of accumulated plan benefits as of November 1, 2024, follows:

Actuarial present value of accumulated benefits:	
Retired	\$ 7,003,308
Deferred vested	2,117,226
Active vested	<u>579,543</u>
Total vested benefits	9,700,077
Active non-vested benefits	<u>5,945</u>
Accumulated benefit value	\$ <u><u>9,706,022</u></u>

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

Notes to the Financial Statements

October 31, 2025 and 2024

The schedule of changes in the actuarial present value of accumulated plan benefits for the year ended November 1, 2024, is as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>9,731,223</u>
Decrease during the year attributable to:	
Benefits payments	(794,994)
Interest	653,361
Other	<u>116,432</u>
Net decrease	<u>(25,201)</u>
Accumulated present value of accumulated plan benefits at end of year	\$ <u><u>9,706,022</u></u>

(6) Fair value measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

Notes to the Financial Statements

October 31, 2025 and 2024

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2025 and 2024.

- (i) *Mutual funds*: Valued based on the funds' reported closing net asset values as of the last business day of the plan year. The funds are deemed to be actively traded.
- (ii) *Interest bearing cash*: Valued using pricing models maximizing the use of observable inputs for similar securities.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2025 and 2024:

Fair Value Measurements as of October 31, 2025 Using the Following Inputs

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 12,409,468	\$ -	\$ -	\$ 12,409,468
Interest bearing cash	<u>-</u>	<u>141,760</u>	<u>-</u>	<u>141,760</u>
Investments at fair value	<u>\$ 12,409,468</u>	<u>\$ 141,760</u>	<u>\$ -</u>	<u>\$ 12,551,228</u>

Fair Value Measurements as of October 31, 2024 Using the Following Inputs

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 11,798,434	\$ -	\$ -	\$ 11,798,434
Interest bearing cash	<u>-</u>	<u>232,836</u>	<u>-</u>	<u>232,836</u>
Investments at fair value	<u>\$ 11,798,434</u>	<u>\$ 232,836</u>	<u>\$ -</u>	<u>\$ 12,031,270</u>

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

Notes to the Financial Statements

October 31, 2025 and 2024

(7) Income tax status

The Plan obtained a favorable determination letter on February 28, 2023, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving 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 provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of October 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(8) Risks and uncertainties

The Plan invests in investment securities which are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

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

The Plan allows purchases and sales of assets through Principal. Certain Plan investments were shares of an interest bearing cash fund managed by Principal, and therefore, these transactions qualify as party-in-interest transactions under ERISA. As described in Note 1, the Plan paid expenses to various service providers which also qualify as party-in-interest transactions.

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

Notes to the Financial Statements

October 31, 2025 and 2024

(10) 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 Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), up to the applicable limitations.
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 freezing of the Plan described in Note 1 is not considered a plan termination.

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

EIN 27-0500485, PLAN No. 005

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

October 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Mutual funds:			
	Goldman Sachs	International Equity Insights Fund	\$ 1,700,000	\$ 1,836,511
	American Funds	New World Fund	300,000	329,541
	Vanguard	Developed Markets Index Fund	75,780	107,510
	Vanguard	REIT Index Fund	1,035,699	1,146,874
	Vanguard	Small Cap Index Fund	681,002	1,387,785
	Vanguard	Total Stock Market Index Fund	903,698	2,503,088
	Lord Abbett	Total Return Fund	1,931,099	1,678,731
	Neuberger Berman	Core Bond Fund	1,415,485	1,428,123
	PGIM	Total Return Bond Fund	1,817,727	1,539,297
	Western Asset	Core Bond Fund	7,317	6,197
	PIMCO	Real Estate Return Strategy Fund	<u>570,800</u>	<u>445,811</u>
		Total mutual funds	10,438,607	12,409,468
	Interest bearing cash:			
*	Principal/Blackrock	Short Term Investment Fund	<u>141,760</u>	<u>141,760</u>
		Total investments	\$ <u>10,580,367</u>	\$ <u>12,551,228</u>

* Represents a party-in-interest.

The above data is based upon information which has been certified as complete and accurate by Principal Bank.

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

EIN 27-0500485, PLAN No. 005
Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended October 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
(a) <u>Single Transactions Reportable</u>								
* Principal/Blackrock	Short Term Investment Fund	\$ 3,666,265	\$ -	\$ -	\$ -	\$ 3,666,265	\$ 3,666,265	\$ -
* Principal/Blackrock	Short Term Investment Fund	\$ -	\$ 3,100,000	\$ -	\$ -	\$ 3,100,000	\$ 3,100,000	\$ -
Goldman Sachs	International Equity Insights Fund	\$ 1,700,000	\$ -	\$ -	\$ -	\$ 1,700,000	\$ 1,700,000	\$ -
Neuberger Berman	Core Bond Fund	\$ 1,400,000	\$ -	\$ -	\$ -	\$ 1,400,000	\$ 1,400,000	\$ -
Transamerica	International Equity Fund	\$ -	\$ 1,792,824	\$ -	\$ -	\$ 1,419,520	\$ 1,792,824	\$ 373,304
Western Asset	Core Bond Fund	\$ -	\$ 1,590,164	\$ -	\$ -	\$ 1,934,412	\$ 1,590,164	\$ (344,248)
(b) <u>Series of Nonsecurity Transactions</u>								
None Reportable.								
(c) <u>Aggregate Transactions in One Issue of Securities</u>								
* Principal/Blackrock	Short Term Investment Fund	\$ 423,728 (16 purchases)	\$ -	\$ -	\$ -	\$ 423,728	\$ 423,728	\$ -
* Principal/Blackrock	Short Term Investment Fund	\$ -	\$ 656,560 (39 sales)	\$ -	\$ -	\$ 656,560	\$ 656,560	\$ -
* Principal/Blackrock	Short Term Investment Fund	\$ 3,747,748 (6 purchases)	\$ -	\$ -	\$ -	\$ 3,747,748	\$ 3,747,748	\$ -

* Represents a party-in-interest.

The above data is based upon information which has been certified as complete and accurate by Principal Bank.

LIFEPOINT BELL MEMORIAL NON-UNION PENSION PLAN

EIN 27-0500485, PLAN No. 005

Schedule H, Line 4j - Schedule of Reportable Transactions (Continued)

Year Ended October 31, 2025

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset (Include Interest Rate and Maturity in Case of a Loan)</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expense Incurred with Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain or (Loss)</u>
* Principal/Blackrock	Short Term Investment Fund	\$ -	\$ 3,605,987 (19 sales)	\$ -	\$ -	\$ 3,605,987	\$ 3,605,987	\$ -
Goldman Sachs	International Equity Insights Fund	\$ 1,700,000 (1 purchase)	\$ -	\$ -	\$ -	\$ 1,700,000	\$ 1,700,000	\$ -
Neuberger Berman	Core Bond Fund	\$ 15,485 (3 reinvestments)	\$ -	\$ -	\$ -	\$ 15,485	\$ 15,485	\$ -
Neuberger Berman	Core Bond Fund	\$ 1,400,000 (1 purchase)	\$ -	\$ -	\$ -	\$ 1,400,000	\$ 1,400,000	\$ -
Transamerica	International Equity Fund	\$ 47,924 (1 reinvestment)	\$ -	\$ -	\$ -	\$ 47,924	\$ 47,924	\$ -
Transamerica	International Equity Fund	\$ -	\$ 1,897,824 (4 sales)	\$ -	\$ -	\$ 1,504,301	\$ 1,897,824	\$ 393,523
Western Asset	Core Bond Fund	\$ 57,405 (12 reinvestments)	\$ -	\$ -	\$ -	\$ 57,405	\$ 57,405	\$ -
Western Asset	Core Bond Fund	\$ -	\$ 1,690,164 (2 sales)	\$ -	\$ -	\$ 2,059,072	\$ 1,690,164	\$ (368,908)

(d) Other Transactions Involving Securities or Parties Involved in Single Transactions Reportable

None Reportable.

* Represents a party-in-interest.

The above data is based upon information which has been certified as complete and accurate by Principal Bank.

Schedule SB, Line 26 - Schedule of Active Participant Data
Plan Name: Lifepoint Bell Memorial Non-Union Pension Plan

PLAN YEAR: 2024
EIN/PN: 27-0500485 / 005

AGE GROUP	YEARS OF SERVICE									
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - UP
1 - 24	Number									
	Avg Benefit*									
25 - 29	Number									
	Avg Benefit*									
30 - 34	Number									
	Avg Benefit*									
35 - 39	Number									
	Avg Benefit*									
40 - 44	Number		2							
	Avg Benefit*		N/A							
45 - 49	Number		1							
	Avg Benefit*		N/A							
50 - 54	Number		2	1						
	Avg Benefit*		N/A	N/A						
55 - 59	Number			3	1					
	Avg Benefit*			N/A	N/A					
60 - 64	Number		3	3	1					
	Avg Benefit*		N/A	N/A	N/A					
65 - 69	Number									
	Avg Benefit*									
70 - UP	Number									
	Avg Benefit*									

* Average frozen accrued benefits are omitted since the plan has fewer than 1,000 active participants.

Summary of Actuarial Assumptions and Methods

Mortality rates

(Prescribed by Code §430)

2024 IRS Generational Mortality Tables with Pre and Post Commencement Rates and with projected mortality improvements after year 2006 under Projection Scale MP-2021 (male and female scales)

Mortality table for ASC 960 calculation

(Selected by plan sponsor)

PRI-2012 Total Dataset Mortality with generational mortality improvements after year 2012 under projection Scale MP-2021 (Separate scales used for males and females and based on participant status)

Disabled mortality

(allowed to differentiate under Code §430)

Revenue Ruling 96-7 Mortality Rates for Disabilities occurring after 1994

Withdrawal rates

(standard table used due to insufficient actual experience – gains and losses from this source are reviewed to assess reasonableness)

2003 Society of Actuaries' Pension Plan Turnover Study (Small Plan Table)

Disablement rates

(gains and losses from this source are reviewed to assess reasonableness)

Florida Municipal Plans Disability

Salary scale

Not applicable

Rate of retirement

(set based upon review of plan experience)

Participants are assumed to retire according to the following schedule:

<u>Age</u>	<u>Retirement Rate</u>
55-61	5%
62-64	20%
65	100%

Current deferred bested participants are assumed to retire at age 65.

Rate of investment return

	<u>Segment 1</u> <u>(0 to 5 Years)</u>	<u>Segment 2</u> <u>(5 to 20 Years)</u>	<u>Segment 3</u> <u>(More than 20 Years)</u>
Adjusted 24-Mo. Avg. Segment Rates	4.99% per annum	5.29% per annum	5.59% per annum
Minimum Funding Target Liability (prescribed by Code §430)			
Unadjusted 24-Mo. Avg. Segment Rates	4.99% per annum	5.29% per annum	5.29% per annum
Maximum Deductible Liability Low-Default-Risk Obligation Measurement (LDROM)			
PBGC Variable Premium Liability (standard method) (prescribed by Code §430)	4.42% per annum	5.04% per annum	5.46% per annum
Other Measurements			
ASC 960 (selected by plan sponsor)	7.00% per annum	7.00% per annum	7.00% per annum

Actuarial valuation method

Unit Credit as prescribed by Code §430

Asset valuation method

(Prescribed by Code §430)

As selected by the plan sponsor, market value adjusted for any accruals and further adjusted for weighted gains and losses during the prior 2 years. Weighted gains and losses for each plan year reflect interest at the applicable third segment rate. The resulting value shall not be more than 110% or less than 90% of market value.

Form of payment

(set based upon review of plan experience)

	<u>Life Only</u>	Joint and 50% <u>Survivor</u>
Active retirements	65%	35%
Future vested deferred	65%	35%
Future disabilities	100%	0%
Future deaths	100%	0%
Current vested deferred	65%	35%

Provision for expenses

Replacement of previous plan year's administrative expenses

Other assumptions

Marital status at benefit commencement -- 75% married with female spouses 3 years younger than male spouses.

Top-Heavy status -- not top-heavy.

Current Code section 401(a)(17) compensation limitation -- \$345,000.

Current Code section 415(b) annual benefit limitation -- \$275,000.

Cost-of-Living escalation for Code section 401(a)(17) and 415(b) -- none as prescribed by Code §1.412(c)(3)-1(d)(1)

Changes in assumptions from prior actuarial valuation

	<u>Previous</u>	<u>Current</u>
Minimum Funding Target	Three Segment Yield Curve	Three Segment Yield Curve
Segment Rates	(4.75%, 5.00% & 5.74%)	(4.99%, 5.29% & 5.59%)

Reason: In recognition of interest rate environment as measured by methodology set forth in Code §430(h)(2).

	<u>Previous</u>	<u>Current</u>
Unadjusted 24-Mo. Avg	Three Segment Yield Curve	Three Segment Yield Curve
Segment Rates (4 month lookback)	(3.22, 4.22% & 4.34%)	(4.99%, 5.29% & 5.29%)

Reason: In recognition of interest rate environment as measured by methodology set forth in Code §430(h)(2).

	<u>Previous</u>	<u>Current</u>
Mortality Rates for Funding Target	2023 IRS Generational Mortality Tables with Pre and Post Commencement Rates and projected mortality improvements after year 2006 under Projection Scale MP-2021 (male and female scales)	2024 IRS Generational Mortality Tables with Pre and Post Commencement Rates and projected mortality improvements after year 2006 under Projection Scale MP-2021 (male and female scales)

Reason: In recognition of IRS final regulations that specify Funding Target mortality.

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Principal	Short Term Investment Fund	423,728	N/A	N/A	0	423,728	423,728	0
Principal	Short Term Investment Fund	N/A	656,560	N/A	0	656,560	656,560	0
Principal	Short Term Investment Fund	3,747,748	N/A	N/A	0	3,747,748	3,747,748	0
Principal	Short Term Investment Fund	N/A	3,605,987	N/A	0	3,605,987	3,605,987	0
Goldman Sachs	International Equity Insights Fund	1,700,000	N/A	N/A	0	1,700,000	1,700,000	0
Neuberger Berman	Core Bond Fund	1,415,485	N/A	N/A	0	1,415,485	1,415,485	0
Transamerica	International Equity Fund	47,924	N/A	N/A	0	47,924	47,924	0
Transamerica	International Equity Fund	N/A	1,897,824	N/A	0	1,504,301	1,897,824	393,523
Western Asset	Core Bond Fund	5,704	N/A	N/A	0	5,704	5,704	0
Western Asset	Core Bond Fund	N/A	1,690,164	N/A	0	2,059,072	1,690,164	(368,908)

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

▶ **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 BELL MEMORIAL NON-UNION PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Lifepoint Health, Inc.	D Employer Identification Number (EIN) 27-0500485
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2024</u>	
2 Assets:	
a Market value	2a 12,032,306
b Actuarial value	2b 10,960,045
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	123 7,852,419 7,852,419
b For terminated vested participants	65 2,519,019 2,519,019
c For active participants	17 687,640 691,715
d Total	205 11,059,078 11,063,153
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 5.34%
6 Target normal cost	
a Present value of current plan year accruals	6a 0
b Expected plan-related expenses	6b 11,431
c Target normal cost	6c 11,431

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

SIGN HERE <u>WJW</u> Signature of actuary WESLEY J. WICKENHEISER, FSA, EA, MAAA Type or print name of actuary USI CONSULTING GROUP Firm name 435 N WHITTINGTON PKWY, SUITE 250 LOUISVILLE KY 40222 Address of the firm	<u>12/30/2025</u> Date 2306598 Most recent enrollment number 502-815-5182 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2024
v. 240311

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Plan Name: Lifepoint Bell Memorial Non-Union Pension Plan

PLAN YEAR: 2024
EIN/PN: 27-0500485 / 005

(1) Age	(2) Rate of Retirement	(3) Retirees	(4) (1) * (3)
55	5.00%	5.0000	275.00
56	5.00%	4.7500	266.00
57	5.00%	4.5125	257.21
58	5.00%	4.2869	248.64
59	5.00%	4.0725	240.28
60	5.00%	3.8689	232.13
61	5.00%	3.6755	224.21
62	20.00%	13.9667	865.94
63	20.00%	11.1734	703.92
64	20.00%	8.9387	572.08
65	100.00%	35.7549	2,324.07
Sum of Column 4			6,209.47
			÷ 100
Weighted Normal Retirement Age			62.09

This summary is not a Summary Plan Description or a plan document. You should not rely solely on this summary in making a determination of eligibility for the plan or its benefits.

Summary of Provisions of the Plan

Effective date and plan year

The plan was established effective November 1, 1959, with the latest plan restatement effective November 1, 2019. The plan year ends on each October 31, while the employer's fiscal year ends on each June 30.

Eligibility

Each employee is eligible to become a participant in the plan on the earlier of the November 1 or May 1 immediately following completion of at least 1,000 hours commencing with his date of employment and attainment of age 21. No employee shall become a participant in the plan on or after October 31, 2005.

Service

Service benefit purposes is credited according to the following schedule of calendar year hours, subject to certain break in service rules:

<u>Hours of Service</u>	<u>Credited Service</u>
1,000-1,199	0.6
1,200-1,399	0.7
1,400-1,599	0.8
1,600-1,799	0.9
1,800 or more	1.0

Effective October 31, 2005, no further benefit service will be credited.

Service credited for vesting purposes means the number of calendar years on or before December 31, 2011 in which the employee completes at least 1,000 hours of service plus the number of plan years on or after November 1, 2011 in which the employee completes at least 1,000 hours of service, subject to certain break in service rules.

Compensation

Compensation for plan purposes means W-2 compensation for a calendar year, including certain employee pre-tax contributions. If the employee has less than 1,800 hours of service, compensation shall be increased by a ratio of 1,800 and actual number of hours worked for such calendar year. A participant's annual compensation for plan purposes is limited as required under Code §401(a)(17).

Normal retirement

Condition

For participants whose date of hire is on or after June 1, 1985, the normal retirement date is the first day of the calendar month next following the later of the participant's 65th birthday and the completion of five years of plan participation. For participants whose date of hire is prior to June 1, 1985, the normal retirement date is the first day of the calendar month next following the participant's 65th birthday.

Benefit

The normal retirement benefit, 1/12th of which is payable monthly for the life of the participant, is equal to the sum of the following:

- > 1.25% of average earnings multiplied by the participant's years of benefit service not in excess of 40 years, plus
- > 0.50% of average earnings in excess of the current Covered Compensation for the participant, multiplied by the participant's years of benefit service not in excess of 40 years.

"Average earnings" is the average annual compensation of a participant for the five consecutive calendar years that produce the highest average.

"Covered Compensation" is the average of the taxable wage bases for the 35 years ending with the year the participant attains Social Security retirement age.

No further benefits will accrue under the plan after October 31, 2005.

Accrued benefit

The accrued benefit is the monthly benefit with payments beginning at normal retirement that has been earned due to compensation and benefit service as of any determination date. The accrued benefit is payable for the life of the participant and is computed in the same manner as for normal retirement, using the participant's average earnings and benefit service as of the date of determination, and Covered Compensation determined by assuming the current taxable wage base will remain constant for all future years. No further benefits will accrue under the plan after October 31, 2005.

Early retirement

Condition

A participant may retire early after he has attained age 55 and completed 10 years of service.

Benefit

The deferred benefit, to commence at the participant's normal retirement date, is equal to the participant's vested accrued benefit determined as of his early retirement date.

Upon written request to the retirement committee, the participant's benefit may commence at any time after his early retirement date. The accrued benefit is reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months by which the participant's date of benefit commencement precedes the normal retirement date.

Late retirement

Condition

A participant may choose to postpone his retirement beyond his normal retirement date, in which event no benefit shall be payable until actual retirement.

Benefit

The participant's benefit, commencing on the first day of the month following his actual date of retirement, shall be the greater of the actuarial equivalent of the benefit the participant would have received at his normal retirement date, and the benefit computed using the participant's compensation and benefit service earned as of his actual retirement date.

Disability retirement

Condition

A participant must be eligible for permanent disability payments under the Federal Social Security Act and have completed 10 years of service.

Benefit

The disability retirement benefit, commencing the first day of the first month for which he is entitled to a disability benefit under the Federal Social Security Act, is computed as the participant's accrued benefit determined as of the participant's date of termination of employment due to disability without actuarial adjustment for early commencement.

Death before retirement

Condition

In the event of the death of a participant after becoming eligible for a vested benefit under the plan, and while either (i) actively employed by the employer, or (ii) on deferred vested status but prior to receiving any retirement benefits, a monthly survivorship benefit shall be payable to the participant's surviving spouse.

Benefit

The monthly benefit is payable on the first day of the calendar month following the participant's date of death or the earliest date the participant could have elected benefit payments to commence, whichever is later, and continuing for the lifetime of the surviving spouse. The benefit is determined as 50% of the benefit the spouse would have received if the participant had terminated employment the day before death (or on his actual date of termination if earlier), had lived to the benefit commencement date, and elected an immediate joint and 50% to survivor benefit.

Termination of employment

Condition

If a participant terminates his employment after completing 5 or more years of vesting service, he is entitled to a deferred vested benefit with payment commencing on his normal retirement date.

Benefit

The amount of the benefit is calculated as the product of a vesting percentage and the accrued benefit determined as of the participant's date of termination. The vesting percentage is determined from the following table.

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than 5	0%
5 or more	100

Each participant is considered 100% vested in their accrued benefit effective October 31, 2005.

Top-heavy status

If in any year the plan is determined to be top heavy, the following provisions will take effect:

- > A minimum accrued benefit will be determined for each participant equal to 2% of the average earnings, multiplied by the participant's years of service during which the plan is top heavy, limited to 10 such years.
- > Participants will become vested in their accrued benefits according to the following schedule:

Years of Vesting <u>Service</u>	Vesting <u>Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Optional modes of benefit payments

Subject to the applicable plan conditions, a participant may select an optional method of benefit payment, in lieu of the prescribed life income, which is actuarially equivalent thereto. The purpose of the optional method is to permit the guarantee of retirement income payments for a different period of time (i.e., 10 or 15 years or life income only) or to provide a continued life income to a surviving beneficiary after the death of the participant (for example, 50%, 75% or 100% of the participant's actuarially reduced retirement income from the plan). However, if no option is elected and the participant is married at the date the benefit commences, the monthly benefit will automatically be paid in the form of a 50% joint and survivor annuity.

If the actuarial equivalent single sum amount due a terminated participant is less than \$1,000, such amount shall be distributed to the participant in lieu of any other benefits under the plan. If the actuarial equivalent single sum amount due to a terminated participant is more than \$1,000, but less than \$7,000, the participant shall have the option to elect such amount to be distributed in lieu of any other benefits under the plan.

Actuarial equivalence

Actuarial equivalence is based on the UP-84 Mortality and 6% interest. For purposes of determining single sum benefits, such benefit shall not be less than the amount based on the mortality and interest rates, as defined under Code Section 417(e)(3), in effect for the month of September preceding the first day of the plan year in which the benefit is to be paid.

Contributions to the plan

The employer contributes actuarially determined amounts to finance the plan benefits. No contributions by participating employees are required.

Investment of plan funds

The assets of the pension plan will be invested by the trustee in accordance with the terms of the trust agreement.

Schedule H, Item 4i - Schedule of Assets (Held at End of Year)
Plan Name: Lifepoint Bell Memorial Non-Union Pension Plan

Plan Year: 2024
EIN/PN: 27-0500485 / 005

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Principal	Short Term Investment Fund	141,760	141,760
	Goldman Sachs	98,209.128 shares, mutual fund, International Equity Insights Fund	1,700,000	1,836,511
	American Funds	3,372.302 shares, mutual fund, New World Fund	300,000	329,541
	Vanguard	5,485.225 shares, mutual fund, Developed Markets Index Fund	75,780	107,510
	Vanguard	58,663.633 shares, mutual fund, REIT Index Fund	1,035,699	1,146,874
	Vanguard	11,360.387 shares, mutual fund, Small Cap Index Fund	681,002	1,387,785
	Vanguard	15,333.789 shares, mutual fund, Total Stock Market Index Fund	903,698	2,503,088
	Lord Abbett	189,046.279 shares, mutual fund, Total Return Fund	1,931,099	1,678,731
	Neuberger Berman	159,211.103 shares, mutual fund, Core Bond Fund	1,415,485	1,428,124
	PGIM	126,068.543 shares, mutual fund, Total Return Bond Fund	1,817,727	1,539,297
	Western Asset	575.930 shares, mutual fund, Core Bond Fund	7,317	6,197
	Pimco	16,511.508 shares, mutual fund, Real Estate Return Strategy Fund	570,800	445,811

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
None			

Schedule SB, Line 32— Schedule of Amortization Bases
Plan Name: Lifepoint Bell Memorial Non-Union Pension Plan

PLAN YEAR: 2024
EIN/PN: 27-0500485 / 005

<u>Description</u>	<u>Year Established</u>	<u>Original Amount</u>	<u>Period Remaining</u>	<u>Current Balance</u>	<u>Minimum Payment</u>
Shortfall Amortization Charge	2022	968,303	13	871,969	89,482
Shortfall Amortization Charge	2023	581,773	14	546,444	53,279
Shortfall Amortization Charge	2024	446,175	15	446,175	41,535
Total				\$ 1,864,588	\$ 184,296