

Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052

**2018**

Open to Public Inspection

For calendar year **2018** or tax year beginning , **2018**, and ending , **20**

Name of foundation

**THE LIFEPOINT COMMUNITY FOUNDATION**

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

**330 SEVEN SPRINGS WAY**

City or town, state or province, country, and ZIP or foreign postal code

**BRENTWOOD, TN 37027****A** Employer identification number**62-1794442****B** Telephone number (see instructions)**615-920-7000****C** If exemption application is pending, check here ☐**D** Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Foreign organizations check here ☐

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	274,661.00	118,715.00	118,715.00
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ . . . . .			
	Less: allowance for doubtful accounts ▶ . . . . .			
	<b>4</b> Pledges receivable ▶ . . . . .			
	Less: allowance for doubtful accounts ▶ . . . . .			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ . . . . .			
	Less: allowance for doubtful accounts ▶ . . . . .			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule) . . . . .			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
<b>Liabilities</b>	<b>11</b> Investments—land, buildings, and equipment, basis ▶ . . . . .			
	Less: accumulated depreciation (attach schedule) ▶ . . . . .			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment, basis ▶ . . . . .			
	Less: accumulated depreciation (attach schedule) ▶ . . . . .			
	<b>15</b> Other assets (describe ▶ . . . . .)			
	<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	274,661.00	118,715.00	118,715.00
	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
<b>Net Assets or Fund Balances</b>	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ . . . . .)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .			
	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26, and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	274,661.00	118,715.00	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds . . . . .			
	<b>30</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	274,661.00	118,715.00	
	<b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	274,661.00	118,715.00	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	274,661.00
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-155,946.00
<b>3</b> Other increases not included in line 2 (itemize) ▶ . . . . .	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	118,715.00
<b>5</b> Decreases not included in line 2 (itemize) ▶ . . . . .	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	118,715.00

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	NONE
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	<b>3</b>	NONE

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	NONE
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	<b>3</b>	NONE

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years	(b)	(c)	(d) Distribution ratio

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

- 1a** Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
 Date of ruling or determination letter: \_\_\_\_\_ (attach copy of letter if necessary—see instructions)
- b** Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b
- c** All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).
- 2** Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)
- 3** Add lines 1 and 2
- 4** Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)
- 5** Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

<b>1</b>	NONE	
<b>2</b>	NONE	
<b>3</b>		
<b>4</b>	NONE	
<b>5</b>		

**Part VII-A**    **Statements Regarding Activities** *(continued)*

**11** At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions . . . . .

	Yes	No
<b>11</b>		✓

**12** Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .

<b>12</b>		✓
-----------	--	---

**13** Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

<b>13</b>	✓	
-----------	---	--

Website address ▶ **N/A**

**14** The books are in care of ▶ **LEGACY LIFEPPOINT HEALTH INC**

Telephone no ▶

**615.920.7000**

## Part VII-B

☐ Yes    ☒ No

☐ Yes    ☒ No

☐ Yes    ☒ No

☐ Yes ☒ No

	Yes	No

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . . .		▶

**Part IX-A** Summary of Direct Charitable Activities

**Part X** **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

**1** Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.

**a** Average monthly fair market value of securities . . . . .

**b** Average of monthly cash balances . . . . .

**1a****1b**

208 204 00 . . . . .



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7 . . . . .				10,258.00
<b>2</b> Undistributed income, if any, as of the end of 2018:				
<b>a</b> Enter amount for 2017 only . . . . .			NONE	
<b>b</b> Total for prior years: 20____, 20____, 20____		NONE		
<b>3</b> Excess distributions carryover, if any, to 2018:				
<b>a</b> From 2013 . . . . .	78,300			
<b>b</b> From 2014 . . . . .	199,967.00			
<b>c</b> From 2015 . . . . .	156,567.00			
<b>d</b> From 2016 . . . . .	20,800.00			
<b>e</b> From 2017 . . . . .	22,000.00			
<b>f</b> Total of lines 3a through e . . . . .	477,634.00			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4: \$ 208,300.00				
<b>a</b> Applied to 2017, but not more than line 2a . . . . .			NONE	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions) . . . . .		NONE		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions) . . . . .	NONE			
<b>d</b> Applied to 2018 distributable amount . . . . .				NONE
<b>e</b> Remaining amount distributed out of corpus . . . . .	208,300.00			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) ) . . . . .	10,258.00			10,258.00
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	675,675.00			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . .				NONE
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) . . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling . . . . . **N/A**
- b** Check box to indicate whether the foundation is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

<b>2a</b>	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	<b>Tax year</b>	<b>Prior 3 years</b>			<b>(e) Total</b>
		<b>(a) 2018</b>	<b>(b) 2017</b>	<b>(c) 2016</b>	<b>(d) 2015</b>	
<b>b</b>	85% of line 2a . . . . .					
<b>c</b>	Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b>	Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b>	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					

(See worksheet in line 13 instructions to verify calculations.)

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

NOT ADDITIONAL

### 3 Grants and Contributions Paid During the Year or Approved for Future Payment

[illegible]

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue:					
<b>a</b>	_____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	_____					
<b>g</b>	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments . . . . .					
<b>3</b>	Interest on savings and temporary cash investments					
<b>4</b>	Dividends and interest from securities . . . . .					
<b>5</b>	Net rental income or (loss) from real estate:					
<b>a</b>	Debt-financed property . . . . .					
<b>b</b>	Not debt-financed property . . . . .					
<b>6</b>	Net rental income or (loss) from personal property					
<b>7</b>	Other investment income . . . . .					
<b>8</b>	Gain or (loss) from sales of assets other than inventory					
<b>9</b>	Net income or (loss) from special events					
<b>10</b>	Gross profit or (loss) from sales of inventory . . . . .					
<b>11</b>	Other revenue: <b>a</b> _____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>12</b>	Subtotal. Add columns (b), (d), and (e) . . . . .					
<b>13</b>	<b>Total.</b> Add line 12, columns (b), (d), and (e)					

(See worksheet in line 13 instructions to verify calculations.)

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

**Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- |   | Yes | No |
|---|-----|----|
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:   |     |    |
| <b>(1)</b> Cash   |     | ✓  |
| <b>(2)</b> Other assets   |     | ✓  |
| <b>b</b> Other transactions:  |     |    |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization   |     | ✓  |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization   |     | ✓  |
| <b>(3)</b> Rental of facilities, equipment, or other assets   |     | ✓  |
| <b>(4)</b> Reimbursement arrangements   |     | ✓  |
| <b>(5)</b> Loans or loan guarantees   |     | ✓  |
| <b>(6)</b> Performance of services or membership or fundraising solicitations   |     | ✓  |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees   |     | ✓  |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services, show in column <b>(d)</b> the value of the goods, other assets, or services received. |     |    |

FORM 990PF, PART I, LINE 23 - OTHER EXPENSESDESCRIPTION

BANK FEES	146
ADMINISTRATIVE FEES	-
<b>TOTAL OTHER EXPENSES</b>	<u>146</u>

THE LIFEPOINT COMMUNITY FOUNDATION

62-1794442

FORM 990PF, PART I, LINE 23 - OTHER EXPENSES

DESCRIPTION

BANK FEES	146
ADMINISTRATIVE FEES	-
TOTAL OTHER EXPENSES	<u>146</u>

STATEMENT 1

THE LIFEPOINT COMMUNITY FOUNDATION

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
American College of Healthcare Executives P O. Box 120642 Nashville, TN 37212	To sponsor Middle Tennessee Chapter	5,000
Columbus State Univeristy 4225 Univeristy Avenue Columbus, GA 31907	To assist programs in preparing highly qualified teachers, counselors, nurses, health professionals and leaders for excellence	10,000
Duke University Box 90581 Durham, NC 27708-0581	To provide support for the Life Flight Program at Duke University	5,000
LifeCare Disaster Recovery Fund 3833 Cleghorn Ave, Ste 400 Nashville, TN 37215	To assist in providing short-term, emergency support to LifePoint employees or eligible independents who are facing serious financial hardship from unforeseen circumstances	50,000
LifeCare Disaster Recover Fund - Mercy Award 3833 Cleghorn Ave, Ste 400 Nashville, TN 37215	To assist in providing short-term, emergency support to LifePoint employees or eligible independents who are facing serious financial hardship from unforeseen circumstances	6,800
The Portage Health Foundation 400 Quicy Street P O Box 299 Hancock, MI 49930	To assist victims impacted by flooding in Houghton County	20,000
The Community Foundation of Middle Tennessee	To help fund the George E. French III	20,000
hardship from unforeseen circumstances		208,300