

NO

Legal Name

Contact Name

Naureen Khan

9496978814

Community Health Systems, Inc.

program recipients live within the communities of Fallbrook, Rainbow, Bonsall or De Luz?

Collaborative/Joint Application

Contact Information

Organization Physical Address

1743 Reche Rd. Fallbrook, CA, 92028

Primary Contact Phone

Board of Directors



2024 Board Roster. upd 01312024.pdf 114.38 KB

DBA (if Applicable)

Center

Title

Email Address

n.khan@chsica.org

Potter JHS School-Based Health

Director of Grants Management

Financial Documents - Audit



CHSI 2022 Audited Financials.pdf

Financial Documents - P&L and Balance Sheet	CHSI - Balance Sheet 2023.pdf 22.54 KB	
	P&L - Consolidated YTD -2023.pdf 26.84 KB	
Financial Documents - 990	2022 990.pdf 3.81 MB	
Organization's Mission Statement	Community Health Systems, Inc. improves and strengthens the health of our diverse communities by providing compassionate and comprehensive health services.	
Organization's Vision Statement	Community Health Systems, Inc. will be the provider of choice and trusted community partner in improving the health of the people we serve.	
Organization History & Accomplishments		
Program Name/Title	SBHC BH Expanded Services Program	
Brief Program Description	The vision of the School District is to provide behavioral health services to middle schoolers exhibiting social and/or behavioral deficits. CHSI's Potter	

FY 2024.2025 Fallbrook Regional Health District Community Health Contract Grant Application - Jotform Inbox

JHS SBHC will provide essential behavioral health services through its clinicians who will develop and maintain trust among school personnel, educators, clinicians, and students to support their vision.

Is this a new initiative/service or established program within your organization?

Did this program receive FRHD CHC - Grant funding last funding cycle (FY 23.24).

Describe the impact of the program to date. Briefly explain how the service/intervention has worked - include cumulative metrics from the Q1 and Q2 Impact reports. CHSI's Potter JHS School-Based Health Center (SBHC) has had significant success with the current funded program, and has served 49 patients as of December 31, 2023, accounting for 92 visits, approximately 61% of its projected goal. Services commenced on a part-time basis at three days per week, and due to patient demand, services have increased to five days week. From quarter 1 to quarter 2, Potter SBHC has seen a 31% increase in visits as a result of increased access, which reflects the strong presence on the school campus, addressing and actively reducing the stigma around mental/behavioral health for this age group. CHSI is confident that the continuation of this program beyond the current funded year will assist in maintaining access to these services.

If this program was previously funded, please provide an example of how the District's funding of this program was acknowledged.

Funding Amount Being	
Requested	

Program Information - Type

Projected number of residents that will directly benefit (participant/client) from this program.

Target Population - Age

PDF	Potter BH Enrollment Flyer (6) (1).pdf 798.44 KB

60000

Established Program

YES

Ongoing

200

Estimated number of Percent of program participants participants Children (infants to 12) 50 33 Young Adults (13-17) 67 100 0 0 Adults (18-60) Seniors (60+) 0 0 We do not collect this data (indicate with 100%)*

Target Population not collected N/A - Age

https://www.jotform.com/inbox/230715535771154/5850593332879563787

Target Po	opulation	- Gender
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Percent of program participants		
Female	50	
Male	50	
Non-binary		
Unknown*		

*Target Population - Gender

Target Population - Income

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	70
Very Low (50%) Income Limits, ceiling of \$53,500	15
Low (80%) Income Limits, ceiling of \$85,600	15
Higher Than Listed Limits	0
We do not collect this data (indicate with 100%)*	

*Target Population - Income Level

What language(s) can this program accommodate:

What demographic group does this program predominately serve:

Program/Services Description -Social Determinants of Health

Social Determinants of Health -Healthcare Access and Quality N/A

N/A

 English
 Spanish

 Youth - school based
 Youth - other setting

 Community - Health & Fitness

 Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)

 A community accessible model allows this SBHC to serve not just students of

Potter Jr. High but parents, family members, staff, and even neighbors who wish to access behavioral health services at this additional site. Within the school campus, CHSI has heavily integrated its Behavioral Health Coordinator and Community Relations team – being involved in school staff trainings/meetings, showing presence within school activities such as back to school night, parent engagement meetings, and/or individual student meetings with school staff – to form a strong connection to the population served and garner trust from school administrators, teachers, parents and students. CHSI's Fallbrook Family Health Center is the closest federally qualified health center (FQHC) to the Potter JHS SBHC site (Google Maps link here: https://goo.gl/maps/rJ4FUbAS5cGDskrx6). CHSI is the dominant health center in Fallbrook's zip code of 92028, providing services to 61.54% of the low-income population, and is the only FQHC with the SBHC. Since securing

the agreement with the school district, CHSI is the exclusive provider of access to behavioral health services in this region.

Statement of Need/Problem According to a 2023 data report from County Health Rankings and Roadmaps, 14% of San Diego County adult residents reported experiencing 14 or more days of poor mental health per month. In the same report, it was stated that San Diego County had one mental health provider for every 210 residents. Although there is a higher rate of mental providers to patients in San Diego County than the state, stigma and health literacy continue to be fundamental barriers to health care access. Nearly thirty percent of the population lives in a county designated as a Mental Health Professional Shortage Area. A 2021 American Psychological Association survey of 1,141 psychologists found a significant increase in the demand for mental health treatment – 84% reported increases in anxiety, 72% reported increases in depression, and 62% reported an increase in trauma and stressor-related disorders for their patients. In Fallbrook, the emergency department (ED) discharge rate per 100,000 residents for mood disorders was 155.7, and anxiety and fear-related disorders was 128.1; the highest and second highest behavioral health indicators respectively, among all indicators for ED discharge rates. In order to reduce the increasing trends and mitigate long-term effects of disorders of this type, early detection and treatment are vital to making behavioral and lifestyle changes. This can be assessed at the beginning of, and during a child's middle school years, when these concerns start to surface. The population in the county for children ages 0-17 in 2021 was 792,577, of which 136,139 were aged 11-13, and 182,703 aged 14-17. According to kidsdata.org, between 2017 and 2019, depression-related feelings among 7th graders was 28.6%, 9th graders, 31.5%, and 11th graders, 34.3%. It is evident that children's feelings increased by 3% over this time period, with these feelings being higher in females when compared to males. The rate of youth needing help for emotional or mental health problems doubled from 13.6% in 2009, to 26.4% in 2016. The ongoing COVID-19 public health emergency has exacerbated an already growing problem of mental/behavioral health among youth in the nation. Mental health is essential to overall health and well-being, and if issues are left untreated, individuals are at-risk for serious problems in social, occupational, or school functioning. The need for uninterrupted access to mental health services in the Fallbrook region as FQHCs continue to integrate this service with primary care is vital for continuity of care for individuals. The vision of the School District is to provide behavioral health services to middle school children exhibiting social and/or behavioral deficits. These children are mimicking social media behaviors in exchange for 'likes' and popularity on various platforms, significantly affecting social skills. The need for training, empathy, skillbuilding, and parental support and presence on campus is essential to mitigating these social behaviors. Potter JHS has been challenged in creating a system with wraparound support for their student population. By partnering with CHSI, resources and community outreach can be expanded on campus to raise awareness, reduce and/or eliminate stigmas, and provide transparent support.

How are other organizations addressing this need in the community?

In Fallbrook, Palomar Family Counseling Service has been providing mental/behavioral health services to children and families, continuing to address the community's needs via their ongoing programs and services. However, recently their focus has been on the elementary school population, whereas CHSI's proposed services in this request is continued focus on middle school children and their families. CHSI has had seasoned experience with providing behavioral/mental health services for over twenty years in the Fallbrook community. As one of the region's primary safety net providers, FFHC is a vital link to primary and specialty health care services for thousands of underserved residents who are unable to access basic healthcare. Having the SBHC at Potter JHS will not only provide behavioral health services, but will also assist eligible students' and their family members with health insurance enrollment, offer services that support at-risk students, and ultimately increase school attendance. Program/Services Description -Program Entry & Follow Up

Program/Services Description -Program Activities CHSI's Community Relations team has already begun outreach services and health education on the school campus, with on-site school staffing to include a Patient Services Representative, Health Educator, and Licensed Clinical Social Worker (LCSW). A community accessible model will allow this SBHC to serve not just students of Potter Jr. High but parents, family members, staff, and even neighbors who wish to access behavioral health services at this alternative site. Within the school campus, CHSI will be heavily integrating its Behavioral Health Coordinator and Community Relations team within Potter Jr. High - being involved in school staff trainings/meetings, showing presence within school activities such as back to school night, parent engagement meetings, and/or individual student meetings with school staff - to form a strong connection to the population served and garner trust from school administrators, teachers, parents and students. Students and parents will be provided health educational material along with information on what services are provided at the Fallbrook Family Health Center site which is approximately three miles away. CHSI's staff at the SBHC behavioral health site will have access to its EHR appointment system. SBHC staff member will also schedule appointment(s) for other services as needed upon parental consent.

Behavioral Health Services at Potter JHS will be provided using a dedicated, modular unit on the school campus. Potter JHS will designate one faculty/staff member as the liaison between school personnel and the school based clinician(s). Patients will first enter through the main entrance of the school, adhering to all current visitor safety protocols, as noted on their website. Designated faculty/staff will then guide/direct all visitors to room #90 for health services. Walk-in appointments will be available in addition to scheduled appointments. Services at the school site will be provided on a part-time basis at 3 days per week, with projected expansion to full-time as demand progresses. CHSI's referral process starts with the school counselors at the referring entity, Potter JHS, upon completing a referral form and then sending it to CHSI's Fallbrook Family Health Center (FFHC) via secure email or fax. Once the referral is captured in FFHC's practice management system, a Patient Service Representative (PSR) makes an assessment of health coverage, while obtaining parental consent. If the patient is insured, the PSR checks insurance, verifies eligibility. When verified, authorization is then requested from the health plan within 2 days and the patient is scheduled for an appointment. The PSR will notify the referring entity of appointment status accordingly. If no coverage is available, everyone interested in accessing services will be encouraged to apply for CHSI's Sliding Fee Scale Discount (SFSD) Program, CHSI uses evidence-based health screenings & questionnaires such as Patient Health Questionnaire (PHQ) in its initial assessment of patients. Based on the results of this screening, services within that visit and future visits is determined. Once the patient has completed their first appointment by CHSI's BH provider at the SBHC, and it has been determined that further mental and/or behavioral health care is needed, then the patient will be referred to specialty pediatric mental/behavioral health services. Integrated behavioral health services within the primary care model is important for continuity of care for individuals, and to address other chronic conditions that may be disclosed during a visit. Mental/behavioral health is almost synonymous with other co-morbidities such as diabetes and hypertension. Unhealthy lifestyles contribute negatively towards mental and emotional well-being and chronic diseases such as these, and if not detected early can lead to serious health problems for children as they become adults.

3/5/24, 3:51 PM	FY 2024.2025 Fallbrook Regional Health District Community Health Contract Grant Application - Jotform Inbox
Program Goal	By partnering with CHSI, the goal of the Fallbrook Union Elementary School District and Potter JHS, is to provide resources and community outreach in an expanded format on campus to raise awareness, reduce and/or eliminate stigmas, and provide transparent support for behavioral health. Students and their family members have reassurance in knowing that confidential services will be provided in a safe and culturally appropriate manner. CHSI has demonstrated its commitment and capacity to serve the community by documenting a steady increase in utilization of services provided to underserved patients.
Program Objectives & Measurable Outcome	Program Objective #1:
	By the end of the program year, or June 30, 2025, CHSI will have provided 200 visits to uninsured students from Potter JHS.
	Measurable Outcome - CHSI has estimated that approximately 50% of the SBHC's referrals to FFHC are patients who have health insurance coverage by plans not covered by FFHC. In order to maintain continuity of care and ensure that no patient is turned away, CHSI is proposing to cover the cost of 200 visits for students needing services, since there may be multiple visits needed for each individual.
Organization Collabo	tions CHSI has established a memorandum of understanding (MOU) with Fallbrook Union Elementary School District, to provide behavioral health services on-site at Potter Junior High School. CHSI will be the sole provider of services, and will refer patients to emergency services, specialty care, or other community- based organizations as necessary to CHSI's Fallbrook Family Health Center.
Anticipated Acknowl	Igment Social Media Postings Print Materials to Service Recipients
	Website Display
Anticipated Acknowl	Igment If awarded, CHSI will promote FRHD's name and/or logo via the methods selected in the previous question. For example, on CHSI's Instagram and Facebook page, CHSI will acknowledge FRHD in all social media posts related to this program in English and Spanish. In addition, CHSI will promote this program and acknowledge FRHD in CHSI's San Diego Monthly newsletter and CHSI's website under the educational workshop calendar. Lastly, CHSI anticipates advertising this program and recognizing FRHD in the Live Well San Diego online resources and upcoming calendar events page.
Funding History	YES
Funding History - wit reduced or discontine explained	
Program Budget	24_25 FRHD CHC Program Budget Formxlsx 53.66 KB
Terms and Conditions	Accepted

Authorized Signature

BKnar

Name of Board Member	Elective Position	Occupation	Patient?
Amir Sadeghian	Chairperson	Legal Consultant	Yes
Jonnathan Barajas	Vice Chairperson	Logistics Warehouse Manager	Yes
Oscar. Ulric Jones	Treasurer	Retired (Background in Finance)	Yes
Kimberly Ramos	Secretary	Teacher Military	Yes
Allison Monterrosa	Member	Professor	No
Draymond Crawford	Member	Retired (Background in Finance)	No
Jennifer Dobrowolsky	Member	Military	Yes
Mayra Jackson	Member	Director of Finance	No
Veronica Kennedy	Member	Blue Shield of California- Outreach Manager	No

Community Health Systems, Inc. 2024 Board of Directors Roster

Community Health Systems, Inc. Balance Sheet

As of Date:

12/31/2023

	Year To Date 12/31/2023
	Current Year Balance
Assets	Canoni roar Dalanco
Current Assets	
Cash and Cash Equivalents	
Cash on Hand-Petty Cash	1,703.09
Cash on Hand-Cash Boxes	1,610.00
Cash in Bank-BOA #1735	0.00
Cash in Bank-Chase Oper #0683	36,195.29
Cash in Bank-Chase Gen #9180	0.00
Cash in Bank-Chase General JLJ	0.00
Cash in Bank-Chase PR #9198	0.00
Cash in Bank - Chase Mer #9172	0.00
Cash in Bank - Chase CC	0.00
Cash in Bank - CNB OP #9266	721,721.72
Cash in Bank - CNB Sweep Account	3,821,964.33
Cash in Bank - CNB Dep #9797	0.00
Cash in Bank - CNB Mer #9800	2,562.38
Cash in Bank - CNB PR #9789	17,322.17
Cash in Bank - CNB Reserv #9819	0.00
Cash in Bank - CNB CC #8528	0.00
Cash in Bank - CNB VC #8643	0.00
Cash in Bank - Reserve #6717	0.00
Undeposited Funds	0.00
Total Cash and Cash Equivalents	4,603,078.98
Accounts Receivable	
Patient Account Receivable	1,797,569.68
Pharmacy Account Receivable	4,938.21
340B Program AR	137,188.37
Grant AR	10,663.00
Grant AR Contribution	4,603,624.00
AR-Miscellaneous	1,688,220.10
Allowable For Doubtful	(175,634.11)
Total Accounts Receivable	8,066,569.25
Other Current Assets	
Other Current Assets	
Investment - CNB	1,440.10
Deposits	231,875.55
Prepaid Expenses	385,492.90
Total Other Current Assets	618,808.55
Inventory	
BLM 2 Pharmacy Inventory	84,393.45
Total Inventory	84,393.45
Total Other Current Assets	703,202.00
Total Current Assets	13,372,850.23
Long-term Assets	

Property & Equipment	
Land	230,000.00
Building JLJ	3,600,000.00
Building BLM	1,949,720.09
Building MAG	5,500,000.00
Building APV	2,235,000.00
Computer Equipment	2,614,227.88
Motor Vehicles	1,011,572.67
Leasehold Improvements	10,638,649.42
Furniture & Equipment	1,764,070.00
Accumulated Depreciation	(9,536,645.94)
Finance ROU Asset	
	61,081.00
Total Property & Equipment	20,067,675.12
Other Long-term Assets	
Other Assets	
Debt Issuance Costs	262,606.18
Operating ROU Asset	13,156,003.07
Total Other Assets	13,418,609.25
Total Other Long-term Assets	13,418,609.25
Total Long-term Assets	33,486,284.37
Total Assets	46,859,134.60
Liabilities and Net Assets	
Liabilities	
Short-term Liabilities	
Accounts Payable	
Accounts Payable	495,366.65
Total Accounts Payable	495,366.65
Accrued Liabilities	
Accrued Payroll	968,296.65
Flexible Spending Account (FSA)	9,198.04
Health Saving Account (HSA)	858.15
Accrued Vacation	836,215.30
Total Accrued Liabilities	1,814,568.14
Other Short-term Liabilities	
Short-term Liabilities	
Bank Overdraft	15.00
Other Accrued Liabilities	922,908.37
Current Liability Operating Lease	1,187,221.45
Payroll Liabilities	128,058.32
Total Short-term Liabilities	2,238,203.14
Loans Payable - Current	
Current Mortgage Payable-CNB	323,588.07
Current Portion of TI	20,004.00
Total Loans Payable - Current	343,592.07
Capital Lease Obligation	,
Current Liability-Capital Lease	12,414.80
Total Capital Lease Obligation	12,414.80
Total Other Short-term Liabilities	2,594,210.01
Total Short-term Liabilities	4,904,144.80
Long Term Liabilities	.,001,144.00
Other Long-term Liabilities	
Loans Payable - Long Term	
Louis rayable - Long relli	

Long Term Mortgage Payable-CNB	7,155,396.57
Tenant Improvement Payable	121,650.99
Total Loans Payable - Long Term	7,277,047.56
Other Liabilities	
Long Term Operating Lease	12,365,688.73
Total Other Liabilities	12,365,688.73
Total Other Long-term Liabilities	19,642,736.29
Total Long Term Liabilities	19,642,736.29
Total Liabilities	24,546,881.09
Net Assets	
Net Assets	
Fund Balance - Restricted	4,603,624.00
2010 Rel Restrict Satisf Prgm	38,750.00
Unrestricted Net Assets	8,692,874.36
Total Net Assets	13,335,248.36
Change In Net Assets	8,977,005.15
Total Net Assets	22,312,253.51
Total Liabilities and Net Assets	46,859,134.60

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Community Health Systems, Inc. P&L - Consolidated YTD

Reporting Book: ACCRUAL As of Date: 12/31/2023 Year To Date 12/31/2023 Actual Net Income Income Grant Revenue Federal Grant Revenue American Rescue Plan (H8H) 1,695,678.11 Federal 330 Grant Revenue 4,367,651.00 HRSA - HIV Grant 330,714.52 HRSA - Covid 19 Vaccine (ECV) 242,468.00 HRSA - Hypertension Grant 51,124.53 FCC Covid-19 Telehealth (500.00)HRSA -National Ambulatory Medical Care Survey 10,000.00 6,697,136.16 **Total Federal Grant Revenue** State Grant Revenue DHCS - PATH CITED 230.053.00 State Grants 135,019.50 Total State Grant Revenue 365,072.50 Foundation & Private Grant Revenue California Health Foundation 20,000.00 **CVS** Grant 8,334.00 First Five OHI 68,766.00 IEHP 10,000.00 CHAISR-Community Health Assoc. 10,000.00 Fallbrook HealthCare District 30,000.00 **Total Foundation & Private Grant Revenue** 147,100.00 7,209,308.66 **Total Grant Revenue** Investments Income Investment Income 51,788.21 51,788.21 **Total Investments Income** Other Types of Income Interest Income 88,673.30 Donations 963,544.91 Other Income 2,114,369.91 Rent Income 4,617.77 Medical records 5,142.75 Incentive 1,526,233.84 Total Other Types of Income 4,702,582.48 Patient Revenue Medicare 2,821,279.40 Private 983,183.64 Medical Fee For Service 7,049,189.53 Medical Managed Care 24,742,844.09 Pact 239,827.62 57,997.74 Presumptive Eligibility

Sliding Fee Schedule	620,123.90
Total Patient Revenue	36,514,445.92
Other Program Revenue	
ECM Program	1,293,441.24
340B Program	2,812,101.14
CCM Program	107,517.10
Pharmacy	9,431.71
Total Other Program Revenue	4,222,491.19
PY Reconciliation Adj	
PY Medi-Cal Recon Adj	202,361.36
PY Medicare Recon Adj	62,893.00
Total PY Reconciliation Adj	265,254.36
Total Income	52,965,870.82
Expense	
Rent	
Facility Rent	1,983,909.76
Storage	127,977.79
Total Rent	2,111,887.55
Community Outreach	
Community Outreach	50,291.97
Total Community Outreach	50,291.97
Business Expenses	
Banking Service Fees	49,926.55
Total Business Expenses	49,926.55
Contract Services	
Accounting Fees	82,947.29
Professional Services	467,770.14
340B Service Fees	422,760.41
Legal & Professional Fees	3,015.00
Outside Services	536,958.56
Security	340,196.88
Infectious Waste	29,309.83
Janitorial	418,223.03
Lab Fees	244,284.54
Pest Control	34,140.50
Recycling Services	33,489.68
Uniform & Lab Coats Services	9,467.83
Equipment Maintenance	40,031.90
Total Contract Services	2,662,595.59
Facilities & Equipment	
Medical Equipment Purchase	182,781.67
Building Repairs & Improvements	125,498.43
Equip Rental	172,584.46
Office Equipment Purchase	124,401.28
Auto Repair and Maintenance	1,335.99
Equipment Repair	30,305.41
Total Facilities & Equipment	636,907.24
Computer Expense	
Computer Software	564,855.55
Computer Hardware	45,822.79
Computer Maintenance	343,758.18
Total Computer Expense	954,436.52
.eta. Somputor Expense	001,100.02

Operations	
Books, Subscriptions, Reference	1,783.15
Postage, Mailing Service	26,945.79
Printing & Copying	15,042.74
Utilities	437,928.01
Telephone, Telecommunications	495,172.84
Total Operations	976,872.53
Other Types of Expenses	
Depreciation Expense	779,715.47
Interest Expense	239,992.38
Dues, License, Renewals	174,517.66
Bad Debt	134,126.80
Staff Recruitment	221,919.77
Continuing Education	64,020.56
Staff Training	6,682.43
Total Other Types of Expenses	1,620,975.07
Insurance	
General Liability Insurance	127,495.91
Directors & Officers Insurance	77,143.67
Workers Comp	350,246.25
Auto Insurance	11,671.89
Property Insurance	56,338.79
Total Insurance	622,896.51
County & Other Taxes	
County & Other Taxes	51,948.78
Total County & Other Taxes	51,948.78
Payroll Expense	
Salaries (Clinic)	18,323,061.71
Administrative Salaries	5,877,757.30
Employer Payroll Taxes	2,027,483.34
Fringe Benefits	2,384,766.82
Payroll Service Fees	77,040.42
Bonus	1,194,980.00
Retirement Benefits	1,790,039.31
Total Payroll Expense	31,675,128.90
Supplies	
Medical / Dental Supplies	590,056.90
Vaccine / Injectable Supplies	968,806.21
Pharmacy Supplies	542,998.50
PPE Supplies	2,734.52
Office Supplies	125,594.88
Janitorial Supplies	39,175.67
Total Supplies	2,269,366.68
Travel	
Conference, Convention, Meeting	44,729.00
Travel	8,279.73
Transportation	13,655.84
Mileage	74,339.15
Lodging / Hotel	32,314.48
Meals	24,661.42
Total Travel	197,979.62
Meetings & Corporate Events	

Corporate Events	99,055.51
Employee Appreciation	8,596.65
Total Meetings & Corporate Events	107,652.16
Total Expense	43,988,865.67
Total Net Income	8,977,005.15





Potter Junior High School Behavioral Health Center

We're Accepting New Patients!

Most Common Visits:

- Depression
 Comparison
- Anxiety
- Stress
- Anger
- Coping Strategies
- Loss and Grief
- Trauma

<u>We Accept Most Health</u> Insurances

- Medi-Cal
- Private Insurance
- HMOs
- PPOs

Sliding-Fee Program Available to All

- Services at discounted rates are provided to those who qualify.
- Based on family size and income only.
- A nominal fee applies.

Contact Us:

(760) 451-4741



www.chsica.org

Fallbrook Regional





Centro de Salud Mental de **Potter Junior High School**

¡Estamos Aceptando Nuevos Pacientes!

Visitas Más Comunes:

Depresión

Ansiedad

- Estrategias de
- Estrés
- Enojo
- Afrontamiento
- Pérdida y Duelo
- Trauma

Aceptamos la Mayoría de los Seguros de Salud

- Medi-Cal
- Aseguranza Privada
- HMOs
- PPOs

Escala de Descuento Disponible para Todos

- El descuento se proporciona a quienes califican
- Basado al tamaño de la familia e ingreso
- Tarifa nominal aplica

Contáctenos

(760) 451-4741





www.chsica.org

Fallbrook Regional HEALTH ADISTRICT

	1	IRS e-file Signature	e Authorizatio	n į	OMB No. 1545-0047
Form 8879-TE		for a Tax Exe			
	For calendar year 202	2, or fiscal year beginning		, 20	2022
Department of the Treasury Internet Revenue Service		Do not send to the IRS. Ke Go to www.irs.gov/Form8879TE		.	Han VI Ann Han
Name of lifer		Go to www.irs.gov/Form88/9(E	tor the latest information	EIN or SSN	
	Y NEALTH SYSTEM	S. INC.		33-00	
Name and title of officer or p		LORI HOLEMAN			
name and mile of entries, or p		CEO			
Part I Type of	Return and Re	turn Information	"		
Form 5330 filers may enter or 10a below, and the am	ount on that line for	e using this Form 8879-TE and enter For all other forms, enter whole do the return being filed with this form ->. But, if you entered -0- on the ret	llars only. If you check the n was blank, then leave lin	box on line 1a, 2a, e 1b, 2b, 3b, 4b, 5b	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check	here X	b Total revenue, if any (Form 9	90, Part VIII, column (A), li	ine 12)	1b 32,270,645.
2a Form 990-EZ ch		b Total revenue, if any (Form 9	90-EZ, line 9)	·····	2b
3a Form 1120-POL		b Total tax (Form 1120-POL, lin			
4a Form 990-PF ch	eck here 🛄 🗌	b Tax based on investment in			4b
5a Form 8868 check	here	b Balance due (Form 8868, line	e 3c)		
6a Form 990-T chec		b Total tax (Form 990-T, Part II			6b
7a Form 4720 check		b Total tax (Form 4720, Part III			
8a Form 5227 check		b FMV of assets at end of tax			8b
9a Form 5330 check	here	b Tax due (Form 5330, Part II,	line 19)		95
10a Form 8038-CP c		b Amount of credit payment r	equested (Form 8038-CP	, Part III, line 22)	105
Part II Declara	tion and Signat	ure Authorization of Office	er or Person Subject	t to Tax	
Under penalties of perjury	, I declare that] I am an officer of the above entity	🖓 or 🛄 Lam a person su	bject to tax with resp	ect to (name
of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv	 i authorize the U.t ution account indication it the entry to this at prior to the payment confidential information 	action of the transmission, (b) the l S. Treasury and its designated Fina ated in the tax preparation software ccount. To revoke a payment, I mu nt (settlement) date. I also authoriz- nation necessary to answer inquiri- mature for the electronic return and	ncial Agent to initiate an e e for payment of the feders st contact the U.S. Treasu e the financial institutions es and resolve issues relat	electronic funds withd al taxes owed on this ary Financial Agent at involved in the proce- ed to the payment.	rawal (direct debit) return, and the 1-868-353-4537 no ssing of the electronic have selected a
PIN: check one box only				to enter my P	IN 01510
		ERO firm name		-	Enter five numbers, but
					do not enter all zeros
with a state age		2 electronically filed return. If I hav harities as part of the IRS Fed/Statisticeen.			-
return. If I have	ndicated within this	x with respect to the entity, I will e return that a copy of the return is my PIN on the return's disclosure of	being filed with a state age		narities as part of the
and the second	tion and Authe			Date	10/4/23
ERO's EFIN/PIN. Enter yo number (EFIN) followed by			9660610262	17	
			Do not enter	all zeros	
2		N, which is my signature on the 20: requirements of Pub, 4163, Model			
ERO's signatureSING	CRLEWAX LLP	a toy	Date	09/01/23	
	<u>``</u>)		
		ERO Must Retain This Forr Ibmit This Form to the IRS			
LUA Ear Drivery Ast and		tion Act Notice, see instructions			Form 8879-TE (2022)
LIN FOR PRIVACY ACT AND	гарегмогк неай	and Act Notice, see instructions	•		, onin oo , oo i t (2022)

202521 12-18-22

	<u>LE YEAR</u>) 22				Return zations	n Autho	orizati	on fo	or					<u>FORM</u> 8453-EO
Exompt O	rganization name											Identifyi	ng number	
COMMUT	IITY HEALT.	h systei	MS, INC.									33-	005655	1
Part I	Electronic	Return li	nformation	(whole do	liars only)							-		
	tal gross rece			43										32,270,645
2 To	tal gross inco	me (Form	199, line 8											32,270,645
3 To	tal expenses	and disbu	irsements (1							_		34,893,976
Part II	Settle You	r Accoun	t Electroni	ically for T	axable Year	2022								
4	Electronic	funds with	ndrawal	4a Amo	ount			4b Wit	hdrawal e	Jate (mr	n/dd/y	<u>(vv)</u>		
Part III	Banking Ir	nformatio	n (Have yo	u verified t	<u>he exempt o</u>	rganization's	banking ir	nformatio	<u>n?)</u>					
5 Rot	iting number													
<u>6 Acc</u>	ount number						7 Ty	vpe of ac	count:	Çh	ecking		Saving	5
Part IV	Declaratio													
1 authori on line 4		organization	h's account t	o be settled	as designated	in Part II. If I c	heck Part I	l, box 4, l	authorize	an electr	onic fur	ds with	idrawał fo	r the amount listed
organiza statemer delayed,	e due return, H tion will remain its be transmitt I authorize the	liable for t ed to the F	he fee liabilit TB by the ER	y and all app 0, transmitt	olicable interes ter, or interme	st and penalties diate service pr	i, authoriz ovider.)f ti he reason(e the exer he proces	npt organi sing of th	zation re	turn and	i accorr	ipanying s	schedules and
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FTB 8453-EO 2022

229021 11-10-22

MARL TO: Registry of Charitable Trusta P.O. Box 803447 Secremento, CA 94203-4470 STREET ADDRESS: 1900 I Street Secremento, CA 95814 (916) 210-6400 organizat	NUAL REGISTRATION RENEWAL TO ATTORNEY GENERAL OF CAL Sections 12586 and 12587, California Gove 11 Cal. Code Regs. sections 301-306, 309, submit this report annually no later than four months and fifter ion's accounting period may result in the lose of tax exemption at of \$800, plus interest, and/or fines or filing penulties. Reven 23703; Government Code section 12586, 1, IRS extensions of	JFORNIA rnment Code 311, and 312 an days effer the end of the n end the assessment of a up & Taxation Code section	15	JUSTICE AGE 1 of 1
	Che	ck if:		
COMMUNITY HEALTH SYSTEMS, INC. Name of Organization		Change of address Amended report		
List all DBAs and names the organization uses or has used				
21801 ALESSANDRO BLVD Addross (Number and Street)	Stat	e Charity Registration Number CT056526		
MORENO VALLEY, CA 92553-8551 City or Town, State, and ZIP Code	Cor	ooration or Organization No. 1246380		
951-571-2300 A.NGUYE	NGCHSICA.ORG	aral Employer ID No. 33-0056551		
Telephone Number E-mail Addra				
ANNUAL REGISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Gode Make Check Payable to Department o	Regs. sections 301-307, 311, and 312) f Justice		
Total Revenue Fee	Total Revenue Fe		Fe	ee_
Less than \$50,000 \$25 Between \$50,000 and \$100,000 \$50		00 Between \$20,000,001 and \$100 million 00 Between \$100,000,001 and \$500 millio		300 1,000
Between \$100,001 and \$250,000 \$75	Between \$5,000,001 and \$20 million \$4			1,200
PART A - ACTIVITIES For your most recent full accounting		ending 12/31/2022 List		
Total Revenue (Including honcesh contributions) \$32,270 Program Expenses \$		/ /////	<u>,129,</u>	628
	GANIZATION DURING THE PERIOD OF THIS			
providing an explanation and detail	you answer "yes" to any of the questions t Is for each "yes" response. Please review F	elow, you must attach a separate page RF-1 instructions for information required.	Yes	No
 During this reporting period, were there and any officer, director or trustee there any financial interest? 	any contracts, loans, leases or other financial of, either directly or with an entity in which an	transactions between the organization y such officer, director or trustee had		x
During this reporting period, was there a or funds?	ny theft, embezzlement, diversion or misuse o	of the organization's charitable property		
	ganization funds used to pay any penalty, fin	s or judgment?		×
 During this reporting period, were the se commercial coventurer used? 	rvices of a commercial fundraiser, fundraising	counsel for charitable purposes, or		x
5. During this reporting period, did the orga	inization receive any governmental funding?	SEE STATEMENT 2	x	
6. During this reporting period, did the orga	inization hold a raffle for charitable purposes?		^	
7. Does the organization conduct a vehicle	donation program?			x
 Did the organization conduct an indepen generally accepted accounting principles 	dent audit and prepare audited financial state	ments in accordance with	x	x
	e organization hold restricted net assets, whil	e reporting negative unrestricted net assets?		
I declare under penalty of perjury that I have and belief the content is true, correct and c	e examined this report, including accompa- complete, and I am authorized to sign.	lying documents, and to the best of my know	vledge	¥ ÷
Lovitoleman LORI	Holeman	CEO Laci Halemon \$ 10,	/4/2	23
Sfighature of Authorized Agant Prints	60 Name	Title Date		

COMMUNITY HEALTH SYSTEMS, INC.

33-0056551

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING PART B, LINE 5 STATEMENT 2

NAME OF AGENCY: HRSA 330 FEDERAL GRANT MAILING ADDRESS: 5600 FISHERS LANE, ROCKVILLE, MD 20852 CONTACT PERSON: CHRISTIE WILLIAMS, PROJECT OFFICER TELEPHONE NUMBER: 301-594-4314

NAME OF AGENCY: ESSENTIAL ACCESS HEALTH - TITLE X GRANT MAILING ADDRESS: 3600 WILSHIRE BLVD #600, LOS ANGELES, CA 90010 CONTACT PERSON: JON DUQUE/AMPARO RUANO TELEPHONE NUMBER: 213-386-5614

6



COMMUNITY HEALTH SYSTEMS, INC. 21801 ALESSANDRO BLVD MORENO VALLEY, CA 92553-8551

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before November 15, 2023 to:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Enclose a check or money order for \$800, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.

Very truly yours,

LIOR TEMKIN, CPA

XXX/LL_IH	IRS e-file Signature Authorization	OMB No. 1545-0047
_{Farm} 8879-TE	for a Tax Exempt Entity	
	For calendar year 2022, or flacki year beginning, 2022, and ending, 20	2022
Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer	EIN or SS	
		56551
Name and title of officer or pe		
	CEÓ	
Part I Type of	Return and Return Information	
Form 5330 filers may ente or 10a below, and the amo	rn for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return r dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, sunt on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below	3a, 4a, 5a, 6a, 7a, 8a, 9 , 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere K b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 32,270,645.
2a Form 990-EZ che		
3a Form 1120-POL o		
4a Form 990-PF che		
5a Form 8868 check	here b Balance due (Form 8868, line 3c)	
6a Form 990-T chec		
7a Form 4720 check	here b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check		8b
9a Form 5330 check	here b Tax due (Form 5330, Part II, line 19)	9Ъ
10a Form 8038-CP ch		10b
and the second state of th	ion and Signature Authorization of Officer or Person Subject to Tax	
	I declare that X I am an officer of the above entity or I am a person subject to tax with resp , (EIN) and that I have	
of any refund. If applicable entry to the financial institu	ter, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from or or reason for rejection of the transmission, (b) the reason for any delay in processing the return o , I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds with the account indicated in the tax preparation software for payment of the federal taxes owed on this the activity to the eccentry. To avoid a payment of prior to the tederal taxes owed on this the activity to the eccentry.	r refund, and (c) the dat drawai (direct debit) s return, and the
of any refund. If applicable entry to the financial institu- financial institution to debi- later than 2 business days payment of taxes to receiv	pt or reason for rejection of the transmission, (b) the reason for any delay in processing the return o I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds with:	r refund, and (c) the dat drawal (direct debit) a return, and the t 1-888-353-4537 no issing of the electronic have selected a
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202021 12-16-22

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990

Department of the Treasury Internal Revenue Service



AI	For th	e 2022 calendar year, or tax year beginning) <u></u> פֿתַל	d ending			
B	Check J applicab	C Name of organization			D Employer	identific	cation number
ſ	Addro	COMMUNITY HEALTH SYSTEMS, IN	c.				
·	Nama	 Doing business as 			33-0	056551	
—]Initial						
	Fical		951-57	1-2300			
	lermin etoci	City or town, state or province, country	G Gross receip	ts \$	32,270,645.		
	Amen	ded MORENO VALLEY, CA 92553-855	H(a) is this a	group re	eturn		
		P Name and address of principal officer:	LORI HOLEMAN		for subo	ordinates	? Yes 🗶 No
						ordinales in	cluded? 🛄 Yes 🛄 No
1	fax-ex	empt status: 🗶 501(c)(3) 📃 501(c) (527 If "No,"	attach a	list. See instructions		
	Nebsi				H(c) Group e		n number
		organization: X Corporation Trust	Association Other	LY	ear of formation: 1	984 N	A State of legal domicils; CA
P	art I						
	1	Briefly describe the organization's mission or			ND STRENGTHEN	THE	
nic.		HEALTH OF OUR DIVERSE COMMUNITIES					
Activities & Governance	2		discontinued its operations or dispo	sed of m	ore than 25% of it		
20	3	Number of voting members of the governing					9
ۍ ه	4	Number of independent voting members of t					9
5	5	Total number of individuals employed in cale					439
Ξ.	6	Total number of volunteers (estimate if neces					9.0.
Act	7 a	Total unrelated business revenue from Part \					0.
	Ь	Net unrelated business taxable income from	Form 990-1, Part I, line 11	*******	Prior Yea	75 r	Current Year
						7,114.	6,308,263.
te ti	8					9,171.	25,950,476.
Revenue	9	-	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		~~,~~	373.	1,700.
å	10				22	7.128	10,206.
		Other revenue (Part VIII, column (A), lines 5, t Total revenue - add lines 8 through 11 (must			3,786	32,270,645,	
		Grants and similar amounts paid (Part IX, col				0.	0,
	1	Benefits paid to or for members (Part IX, colu				0.	0.
				its (Part IX, column (A), lines 5-10)			26,103,010.
Expenses	16a	Professional fundraising fees (Part IX, column					0,
- Fe	ь	Total fundraising expenses (Part IX, column (0,		SHANGAN.	
ណ៍	17	Other expenses (Part IX, column (A), lines 11			8,42	3,758.	8,790,966.
		Total expenses. Add lines 13-17 (must equal			31,30	2,127.	34,893,976.
		Revenue less expenses. Subtract line 18 fror			9,10	1,659.	-2,623,331.
មម្ព័					Beginning of Curre	ent Year	End of Year
sets	20 21 22	Total assets (Part X, line 16)				6,972.	34,129,628.
t se	21	Total liabilities (Part X, line 26)				7,014.	22,453,001.
line Line	22	Net assets or fund balances. Subtract line 21	from line 20		14,29	9,950.	11,676,627.
	i	Signature Block					
		Itles of perjury, I declare that I have examined this					knowledge and belief, it is
truø,	COLLEC	t, and complete. Declaration of preparer (other that	n officer) is based on all information of w	nich prepa	arer has any knowled	1 <u>0</u> 0.	
.		Signature of officer	<u>₩₩₩</u>		Date		
Sigr		LORI HOLEMAN, CES			471410		
Here	e	Type or print name and title	L.				
			Organizate stansture		Date	Check	PTIN
0		Print/Type preparer's name LIOR TEMKIN	Preparer's signature		09/01/23	ir 🗠	
Paid Pren		Firm's name SINGERLEWAK LLP			Firm'	self-employi s ETM	95-2302617
Prep Use :	arer Only İ	Firm's address 2010 MAIN ST., STE 30	0			5 (11)	
	Çy	IRVINE, CA 92614	-		Phon	e no.949	-261-8600
		······································					

	n 990 (2022) COMMUNITY HEALTH SYSTEMS, INC.	33-0056551	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check If Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO IMPROVE AND STRENGTHEN THE HEALTH OF OUR DIVERSE COMMUNITIES BY		
	PROVIDING COMPASSIONATE AND COMPREHENSIVE HEALTH SERVICES,		
2	Did the organization undertake any significant program services during the year which were not listed on the		·
	prior Form 990 or 990-EZ?		(es X No
	if "Yes," describe these new services on Schedule O.	······································	- harment i i -
з	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		es X No
÷	If "Yes," describe these changes on Schedule O.	······	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expens	A.
-	Section 5D1(c)(3) and 5D1(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		,
4 a	(Gode:) (Expanses \$26,460,817. including grants of \$) (Revenue) (Revenue	s 25,	960,682.)
	COMMUNITY HEALTH SYSTEMS PROVIDED 124,273 MEDICAL, DENTAL, VISION,	-	
	MENTAL HEALTH, AND OTHER PRIMARY CARE SERVICES, INCLUDING VIRTUAL		
	VISITS, TO INDIVIDUALS IN THE TRI-COUNTY AREA OF SOUTHERN CALIFORNIA.		
	APPROXIMATELY 24,556 PATIENTS WERE SERVED, A MAJORITY OF THOSE		·····
	PATIENTS WERE LOW-INCOME AND UNDERINSURED WITH LIMITED MEANS FOR		
	PAYMENT.		
4b	(Code:) (Expenses \$) (Hevenue) (Hevenue) (Hevenue)	\$	١
		· · · · · · · · · · · · · · · · · · ·	······································
4c	(Code:) (Expenses 5) (Avanua) (Avanua) (Avanua)	\$	<u>۱</u>
			(
4d	Other program services (Describe on Schedule O.)		
	(Expanses \$ including grants of \$) (Revenue S)	
4e	Total program service expenses 26,460,817.		
		Forr	n 990 (2022)
232002	; 12-13-22		
	2		

33-0056551

	1990 (2022) COMMUNITY HEALTH SYSTEMS, INC. 33-0056	551	ㅋ	age 3
Pa	nt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? // "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	t	1	
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-197 // "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		ж
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	×	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		1	
	assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII	<u>11b</u>		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	110		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	. <u>11e</u>	<u> </u>	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 111	<u>×</u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI and XII	<u>12a</u>	ļ	x
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<u>×</u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148	ļ	x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign Investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	146		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	ļ	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			**
_	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes, "			**
	complete Schedule G, Part III	19		
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>		 	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	205	ŀ	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 // "Yes," complete Schedule I, Parts / and //	21		x
napacé	domestic government on mart IX, column (A), line 1 (if "Yes." complete Schedule I, Parts I and II	Form	990	
وبالبال وربيه	14-14-14-14-14-14-14-14-14-14-14-14-14-1			

Form **990** (2022)

Form	990 (2022) COMMUNITY HEALTH SYSTEMS, INC. 33-005	551	p	age 4
Pa	rt IV. Checklist of Required Schedules (continued)		1	
		r	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	. 22		<u> </u>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 245	ļ	
Ċ	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		[Í
	any tax-exempt bonds?	24c	ļ	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transmission with a discussified person during the year's 40 Wear's encoded Categories. Optication and the second sec	25a		x
ь	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	. 604		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "yes," complete Schedule L, Part III	27	0.000	A 909/099
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //	76868731	1992-90970 ⁻	NOMECH,
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any Individual described in line 28a? /f "Yes," complete Schedule L, Part IV			х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #			
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	0.0		x
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<u> </u>	x
31 32	Did the organization regulate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part P.,			
02.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1			x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>		x
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. <u>35b</u>		
36		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that Is not a related organization			
u .	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		16	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	Carriero Ic	aadaanas X	ween and the
232004	12-13-22	and the second	990 (2022)
	4			

		3-005655	1	न	age
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			T	Ι
-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		- Sievic	Yes	No
2.2	filed for the calendar year ending with or within the year covered by this return	439		1886	840
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	, <i>188</i> 76
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	<u> </u>	x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		35		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	,,,,			t
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
ь	If "Yes," enter the name of the foreign country		WS546	4	(850)
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	1979 (M. 1991) 1979 (M. 1991)	. X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T7		5c		1
őa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization s				
U.a	any contributions that were not tax deductible as charitable contributions?		6a	ĺ	x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	••••••			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				199
å	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	the navor?	7a	1115630w7486)	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	,			
G			7c		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year7d		USBA	(See all	
			70 70	19922200	15732
-			78 7f	1	
f -			79		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required to contribution of qualified intellectual property, did the organization file Form 8899 as required to contribution of contrib				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	1090-01		100	NSA ()
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			19841165	
~	sponsoring organization have excess business holdings at any time during the year?		B	10000	(inclusion)
9	Sponsoring organizations maintaining donor advised funds.		9222220 9a	(secolda)	
	Did the sponsoring organization make any taxable distributions under section 4966?		95 95		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		- 3D	NAD SUBJECT	6.194).
0	Section 501(c)(7) organizations, Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a				
a					
				12555	
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				S.
þ	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)			SAN SA	1946) C
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	Alteriation (1946)	156.515
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.		10000000000	ACTORNES.	(43-43)) :
a	is the organization licensed to issue qualified health plans in more than one state?		13a	1.000	 (295)/)
	Note: See the instructions for additional information the organization must report on Schedule O.				7522 2570
b	Enter the amount of reserves the organization is required to maintain by the states in which the			0.33	
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand		4(9(99))S	2453220	1947-1941) 1947-1941
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		145		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15	the second of	X
	If "Yes," see the instructions and file Form 4720, Schedule N.		2,6855	<u>1986</u> 22	
			16		X
;	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? $-\dots$			1.1	• いいかうしん
5	If "Yes," complete Form 4720, Schedule O.				2233
5	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		202300		3933
5	If "Yes," complete Form 4720, Schedule O.		17		

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Form	990	(2022)

33-0056551

Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. x Chack if Schedule O contains a response or note to any line in this Part VI

<u>Soc</u>	tion A. Governing Body and Management		ad a children an	
Jec	aton A. Governing body and Management		Yes	210
		e Resson	TOS	No
18	Enter the number of voting members of the governing body at the end of the tax year1a	- 2330		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	- 8393		
b		2 3333		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1988.03	NESSE,	Sectors.
	officer, director, trustee, or key employee?	2		<u>x</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	x
6	Did the organization have members or stockholders?	6		X
7a	where the second s			
	more members of the governing body?	<u>7a</u>		x
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	76		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		<u>asis</u> t	
a	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9		9		x
Sec	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>			
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
		10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			ĺ
	and branches to ensure their operations are consistent with the organization's exempt purposes?	105		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	2050/0000
Ь		antons Theorem		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	L
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by independent		288 B	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			NES TON SENTIN
ä	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b	х	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See Instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	en e	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	(3353/3	1020662	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	10/12/20/12/	1920/272/693X
Sec	tion C. Disclosure	100		
17		h only		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	/⇒ uniy)	avanai	NG
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	id financ	sial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ANNIE NGUYEN - 951-571-2300			
	21801 ALESSANDRO BLVD, MORENO VALLEY, CA 92553			
232006	1 12-13-22	Form	990	(2022)

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Form 990 (2022) COMMUNITY HE									33-005655	1 Page 7
Part VII Compensation of Officers, D	-			s, I	Кеу	En	npk	oyees, Highest Co	mpensated	
Employees, and Independer	nt Contract	ors								
Check if Schedule O contains a resp	onse or note to	алу	y line	in t	his I	Part	VII			
Section A. Officers, Directors, Trustees, Key	Employees, a	nd F	ligh	ost (Con	npor	sat	ed Employees		
 1a Complete this table for all persons required to List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compension 	s directors, tru	istea								
 List all of the organization's current key en List the organization's five current highest c 										
who received reportable compensation (box 5 of \$100,000 from the organization and any related o	Form W-2, box									
 List all of the organization's former officers 	, key employee	?s, a	nd h	ighe	est c	omp	ens	ated employees who re-	ceived more than \$100	,000 of
reportable compensation from the organization a List all of the organization's former directo						n the	cac	pacity as a former direct	or or trustee of the org	anization.
more than \$10,000 of reportable compensation fr	om the organi:	zatic	ກ ລາ						5	
See the instructions for the order in which to list t	•									
Check this box if neither the organization ne	1	orga	niza			nper	sate			
(A)	(8))) Pos	C) ition			(D)	(E)	(F)
Name and title	Average		not c	heck	more.	than (Reportable	Reportable	Estimated
	hours per week			aa pa ndad				compensation from	compensation from related	amount of other
	(list any	à.	1	1			I	the	organizations	compensation
	hours for	1510C				8		organization	(W-2/1099-MISC/	from the
	related	tiee o	uslee			in st	ł	(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al≋ur	1 kao		leval.			1099-NEC)		and related
	below line)	ndivitical इत्याहर of दिल्लीय	Insidetional Jusice	Cilies Cilies	Key engleyet	Highest compensated emptoyee	uner			organizations
(1) DR. SANJEEV PURI (FROM 8/22)	40.00	=	<u> </u>	.8	2	亚王	[윤_ 			
CMO (FROM 8/22)	10,00			x			}	306,858.	ο.	2,188.
(2) LORI HOLEMAN	40.00					\vdash	<u> </u>			
CEO		ł	1	x				261,382.	Ο.	31,098.
(3) ANNIE NGUYEN	40.00									
ĊFÓ		1		x				207,308.	0.	30,047.
(4) DENIS VEGA TAPIA	40.00									
¢00				x				192,750.	٥.	28,940.
(5) MAHDI HEMATIAN-ASHRAFIAN	40.00]							
CMO (UNTIL 8/22)				x				176,373.	0.	20,028.
(5) DR. GEORGE SOLIMAN	40,00									
FAMILY PRACTICE PHYSICIAN						x		295,658.	0.	28,009.
(7) DR. CALVIN LAMBERT HALL	40.00									AR 003
FAMILY FRACTICE PHYSICIAN (8) DR. GORAN CVIJANOVIC	40,00			-		X		289,000.	0.	27,903.
PHYSICIAN	40,00					x		292,053.	ο.	16,475.
(9) DR. SHEILA LOHARUKA	40.00		···							
INTERNAL MEDICINE PHYSICIA			1			х		243,379.	Ο.	13,928.
(10) STANLEY YU	40,00									
PEDIATRICIAN						х		229,885.	Ο.	9,519.
(11) JONNATHAN BARAJAS	1.50									
CHAIR		х	ļ	X				٥.	Q.	0.
(12) KIMBERLY JIMENEZ	1,00									_
VICE CHAIR		x		x	·	-		a.	0.	0.
(13) OSCAR ULRIC JONES	1,00									
TREASURER (14) JENNIFER DOBROWOLSKY	1 00	x		X				Ů.	٥.	<u> </u>
SECRETARY	1,00	x		x				0.	ο.	٥.
(15) DRAYMOND CRAWFORD	0,75							•••		
BOARD MEMBER		x						0.	ο.	Ο.
(16) DENISE CULBERSON	0.50	-								
BOARD MEMBER	•	x						0.	ο.	Ο,
(17) AMIR SADEGHIAN	0,75									
BOARD MEMBER		X,						0.	Ď.	0.
232007 12-13-22										Form 990 (2022)

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Form 990 (2022) COMMUNITY HE		<u> </u>							33-0056	551 Page 8
Part VII Section A. Officers, Directors, Trus		<u>ploy</u>	ees,			yhes	st C			
(A) Name and title	(B) Average hours per week	box.	i not e I, unfo	(C Posi heck r es per of a di	more reon b	than d s both	i en	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below	ediniduel trustee te directer	នេទងៀមនាខាខាល់ខេខ	जितित	ទោរទំរុង៖	Highest companyIed employee	नित्त्राह्य	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation
(18) ALLISON MONTERROSA	line) 0.50	E	<u>12</u>	ili i	Key	ĒĒ	Ē			
BOARD MEMBER		x						0.		o. o.
(19) VERONICA HERNANDEZ BOARD MEMBER	0,50	x						Ů.,		0. <u>0</u> .
BORKD MEMBER		Î								······································
·····										
									i u mu	
1b Subtotal			L	.			ι	2,494,646.		0. 208,135. 0. 0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								2,494,545.		0. 208,135,
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove)) wh	o re	ceived more than \$100,	000 of reportable	24
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st					-			, ,		Yes No
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl),000? <i>If "Yes</i> ,	е со ″ со	mpe mple	insat ete S	tion Iche	and dule	oth J A	er compensation from ti or such Individual	he organization	4 X
5 Did any person listed on line 1a receive or a rendered to the organization? // "Yes." com					-			-		. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest con	•	•								sation from
the organization. Report compensation for t (A)		ear e	ndir	ig wi	ith o	r wi		(B)		(C)
Name and business	address	NOI	NE				+	Description of s	ervices	Compensation
										1
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	_	ət lin	nited	to t	hose 0		ted	above) who received mo	pre than	
	2001								1 (260),	Form 990 (2022)

232008 12-13-22

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Total revenue Pedeta of a consense During activity of a consense of transition of the consense of transition of the consense of transitions of the consense of transit of the consense of transitions of transities of transit				Check if Schedule O contains a response	or note to any lin				
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d Net rental income or (loss) iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			ь	Less: rental expenses 6b					
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	[DE DES ERS	000000000000000000000000000000000000000	
232009 12-13-22 Form 990 (2022)						32,270,045.	22,200,082,	U0.	Form 990 (2022)

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33-0056551 Page 10

Form 990 (2022) COMMUNITY HEALTH SYSTEMS, INC.

	Check if Schedule O contains a respon t include amounts reported on lines 6b,	(A) Totel expenses	(B) Program service	(C) Management and	(D) Fundraising
), 9b, and 10b of Part VIII.		éxpenses	general expenses	expenses
	irants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21				
	arants and other assistance to domestic				
	ndividuals. See Part IV, line 22				a na pana ang ang ang ang ang ang ang ang ang
	Grants and other assistance to foreign				6402858
	rganizations, foreign governments, and foreign			8848888888	
	ndividuals. See Part IV, lines 15 and 16				n vor ser ser ner ser ser se
	Benefits paid to or for members			ananan na hada na haran kana misin baharan (
	Compensation of current officers, directors,		505 445	261 626	
	rustees, and key employees	1,256,971.	505,446.	751,525.	
	compensation not included above to disqualified				
-	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	20,652,484.	16,553,782.	4,098,702.	
	Other salaries and wages	20,052,404.	10,000,702.	4,090,702.	
-	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	2,489,374.	1,774,500.	714,874.	
	Other employee benefits	, ,		371,407.	
	ayroll taxes	1,704,181.	1,332,774.	₽7#,₩07,	
	ees for services (nonemployees):				
	fanagement	9,339.		9,339.	
	egal	72,910.		72,910,	
	counting	72,910.		16,744,	
	obbying		er an	an a	
	rofessional fundraising services. See Part IV, line 17		and a second		
	vestment management fees				
-	other. (If line 11g amount exceeds 10% of line 25,	1,979,980.	1,748,279.	231,701.	
	olumn (A), amount, list line 11g expenses on Sch D.)	1,373,388.	1,140,273.	231,701,	
	dvertising and promotion	1,139,167.	663,325,	475,842,	
	office expenses	706,843.	19,784.	687,059.	
	nformation technology	700,045.	19,704.	007,000.	
	oyalties	2,134,495.	1,655,596.	478,899.	
		92,646.	25,870.	66,776.	
		52,040.	20,070.		
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials conferences, conventions, and meetings	102,560.	18,422.	84,138.	
		286,265.	286,265.	~~,~~*	
	ayments to affiliates	,	,		
	epreciation, depletion, and amortization	635,612.	452,627.	182,985.	
		386,398.	264,082.	122,316,	
	ther expenses. Itemize expenses not covered			<u>(1994) en la constante de la c</u>	
ab	pove. (List miscellaneous expenses on line 24e. If		666666666		178-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-
lin	he 24e amount exceeds 10% of line 25, column (A), nount, list line 24e expenses on Schedule O.)				
	EDICAL SUPPLIES	1,078,940.	1,078,702.	238.	
-	UES AND SUBSCRIPTIONS	138,328,	54,073,	84,255,	
· · · ·	EPAIRS AND MAINTENANCE	27,483.	27,290.	193.	
d			,		
	l other expenses				
	other expenses	34,893,976.	26,460,817.	8,433,159.	
	plan toosts. Complete this line only if the organization		,	-,,	
	ported in column (B) joint costs from a combined				
	lucational campaign and fundraising solicitation.				
	Deck here (1 following SQP ear-2 (ASC 958-720)]	

232010 12-13-22

Form 990 (2022)

Form 990 (2022) Part X Balance Sheet

	Check if Schedule O contains a response or ne	ote to any	line in this Part X	**************************************		·····
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			4,137,361.	1	1,928,864.
2	Savings and temporary cash investments	l	2			
3	Pledges and grants receivable, net			6,657,295.	3	3,565.324
4	Accounts receivable, net			2,379,110.	4	1,426,091
5	Loans and other receivables from any current				503	
	trustee, key employee, creator or founder, sub			1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -		
	controlled entity or family member of any of the		5			
6	Loans and other receivables from other disqua		85 8V			
	under section 4958(f)(1)), and persons describe	ed in secti	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				.7	
B	Inventories for sale or use		8			
9	Prepaid expenses and deferred charges			324,693.	Ð	893,680
10a	Land, buildings, and equipment: cost or other					22222222222
	basis. Complete Part VI of Schedule D		19,196,032.			
ь	Less: accumulated depreciation		8,756,930.	10,528,801.	10c	10,429,102
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line				12	1,201,536
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			119,712.	15	14,685,031
16	Total assets. Add lines 1 through 15 (must eq			24,146,972.	16	34,129,628
17	Accounts payable and accrued expenses	3,909,235.	17	2,578,349		
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond ilabilities				20	
21	Escrow or custodial account llability. Complete				21	
22	Loans and other payables to any current or for					
	trustee, key employee, creator or founder, sub			30280055 <u>5</u> 86		
	controlled entity or family member of any of the		-	n an ta tha na ta tha ta ta tha ta tha ta tha ta	22	a na manana m
23	Secured mortgages and notes payable to unre	5,865,773.	23	5,446,912		
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, p					
	parties, and other liabilities not included on line	•				
	of Schedule D	•		72,006.	25	14,427,740.
26	Total liabilities. Add lines 17 through 25			9,847,014.	26	22,453,001.
	Organizations that follow FASB ASC 958, ch	eck here	X	www.comming.com	87.SH	
	and complete lines 27, 28, 32, and 33.		500-100-1			
27				8,148,130.	27	8,692,875.
28	Net assets with donor restrictions			5,151,828.	28	2,983,752.
	Organizations that do not follow FASB ASC					
	and complete lines 29 through 33.	000, 01100				Res de come de la come de la
29	Capital stock or trust principal, or current funds	8		an a	29	a ar eanna a' tha ann ann ann an thathar ann tha tha an br>Tha an tha an t
30	Paid-in or capital surplus, or land, building, or e				30	
	Retained earnings, endowment, accumulated i				31	
1.30						
31 32				14,299,958.	32	11,676,627.

Form 990 (2022)

232011 12-13-22

Forn	990 (2022) COMMUNITY HEALTH SYSTEMS, INC.	33-005655	1	Pa	₉₉ 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	*			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,270,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	34	, 893,	976,
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,623,	331.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,299,	958.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10	11	,676,	627.
Pa	tt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				x
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο,		85932	Section 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	E Separate basis Consolidated basis E Soth consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	2015		
	consolidated basis, or both:				
	Separate basis 🛛 🖾 Consolidated basis 🔤 Both consolidated and separate basis		949S		52655
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х,	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.	1998 (
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				ŀ
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	,	<u>3b</u>	X	

Form **990** (2022)

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5

Name of the organization Employer identification number COMMUNITY HEALTH SYSTEMS, INC. 33-0056551. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type 1. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting
organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness constructionally integrated. We apprend to part the section of /li>
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations
g Provide the following information about the supported organization(s).
(i) Name of supported (ii) EIN (iii) Type of organization (iv) is the transition field (v) Amount of monetary (vi) Amount of other (described on lines 1-10 (described on lines 1-10 (described on lines 1-10 (see instructions)) (see instructions) (see instructions)
above (sea instructions)) Tes NO
Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22

COMMUNITY HEALTH SYSTEMS, INC.

33-0056551 Schedule A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC. 33-005655 Part II: Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or If the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,701,325.	6,828,716.	9,002,113.	17,507,114.	6,308,263.	46,347,531.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,701,325,	6,828,716.	9,002,113.	17,507,114.	6,308,263.	46,347,531,
5	The portion of total contributions				6896897		
	by each person (other than a						
	governmental unit or publicly					- 2 X Z Z Z Z	
	supported organization) included		화장 확 도 한 것 ?		- <u>6 6 6 6 6 6 6</u>	경험했습니다	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		5 S S S S S	8288888			
	column (f)						46 548 554
	Public support. Subtract line 5 from line 4.	HERE AND A MERICAN AND A MARKET A	Succession and the second			naar server webbere to o	46,347,531.
	tion B. Total Support				(.0.0001	4-2 0000	10 T-+-1
	ndar year (or fiscal year beginning in)	(a) 2018 6,701,325,	(b) 2019 6,828,716,	(c) 2020 9,002,113,	(d) 2021 17,507,114.	(e) 2022 6,308,263,	(f) Total 46,347,531,
	Amounts from line 4	6,701,325.	0,020,/10.	9,002,113.	27,307,114.	0,500,205,	40,347,334,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	32,323.	4,819.	107.	373.	1,700.	39,322.
~	and income from similar sources	55,525.	1,019.	107.	~ ~ ~ ~ ~		**,***
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
đĎ	Other income. Do not include gain			••••••			
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	16,894.	39,464.	73,253.	227,128.	10,206	366,945,
11	Total support. Add lines 7 through 10		MONEDAN FOREISEAR	-sinel-therewere		seenee sinder see	46,753,798.
12	Gross receipts from related activities,		ns)			12	100,979,454.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stop						
Sec	tion C. Computation of Publi						
14	Public support percentage for 2022 (ii	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.13 %
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	97,84 %
16e	33 1/3% support test - 2022. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						
þ	33 1/3% support test - 2021. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2022. If the org-	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re, Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te				*		
þ	10% -facts-and-circumstances test						0% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						<u>Lanna</u>
18	Private foundation. If the organizatio	n did not check a t	<u>box on line 13, 16a</u>	, 16b, 17a, or 17b	, check this box a	ad see instructions	

Schedule A (Form 990) 2022

Page 2

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Schedule A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC. Part III. Support Schedule for Organizations Described in Section 509(a)(2)

33-0056551 Page 3

•	mplete only if you checked			organization failed	to qualify under P	art II. If the organizat	ion fails to
	alify under the tests listed b Public Support	elow, please com	piete Pan II.)				
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ts, contributions, and	(a) 2010	(D) 4010	(0) 2020	(4) 2021	(#) 2022	
. –	ip fees received. (Do not						
	y "unusual grants.")						
2 Gross rece merchand	pipts from admissions, se sold or services per- facilities furnished in						
	y that is related to the on's tax-exempt purpose						
3 Gross rece	lipts from activities that						
	unrelated trade or bus- er section 513						
	les levied for the organ-						
	enefit and either paid to						
	ed on its behalf						
•	of services or facilities						
	by a governmental unit to						
	ration without charge						
	lines 1 through 5						
	ncluded on lines 1, 2, and						
	from disqualified persons						
	ded on lines 2 and 3 received						
	n disqualified persons that						
	nater of \$-5,000 or 1% of the 13 for the year						
	/a and 7b						
	port. (Subtract line 7c from line 6.)		e vernes neder standsander de			t <i>HELENELES</i>	
	otal Support						
Calendar year (or	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(@) 2022	(f) Total
	rom line 6						
10a Gross inco dividends, securities I	me from interest, payments received on cans, rents, royalties, e from similar sources						
	usiness taxable income						
(less sectior	1 511 taxes) from businesses				-		
acquired aft	er June 30, 1975						
	0a and 10b						
11 Net income activities n	e from unrelated business of included on line 10b, not the business is						
or loss from	me. Do not include gain n the sale of capital blain in Part VI.)						
	ft, (Add lines 9, 10c, 11, and 12.)				1	1	
14 First 5 yea	rs. If the Form 990 is for th	e organization's fi	irst, second, third, i	fourth, or fifth tax y	year as a section t	501(c)(3) organization	·
	box and stop here						
	computation of Publi	· · · · · · · · · · · · · · · · · · ·					
	port percentage for 2022 (li			:olumn (f))		15	%
	port percentage from 2021					16	%
	omputation of inves						
17 Investment	Income percentage for 20	22 (line 10c, colur				1 1	
18 Investment	Income nevertees from (2021 Schadule A	Part III, line 17			18	<u>%</u>
100 22 1/2%							
	pport tests - 2022. If the	organization did r	hot check the box o	on line 14, and line		33 1/3%, and line 17 I	s not
more than	pport tests - 2022. If the 33 1/3%, check this box an	organization did r nd stop here. The	not check the box of organization quali	on line 14, and line fies as a publicly s	upported organiza	33 1/3%, and line 17 I ation	
more than . b 33 1/3% st	pport tests - 2022. If the 33 1/3%, check this box ar pport tests - 2021. If the	organization did r nd stop here. The organization did r	not check the box o organization quali not check a box on	on line 14, and line fies as a publicly s line 14 or line 19a	upported organiza , and line 16 is mi	33 1/3%, and line 17 ation ore than 33 1/3%, and	
more than b 33 1/3% su line 18 is ne	pport tests - 2022. If the 33 1/3%, check this box an	organization did r id stop here. The organization did r ck this box and st	not check the box of organization quali not check a box on top here. The orga	on line 14, and line fies as a publicly s line 14 or line 19a nization qualifies a	upported organiza , and line 16 is mo is a publicly suppo	33 1/3%, and line 17 l ation ore than 33 1/3%, and orted organization	

15

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1

2

3a

3b

30

No Yes

Part IV Supporting Organizations

> (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing. 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(¢)(2)(B) ourooses.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class banefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? 8 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal banefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? // "Yes, " answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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4a 4b 4c 5a 5b <u>5c</u> 6 7 ₿ 9a 9b 9c <u>10a</u> 10Ъ

	dule A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.	33-0056551	P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			<u>8</u> 88
	11c below, the governing body of a supported organization?	<u>11a</u>		
ь	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detall in Part VI.	110		1
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off	icers,	12326	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		1000	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			e en
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			952
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<u>t</u>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	piperational March 1994		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		19268	
	supported organizations played in this regard.	3		
Sec	tion E, Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
Ċ	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	ty (see instruction		
2	Activities Test. Answer lines 2a and 2b below.	Contrast Contrast	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		389955	(39)(47)
	that these activities constituted substantially all of its activities.	28	en kelvere	Source Ar
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			ris och
	Part VI (he reasons for the organization's position that its supported organization(s) would have engaged in		98898	98263V
	these activities but for the organization's involvement.	2 5	Villen ver	di bilan da da
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
ø	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		WEEK	ASA A
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		and the second
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			aswory Taswas
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
232025	12-09-22	Schedule A (Forn	n 990)	2022

Schedule A (Form 990) 2022

COMMUNITY HEALTH SYSTEMS, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
B Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	$\left\langle \begin{array}{c} \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \left\langle \frac{\partial h_{0}}{\partial t} \right\rangle \\ \left\langle \frac{\partial h_{0}$		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	15		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	11		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition Indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from (ine 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	4		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	ti sono en en en este de 1868 de	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
B Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	llu intocro	ted Type III concerting array	ization (poo

instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

COMMUNITY HEALTH SYSTEMS, INC.

33-0056551 Page 7

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	
Sect	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
6	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	15	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-		a success of the second s		
-	able cause required - explain in Part VI). See instructions.				
з	Excess distributions carryover, if any, to 2022		CEALES (ALES AND CALE)		
	From 2017	Contractor Contractor Contractor			
	From 2018				n de la compañsión de la c
-	From 2019		an Baar da Amerika Bu		
-	From 2020				
	From 2021				
-	Total of lines 3a through 3e			900 9 249	
-	Applied to underdistributions of prior years	N GANGA GALANG TARA SA		a de la calega da calega	
	Applied to 2022 distributable amount			SIN 25372	
	Carryover from 2017 not applied (see instructions)		SKEISTACKNENER		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,			NAKASANA	
4	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount			22:22:53:5	
	Remainder, Subtract lines 4a and 4b from line 4.	na na kata kata kata kata kata kata kata		ne server en	
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, exclain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h			2003530	
0	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j	anan ya kutoka ka kata kata na kata kata kata kata k	alan kara sa k	an comp	
'	and 4c.				
~	and 4c. Breakdown of line 7:			<u>ese orana</u> Manada	
				Constants Constants	an a
	Excess from 2018	ne ne vezeta en esta en esta en esta esta esta esta esta esta esta esta	n na stan na sena stan na sena sena sena sena sena sena sena	<u>aanoonin</u> Geologiaa	
	Excess from 2019	one conservation constraint destability de Second destability and the second destability of the		<u>nan (sta) (ö.</u> Gürlebbeta	
	Excess from 2020	anna an taon ann an taon an tao Taon anns an taon an tao		anna an	
	Excess from 2021		an a	eannann Staista	en en en sen men de la de Calificación de la de
<u>.</u>	Excess from 2022	and the second secon	ang paramatan panahapatan di kang sang sang sang sang sang sang sang s	क्लान्ड स्ट्रीस ब	hadula & (Carry 000) 0000

Schedule A (Form 990) 2022

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Part VI	(Form 990) 2022 Supplemental Info	COMMUNITY HEALTH SYSTEMS, INC.	33-0056551 Page
<u> </u>	line 1; Part IV, Section 1	Drmation, Provide the explanations required by Part II, line 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b d 8; and Part V, Section E, lines 2, 5, and 6. Also complete thi); Part V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	a o, and Part V, Section E, intes 2, 5, and 6. Also complete un	s part for any additional montanon,
PART II,	LINE 10:		
			• NORMAN BETTER F.
OTHER INCO	OME INCLUDES: INSU	RANCE REFUND, TAX REFUND, AND PRIOR PAID	
INVOICE CA	ANCELLATION BY VEN	DOR.	
		·····	
			,
			1.00.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
32028 12-09-22			Schedule A (Form 990) 202
CONTRACTOR OF THE		20	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Name of the organization

33-0056551

Organization	type (check	one):

Filers of:	Section:
Form 990 or 990-EZ	x 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

COMMUNITY HEALTH SYSTEMS, INC.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

х	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
	sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
	contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line th;
	or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., set is charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990.EZ or on its Form 990.PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

	B (Form 990) (2022)	l Fr	Page 2 nployer identification number
Manie Or C		L.,	npibyer desidinceden humber
	ry health systems, inc.		33-0056551
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HRSA - H8H 5600 FISHERS LN ROCKVILLE, MD 20852	\$2,291,18	Person X Payroll 8. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	IEHP 10801 SIXTH ST RANCHO CUCAMONGA, CA 91730	\$507,50	Person X Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HRSA - HIV 5600 FISHERS LN ROCKVILLE, MD 20852	\$442,73	Person X Payroll 5. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	IENP - OTHERS 10801 SIXTH ST RANCHO CUCAMONGA, CA 91730	\$\$	Person X Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TITLE X - ESSENTIAL HEALTH SERVICES 3600 WILSHIRE BLVD #600 LOS ANGELES, CA 91730	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	HRSA - ARPC 5600 FISHERS LN ROCKVILLE, MD 20852		Person X Payroll

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22 2022.04020 COMMUNITY HEALTH SYSTEMS, 1510___1

Name of d	B (Form 990) (2022) brganization	[Em	Page ployer identification number			
COMMUNT	TY HEALTH SYSTEMS, INC.		33-0056551			
Part I		if additional space is needed.				
(я) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	MOLINA 200 OCEANGATE STE 100 LONG BEACH, CA 92123	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	INLAND FACULTY MEDICAL GROUP 1860 COLORADO BLVD LOS ANGELES, CA 90041	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Totel contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No,	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroli Noncash (Complete Part II for noncash contributions.)			

23 2022.04020 COMMUNITY HEALTH SYSTEMS, 1510____1

ame of org	Janization	En	ployer identification numbe
MMUNITY	HEALTH SYSTEMS, INC.		33-0056551
art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncesh property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(#) No. rom Part 1	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(e) No. rom art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom 'art I	(b) Description of noncesh property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. Form art 1	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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24 2022.04020 COMMUNITY HEALTH SYSTEMS, 1510___1

Schedule B (Fo				Page 4
Name of organ	IZATION			Employer identification number
	EALTH SYSTEMS, INC.			33-0056551
ocensistential fro con Us	clusively religious, charitable, etc., contributi on any one contributor. Complete columns (a) nploting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional :	through (e) and the following line entry charitable, etc., contributions of \$1,000 or les	For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferøe
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift	. 1	
·	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part)	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift	· · · · · · ·	
	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gift		
 	Transferee's name, address, ar	od ZIP + 4	Relationship of tra	nsferor to transferee
23454 17-15-22				Schedule B (Form 990) (2022)

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25 2022.04020 COMMUNITY HEALTH SYSTEMS, 1510___1

SC	HEDULE D		Supplement	ai Financiai	Statement					
	n 990}	Pa	Complete if the orga art IV, line 6, 7, 8, 9, 10						20	22
	ment of the Treasury 1 Revenue Service	Go to	/ www.irs.gov/Form99 www.irs.gov/Form99	Attach to Form 990.	nd the latest inform	ation.			Open te Inspeci	o Public tion
	e of the organizatio		WWWWWWWWWWWWWWWWW				Empl	lover ide		on number
		COMMUNITY	REALTH SYSTEMS, 3				•	<u></u> 33~	005655:	1
Par			ing Donor Advise		er Similar Funds	s or Ac	count	ts. Con	nplete if t	the
	organizatior	i answered "Yes" o	on Form 990, Part IV, lir			1			<u></u>	
	-	, . .		(a) Donor ac	dvisød funds		a) runc	is and on	her accol	unts
1			luring year)							
23			g year)			l				
4			g year)	<pre>{</pre>						
5			and donor advisors in			r sed fund	5			
-	-		ct to the organization's	-					Yes	No
6	_		es, donors, and donor a	_						
	-	-	e benefit of the donor o	-	-		•			
	Impermissible priva								Yes	<u>No</u>
Par	t II Conserva	tion Easemen	ts. Complete if the or	ganization answered	"Yes" on Form 990,	, P art IV,	line 7,			
1	and the second		s held by the organizati	• •	· <u>~ ~</u>					
	and an and a second s	•	ise (for example, recrea	ition or education)	Preservation of			•		a
		natural habitat			Preservation of	of a certif	ied hist	toric strue	cture	
_		of open space		.						
2	Complete lines 2a i day of the tax year.	-	ganization held a quali	fied conservation cor	ntribution in the form	n of a con ا				he last he Tax Year
			nts				2a	neru at th		
	Total number of co	uzervännu eesenne,	115							
a h	Total acreace restri						26 H			
ь	Total acreage restri	icted by conservatio	on easements				2b 2c			
b c	Number of conserv	icted by conservation ation easements or	on easements	ucture included in (a))		26 2c			
b	Number of conserv Number of conserv	icted by conservation ation easements or ation easements in	on easements ,, n a certified historic str cluded in (c) acquired a	ucture included in (a) after July 25,2006, ar) nd not on a					
b c	Number of conserv Number of conserv historic structure lis	icted by conservation ation easements or ation easements in sted in the National	on easements	ucture included in (a) after July 25,2006, ar) nd not on a		2c 2d	Juring the	è tax	
b c d	Number of conserv Number of conserv historic structure lis	icted by conservation ation easements or ation easements in sted in the National	on easements n a certified historic str cluded in (c) acquired a Register	ucture included in (a) after July 25,2006, ar) nd not on a		2c 2d	Juring the	≑ tax	
b c d	Number of conserv Number of conserv historic structure lis Number of conserv year Number of states w	icted by conservation ation easements or ation easements in sted in the National ation easements m where property subj	on easements n a certified historic str icluded in (c) acquired i l Register	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located) nd not on a , or terminated by th	e organiz	2c 2d	luring the	÷tax	
b c d 3 4 5	Number of conserv Number of conserv historic structure lis Number of conserv year Number of states w Does the organization	icted by conservation ation easements or ation easements in- sted in the National ation easements m where property subju- ion have a written p	on easements ,,,,,,,, n a certified historic str cluded in (c) acquired a Register ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins) nd not on a , or terminated by th	e organiz	2c 2d	Juring the	****	
b c d 3 4 5	Number of conserv Number of conserv historic structure lis Number of conserv year Number of states w Does the organizati violations, and enfo	icted by conservation ation easements or ation easements in sted in the National ation easements m where property subju- tion have a written p procement of the con	on easements n a certified historic str icluded in (c) acquired i l Register	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds?) nd not on a , or terminated by th pectlon, handling of	e organiz	2c 2d ation d		Yes	No
b c d 3 4 5	Number of conserv Number of conserv historic structure lis Number of conserv year Number of states w Does the organizati violations, and enfo	icted by conservation ation easements or ation easements in sted in the National ation easements m where property subju- tion have a written p procement of the con	on easements ,,,,,,,, n a certified historic str cluded in (c) acquired a Register ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds?) nd not on a , or terminated by th pectlon, handling of	e organiz	2c 2d ation d		Yes	
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b d 3 4 5 6 7	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ation easements or ation easements in sted in the National ation easements m where property subju- ion have a written p procement of the con hours devoted to n	on easements n a certified historic str icluded in (c) acquired a Register odified, transferred, rel ect to conservation ease bolicy regarding the per historic regarding	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violations, an) nd not on a , or terminated by th spectlon, handling of s, and enforcing conserva	e organiz	2c 2d sation d	nents du	Yes ring the y	
b c d 3 4 5 6 7 8	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ation easements or ation easements in sted in the National ation easements m where property subj- ion have a written p procement of the con hours devoted to n es incurred in monit	on easements n a certified historic str icluded in (c) acquired a l Register	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violation dling of violations, an-) nd not on a , or terminated by th spection, handling of s, and enforcing cor d enforcing conserva ments of section 170	e organiz nservation ation eas	2c 2d cation d n easen ements	nents dur s during t	Yes ring the y the year	vear
b c d 3 4 5 6 7 8	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ration easements or ration easements in sted in the National ation easements m where property subj- ion have a written p procement of the con hours devoted to n es incurred in monit ration easement rep 4)(B)(ii)?	on easements n a certified historic str icluded in (c) acquired a l Register	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violation dling of violations, an-) nd not on a , or terminated by th spectlon, handling of s, and enforcing cor d enforcing conserva ments of section 170	e organiz nservation ation eas	2c 2d cation d n easen ements	nents dui a during t	Yes ring the y	
b c d 3 4 5 6 7 8 9	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ation easements or ation easements in sted in the National ation easements m where property subj- ion have a written p procement of the con hours devoted to m es incurred in monit ation easement rep 4)(B)(ii)?	on easements n a certified historic str iccluded in (c) acquired in l Register	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violation dling of violations, an re satisfy the requirer on easements in its r) nd not on a , or terminated by th spectlon, handling of s, and enforcing con- d enforcing conserva- ments of section 170 evenue and expense	e organiz nservation ation eas 0(h)(4)(B)(i e stateme	2c 2d cation d easen ements	nents dui s during t	Yes ring the y the year	vear
b c d 3 4 5 6 7 8 9	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ation easements or ation easements in sted in the National ation easements m where property subj- ion have a written p procement of the con hours devoted to m eas incurred in monit ation easement rep 4)(B)(ii)?	on easements n a certified historic str icluded in (c) acquired a l Register	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violation dling of violations, an re satisfy the requirer on easements in its r note to the organizati) nd not on a , or terminated by th spection, handling of s, and enforcing con- d enforcing conserva- ments of section 170 revenue and expense ion's financial statem	e organiz nservation ation eas 0(h)(4)(B)((e stateme nents tha	2c 2d cation d easen ements) ent and t descr	nents dui a during t	Yes ring the y the year T Yes	vear
b c d 3 4 5 6 7 8 9	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ration easements or ration easements in sted in the National ation easements m where property subj- ion have a written p procement of the con hours devoted to n hours devoted to n easement rep 4)(B)(ii)? ation easement rep 4)(B)(ii)? how the organization include, if applicab <u>outting for conserva</u> tions Maintain	on easements , , , , , , , , , , , , , , , , , , ,	ucture included in (a) after July 25,2006, ar leased, extinguished, sement Is located riodic monitoring, ins t holds? handling of violations, an dling of violations, an we satisfy the requirer on easements in its r note to the organizati) nd not on a , or terminated by th spection, handling of s, and enforcing con- d enforcing conserva- ments of section 170 revenue and expense ion's financial statem	e organiz nservation ation eas 0(h)(4)(B)((e stateme nents tha	2c 2d cation d easen ements) ent and t descr	nents dui a during t	Yes ring the y the year T Yes	vear
b c d 3 4 5 6 7 8 9 9 9 9	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ration easements or ration easements in sted in the National ation easements m where property subj- tion have a written p procement of the con- hours devoted to n hours devoted to n	on easements in a certified historic str icluded in (c) acquired a Register	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violations, an dling of violations, an re satisfy the requirer on easements in its r note to the organizati FArt, Historical 990, Part IV, line 8.) nd not on a , or terminated by th spectlon, handling of s, and enforcing cor d enforcing conserva ments of section 170 revenue and expense ion's financial statem Treasures, or O	e organiz nservation ation eas 0(h)(4)(B)(i e stateme nents tha ther Si	2c 2d ation d easen ements) ent and t descr milar	nents dur a during t ibes the Assets	Yes ring the y the year Yes Yes 3.	vear
b c d 3 4 5 6 7 8 9 9 9 9 9	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ration easements or ration easements in sted in the National ation easements in where property subj- tion have a written p procement of the con- hours devoted to n hours devoted to n	on easements in a certified historic str icluded in (c) acquired a Register	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violations, an dling of violations, an re satisfy the requirer on easements in its r hote to the organizati f Art, Historical 990, Part IV, line 8. 8, not to report in its) nd not on a , or terminated by th pectlon, handling of s, and enforcing cor- d enforcing conserva- ments of section 170 revenue and expense ion's financial statem Treasures, or O	e organiz nservation ation eas 0(h)(4)(B)(i e stateme nents tha ther Si and bala	2c 2d ation d easen ements) ent and t descr milar	ibes the Assets	Yes ring the y the year Yes Yes 3.	vear
b c d 3 4 5 6 7 8 9 9 Par 1a	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ation easements or ation easements in sted in the National ation easements m where property subj- ion have a written p procement of the con hours devoted to m eas incurred in monit ation easement rep 4)(B)(ii)? the how the organization include, if applicab punting for conserva- tions Maintaini the organization an elected, as permitte asures, or other sim	on easements in a certified historic str icluded in (c) acquired a Register	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violation dling of violations, an re satisfy the requirer on easements in its r note to the organizati FArt, Historical 990, Part IV, line 8. 8, not to report in its plic exhibition, educa) nd not on a , or terminated by th pection, handling of s, and enforcing cor d enforcing conserve ments of section 170 revenue and expense ion's financial statem Treasures, or O	e organiz 	2c 2d ation d easen ements) ent and t descr milar	ibes the Assets	Yes ring the y the year Yes Yes 3.	vear
b c d 3 4 5 6 7 8 9 9 Par 1a	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ration easements or ration easements in sted in the National ration easements m where property subj- ricement of the con- hours devoted to m hours devoted to m res incurred in monit ration easement rep 4)(B)(ii)? where the organization include, if applicab runting for conserva- tions Maintaini the organization an elected, as permitte rasures, or other sim Part XIII the text of	on easements in a certified historic str icluded in (c) acquired in l Register iodified, transferred, reli- tect to conservation ease bolicy regarding the per- inservation easements in monitoring, inspecting, hand borted on line 2(d) above tion reports conservati- ble, the text of the footre- ation easements. Ing Collections of iswered "Yes" on Form ind under FASB ASC 95 hilar assets held for pub-	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violation dling of violations, an re satisfy the requirer on easements in its r note to the organizati FArt, Historical 990, Part IV, line 8. 8, not to report in its olic exhibition, educa noial statements that) nd not on a , or terminated by th pection, handling of s, and enforcing cor- d enforcing conserva- ments of section 170 revenue and expense ion's financial statem Treasures, or O revenue statement tion, or research in f describes these iter	e organiz nservation ation eas b(h)(4)(B)((e statements than hents than ther Si and balant furtherand ms.	2c 2d cation d cation d ements o ant and t descr milar nce she co of pi	ibes the Assets aduring t	Yes ring the y the year Yes 3.	vear
b c d 3 4 5 6 7 8 9 9 Par 1a b	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ation easements or ation easements in sted in the National ation easements m where property subj- ion have a written p procement of the con hours devoted to m easement of the con hours devoted to m ation easement rep 4)(B)(ii)? the how the organization include, if applicab punting for conserva- tions Maintaini the organization an elected, as permitte sures, or other sim Part XIII the text of the elected, as permitte	on easements in a certified historic str iscluded in (c) acquired is l Register	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violation dling of violations, an re satisfy the requirer on easements in its r note to the organizati FArt, Historical 990, Part IV, line 8. 8, not to report in its olic exhibition, educa noial statements that 8, to report in its rev) nd not on a , or terminated by th pection, handling of s, and enforcing cor- d enforcing conserva- ments of section 170 evenue and expense ion's financial statem Treasures, or O revenue statement tion, or research in f describes these iter enue statement and	e organiz inservation ation eas b(h)(4)(B)((e statements that inther Si and balant iurtherant ms. balance	2d 2d cation d cation d ements o ant and t descr milar mce she co of pi sheet v	nents dur a during t ibes the Assets evet works ublic works of	Yes ring the y the year Yes 3.	vear
b c d 3 4 5 6 7 8 9 9 9 9 9 9 9 9 9	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ation easements or ation easements in sted in the National ation easements m where property subju- ion have a written p procement of the con hours devoted to m conserved in monit ation easement rep 4)(B)(ii)? a how the organization include, if applicab builting for conserve tions Maintaini the organization an elected, as permitte asures, or other simila- ing amounts relating	on easements	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violation dling of violations, an re satisfy the requirer on easements in its r hote to the organizati FArt, Historical 990, Part IV, line 8. 8, not to report in its plic exhibition, education cention, education) nd not on a , or terminated by th pection, handling of s, and enforcing cor- d enforcing conserva- ments of section 170 evenue and expense ion's financial statem Treasures, or O revenue statement tion, or research in fur- enue statement and in, or research in fur-	e organiz nservation ation eas b(h)(4)(B)(i e stateme nents tha ther Si and balan ther and s. balance therance	2c 2d 2d attion d easen ements) ant and t descr milar mce she co of publ	nents dur a during t ibes the Assets evet works ublic works of	Yes ring the y the year Yes 3.	vear
b c d 3 4 5 6 7 8 9 9 9 9 9 9 9 9	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ation easements or ation easements in sted in the National ation easements m where property subj- ion have a written p procement of the con- hours devoted to m hours devoted to m ho	on easements in a certified historic str included in (c) acquired is l Register	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violation dling of violations, an re satisfy the requirer on easements in its r note to the organizati FArt, Historical 990, Part IV, line 8. 8, not to report in its plic exhibition, educa- ional statements that 8, to report in its revi- cexhibition, educatio) nd not on a , or terminated by th pection, handling of s, and enforcing cor- d enforcing conserva- ments of section 170 revenue and expense ion's financial statem Treasures, or O revenue statement tion, or research in further enue statement and m, or research in further	e organiz nservation ation eas b(h)(4)(B)(i) e stateme nents tha ther Si and balain turtherand ms. balance therance	2c 2d 2d attion d easen ements o ant and t descr milar mce she co of publ sheet v of publ	a during t a during t ibes the Assets ublic works of ic service	Yes ring the y the year ''' Yes 3. 3. 6,	vear
b c d 3 4 5 6 7 8 9 9 9 9 9 9 9 9 1a 1 1 1 b	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ation easements or ation easements in sted in the National ation easements m where property subju- ion have a written p procement of the con hours devoted to m conserved in monit ation easement rep 4)(B)(ii)? a how the organization include, if applicab builting for conserve tions Maintaini the organization an elected, as permitte asures, or other simila- g amounts relating ed on Form 990, Part	on easements in a certified historic str included in (c) acquired is lactified, transferred, rel- ect to conservation ease- bolicy regarding the per- inservation easements in monitoring, inspecting, hand borted on line 2(d) above tion reports conservati- ble, the text of the footr ation easements. ing Collections of isswered "Yes" on Form ind under FASB ASC 95 in assets held for public to these items: art VIII, line 1 X	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violation dling of violations, an re satisfy the requirer on easements in its r note to the organizati FArt, Historical 990, Part IV, line 8. 8, not to report in its plic exhibition, educatio cention, educatio) nd not on a , or terminated by th pection, handling of s, and enforcing cor- d enforcing conserva- ments of section 170 revenue and expense ion's financial statem Treasures, or O revenue statement tion, or research in fur- enue statement and m, or research in fur-	e organiz nservation ation eas b(h)(4)(B)(i e stateme nents tha ther Si and balan urtherand ms. balance therance	2c 2d 2d attion d easen ements) ant and t descr milar mce she co of publ sheet v of publ sheet v sheet v	nents dur a during t ibes the Assets evet works ublic works of	Yes ring the y the year ''' Yes 3. 3. 6,	vear
b c d 3 4 5 6 7 8 9 Par 1a b	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ration easements or ration easements in sted in the National ation easements in where property subji- tion have a written p procement of the con- thours devoted to n hours devoted t	on easements in a certified historic str iscluded in (c) acquired a Register	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violations, an- dling of violations, an- re satisfy the requirer on easements in its r hote to the organizati FArt, Historical 1 990, Part IV, line 8. 8, not to report in its polic exhibition, education is exhibition, education e exhibition, education) nd not on a , or terminated by th pection, handling of s, and enforcing cor- d enforcing conserva- ments of section 170 revenue and expense ion's financial statem Treasures, or O revenue statement tion, or research in further enue statement and in, or research in further far assets for financial ar assets for financial	e organiz nservation ation eas b(h)(4)(B)(i e stateme nents tha ther Si and balan urtherand ms. balance therance	2c 2d 2d attion d easen ements) ant and t descr milar mce she co of publ sheet v of publ sheet v sheet v	a during t a during t ibes the Assets ublic works of ic service	Yes ring the y the year ''' Yes 3. 3. 6,	vear
b c d 3 4 5 6 7 8 9 9 Par 1a b	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ration easements or ration easements in sted in the National ation easements in where property subji- tion have a written p procement of the con- hours devoted to n hours devoted to n rest incurred in monit ation easement rep 4)(B)(ii)? the how the organization include, if applicab tunting for conserva- tions Maintaini the organization an elected, as permitte asures, or other simila- g amounts relating ed on Form 990, Part aceived or held wor- nts required to be re-	on easements n a certified historic str icluded in (c) acquired a Register hodified, transferred, rel ect to conservation ease holicy regarding the per- berearchine easements in monitoring, inspecting, hand borted on line 2(d) above tion reports conservati- ble, the text of the footr ation easements. ing Collections of iswered "Yes" on Form of under FASB ASC 95 hilar assets held for public to these items: art VIII, line 1 X rks of art, historical tre eported under FASB ASC	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violation dling of violations, an re satisfy the requirer on easements in its r note to the organizati FArt, Historical 990, Part IV, line 8. 8, not to report in its plic exhibition, education is exhibition, education call statements that 8, to report in its revi- cexhibition, education asures, or other simil SC 958 relating to th) nd not on a , or terminated by th pection, handling of s, and enforcing cor- d enforcing conserve ments of section 170 revenue and expense ion's financial statem Treasures, or O revenue statement tion, or research in further enue statement and in, or research in further lar assets for financia rese items:	e organiz nservation ation eas p(h)(4)(B)((e stateme hents tha ther Si and balance therance therance at gain, p	2c 2d ation d easen ements) ent and t descr milar milar sheet v of publ sheet v of publ sheet v	a during t a during t ibes the Assets ublic works of ic service	Yes ring the y the year ''' Yes 3. 3. 6,	vear
b c d 3 4 5 6 7 8 9 Par 1a b 2 2 a	Number of conserv Number of conserv historic structure lis Number of conserv year	icted by conservation ration easements or ration easements in sted in the National ration easements in where property subji- tion have a written pro- procement of the con- thours devoted to no- rest incurred in monit ration easement rep 4)(B)(ii)? the how the organization include, if applicab tunting for conserva- tions Maintaini the organization an elected, as permitte rasures, or other similar g amounts relating ed on Form 990, Part aceived or held wor this required to be re- on Form 990, Part V	on easements in a certified historic str iscluded in (c) acquired a Register	ucture included in (a) after July 25,2006, ar leased, extinguished, sement is located riodic monitoring, ins t holds? handling of violation dling of violations, an re satisfy the requirer on easements in its r note to the organizati FArt, Historical 990, Part IV, line 8. 8, not to report in its olic exhibition, education ceal statements that 8, to report in its revi- cexhibition, education asures, or other simil SC 958 relating to th) nd not on a , or terminated by th pection, handling of s, and enforcing cor- d enforcing conserva- ments of section 170 revenue and expense ion's financial statem Treasures, or O revenue statement tion, or research in further enue statement and in, or research in further lar assets for financia- mese items:	e organiz inservation ation eas b(h)(4)(B)((e statements that inther Si and balais iurtherance balance therance at gain, p	2c 2d attion d easen ements) ant and t descr milar milar sheet v of publ sheet v sheet v of publ sheet v	a during t a during t ibes the Assets ublic works of ic service	Yes ring the y the year ''' Yes 3. 3. 6,	vear

	dule D (Form 990) 2022 COMMUNITY	HEALTH SYSTEMS,		orical Tre	asures, oi	r Other	Simila	33-005 r Assets			ge 2
3	Using the organization's acquisition, accessi				-				1.00/10/1		
_	collection items (check all that apply):	,	••••		· · · · •		-				
а	Public exhibition	(a 🛄	Loan or excl	hange progra	m					
ь	Scholarly research		•	Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	e organizatio	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit c	r receive donations	of art, his	storical treas	ures, or othe	or similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	lization's col	lection?				Yes		No
Pa	TIV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered '	'Yes" on	Form 999), Part IV, I	ine 9, or		
	reported an empunt on Form 990, Pa	rt X, line 21.									
18	Is the organization an agent, trustee, custod	ian or other intermed	liary for o	contributions	s or other ass	iets not i	nciuded		_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amount		
ç	Beginning balance						10				
d	Additions during the year										
ę	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F						ty? ,	,. i	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete		1					ucore book	(-) Faur		
		(a) Current year	(0) -	rior year	(c) Two yea	SUAGK	(0) 11166	years back	(6) FUUI	years L	dGK
18	Beginning of year balance										
ъ	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										—
	Administrative expenses										
g	End of year balance		1) hold op:						
2	Provide the estimated percentage of the curr Record designated as guesi and support	•	ស ស្រាម រដ្ឋ), column (a)) neioras.						
្ន	Board designated or quasi-endowment Permanent endowment	%									
c		% %									
c	The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse		ation that	t are held an	d administer	ed for th	a				
	organization by:					0010101			Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					ЗЬ		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or c basis (investr		• ··· •	or other (other)	• •	coumulat preciation	1	(d) Book	value	
1a	Land				230,000.	19499-999				230,0	00.
	Buildings			4	,549,720.		1,479,	820.		069,9	
	Leasehold improvements			9	,979,659.		3,893,	117.	б,	086,5	42.
	Equipment			2	474,624.		2,015,	025.		459,5	99.
	Other			1	,952,029.		1,368,	968.		583,0	61.
	Add lines 1a through 1e. (Column (d) must e		X. colum	n (B), line 1()c.)				10,	429,1	02.
								A - L - de l-	- 11-		

Schedule D (Form 990) 2022

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Schee	Ule D (Form 990) 2022 COMMUNITY REALTH	SYSTEMS, INC.		33-0056551	Page 3
Par	VII Investments - Other Securities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line '	11b. See Form 990, Part X, line 12.		
(a) Û	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	t value
(1) Pir	nancial derivatives				
(2) Cl	osely held equity interests				
(3) Of	her				
<u>(A)</u>	-				
<u>(B)</u>					
(Ċ)					
<u>(D)</u>	NEW101111				
<u>(E)</u>					
<u>(F)</u>					
<u>(G)</u>					
<u>(H)</u>					
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)			n de selfan selfan de ferser de selfan selfan se	
Part	VIII Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	: value
(1)					
(2)			·		
(3)					
(4)					
(6)					
(7)					
(8)					
(9)					
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part					
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(L) D	
	in the second	Description		(b) Book	
(1)	SECURITY DEPOSITS				365,712.
(2)	RIGHT-OF-USE ASSETS			14,.	319,319.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. Part	(Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities.	= 15.)		14,1	685,031.
<u>, 17, 151, 1</u>	Complete if the organization answered "Yes"	on Form 000, Part IV, line :	11a as 11f See Form 660 Bart V line	26	
	(a) Description of liability	on Form 990, Part IV, mie	(14 0) ()). 366 F010 350, FBR X, INS	(b) Book v	valua
1.					
(1)	Federal Income taxes RIGHT-OF-USE LIABILITIES			14	427,740.
(2)	RIGHT-OF-OSE LIABILITIES				427,740.
(3)	1000-00-00				
(4)	*****************				
(5)	*******************				
(6)					
(7)	NEW INCOME 111 - 11				
(8)	NN/				
(9)	RETING RELIEF IN				407 1140
	Column (b) must equal Form 990, Part X, col. (B) line				427,740.
	bility for uncertain tax positions. In Part XIII, provide				
org	anization's llability for uncertain tax positions under	FASB ASC 740. Check he	re if the text of the footnote has been	provided in Part X	11 X

Schedule D (Form 990) 2022

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	dule D (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.			33-005	6551 Page 4
Pa	tt XI Reconciliation of Revenue per Audited Financial Stat		evenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1					35,426,815.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
岛	Net unrealized gains (losses) on investments				
Þ	Donated services and use of facilities				
c	Recoveries of prior year grants				
đ	Other (Describe in Part XIII.)	2d	3,168,076.	360.085	
e	Add lines 2a through 2d			2e	3,168,076.
з	Subtract line 2e from line 1		· · · · · <i>· · ·</i> · · · · · · · · · · ·	3	32,258,739.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIII.)	4b	11,906.	and and a second se	
c	Add lines 4a and 4b			4c	11,906.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	32.270,645.
Pa	TXII Reconciliation of Expenses per Audited Financial Sta	atements With E	Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	34,607,711.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c		022734045 403273273	
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	34,607,711.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1828) 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		286,265.		
	Add lines 4a and 4b			4c	286,265.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1.			5	34,893,976.
	TXIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	: Part IV. lines 1b ar	nd 2b; Fart V, line 4;	Part X, lir	e 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			•	
PART	X, LINE 2:				
THE	ORGANIZATION HAS BEEN DESIGNATED AS TAX-EXEMPT UNDER INTE	RNAL REVENUE			
CODE	SECTION 501(C)(3) AND IS ALSO EXEMPT FROM STATE FRANCHIS	E TAXES UNDER			
SECT	ION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE	AND IS NOT			
		D11172			
GENE	RALLY SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER,	THE			
0903	NIZATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THA	T TO DEBIVED			
URGA	NIZATION IS SUBJECT TO INCOME TAKES ON ANI MET INCOME THAT	I IS DERIVED			
FROM	A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FU	RTHERANCE OF			
FROM	A INDE ON BEEINGER, MEEDINGI CHARLES ON, ME NOT IN TO				
THE	PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TA	X PROVISION			
has	BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELAT	ED TRADE OR			
BUSI	NESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO TH	E BASIC			

FINA	NCIAL STATEMENTS TAKEN AS A WHOLE,				

232054 09-01-22

Schedule D (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.	33-0056551	Page 6
Part XIII Supplemental Information (continued)		
DEFERRED TAXES ARE PROVIDED ON A LIABILITY METHOD WHEREBY DEFERRED TAX		
ASSETS ARE RECOGNIZED FOR DEDUCTIBLE TEMPORARY DIFFERENCES AND DEFERRED		
TAX LIABILITIES ARE RECOGNIZED FOR TAXABLE TEMPORARY DIFFERENCES.		
TEMPORARY DIFFERENCES ARE THE DIFFERENCES BETWEEN THE REPORTED AMOUNTS OF	0	
ASSETS AND LIABILITIES AND THEIR TAX BASES. DEFERRED TAX ASSETS ARE		
REDUCED BY A VALUATION ALLOWANCE WHEN, IN THE OPINION OF MANAGEMENT, IT IS		
MORE LIKELY THAN NOT THAT SOME PORTION OF ALL OF THE DEFERRED TAX ASSETS		
WILL NOT BE REALIZED, DEFERRED TAX ASSETS AND LIABILITIES ARE ADJUSTED FOR	9080-900-00-0-0-00-00-0-0-0-0-0-0-0-0-0-	
THE EFFECTS OF CHANGES IN TAX LAWS AND RATES ON THE DATE OF ENACTMENT.		
THERE ARE NO DEFERRED TAX ASSETS OR LIABILITIES AS OF DECEMBER 31, 2022.		
THE ORGANIZATION WILL RECOGNIZE THE IMPACT OF TAX POSITIONS IN THE		
FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING		
SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO		
DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS.		
THE ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND FENALTIES		
RELATED TO UNCERTAIN TAX FOSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR		
ENDED DECEMBER 31, 2022, THE ORGANIZATION DID NOT RECOGNIZE ANY AMOUNT IN		
POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.		
THE FOLLOWING TABLE SUMMARIZES THE OPEN TAX YEARS FOR EACH MAJOR		
JURISDICTION:		
JURISDICTION OPEN TAX YEAR		
FEDERAL 2019 - 2022		
STATE 2018 - 2022		
	Schedule D (Form	1990) 2022

232055 09-01-22

Schedule D (Form 990) 2022 COMMUNITY HEALTH SYSTE Part XIII Supplemental Information (continued)	MS, INC.	33-0056551	Pε
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
	n		
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS	3,168,076.		
PART XI, LINE 4B ~ OTHER ADJUSTMENTS:	10 205		
RENTAL INCOME	10,200,		
INTEREST INCOME	154		
	1,906.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
INTEREST EXPENSE	286,265.	11	
		· · · · · · · · · · · · · · · · · · ·	
		····	
		. 101 (114)(147)(11)	
32055 09-01-22		Schedule D (Form	990)
	31 022.04020 COMMUNITY HE	CALTH SYSTEMS	15

_1

SCHEDULE									
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	50					
• •	Compensated Employees	2	<u>202</u>		r I				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Op	en to F	ubli	6				
Department of the Tr Internal Revenue Ser	area 1		ispect						
Name of the org	anization E	mployer identifi	cation	nun	nber				
	COMMUNITY HEALTH SYSTEMS, INC.	33-005655	1						
Part Qu	estions Regarding Compensation								
			Y	(es	No				
1a Check the	ppropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	D, 🕥			HANNE				
Part VII, Se	tion A, line 1a. Complete Part III to provide any relevant information regarding these items.								
E First-o	ass or charter travel 🔅 👘 Housing allowance or residence for personal	use							
Trave	for companions Payments for business use of personal resid	ence 🏻							
Tax in	lemnification and gross-up payments		998 S						
Discre	ionary spending account 🔚 Personal services (such as mald, chauffeur, d	chef)	88						
			92 S						
b If any of th	boxes on line 1a are checked, did the organization follow a written policy regarding payment or		886 B						
reimburser	ent or provision of all of the expenses described above? If "No," complete Part III to explain		16						
2 Did the org	nization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		38E (1						
trustees, a	d officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2						
3 Indicate will	ch, if any, of the following the organization used to establish the compensation of the organization's								
CEO/Exec	ive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to 🖉							
establish c	mpensation of the CEO/Executive Director, but explain in Part III.		201 (C	92					
X Comp	nsation committee X Written employment contract								
Indep	ndent compensation consultant X Compensation survey or study	8							
E Form	90 of other organizations X Approval by the board or compensation com	imittee							
		S.							
4 During the	ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			essano Vesses					
organizatio	or a related organization:		8465 - YA	2023	Second Co				
a Receive a :	warance payment or change-of-control payment?	L	4a 📃		x				
b Participate	n or receive payment from a supplemental nonqualified retirement plan?	·····	<u>4b</u>		X				
•	n or receive payment from an equity-based compensation arrangement?		4c	11,00,0	X				
lf "Yes" to	ny of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	· · · · · · · · · · · · · · · · · · ·							
- ··· ·	n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1							
5 For person	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	8			95306				
-	n the revenues of:	987 987	1800 (VB	9582					
	ntion?		5a		<u>x</u> .				
	organization?		5b Grone 1000	National Content	X 70473042047				
	ne 5a or 5b, describe in Part III.	8	S24 - 23						
	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
-	n the net earnings of:	27	928 (A)	9922					
a The organia	ition?	·····	5a	_	<u>X</u>				
	organization?		5b	00,000	K				
	ne 6a or 6b, describe in Part III.	20							
	listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		999 (189	688	88988				
	d on lines 5 and 6? If "Yes," describe in Part III		7 Solice 1969	والمعادين	X				
	nounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	38	20E X2	ense :	ensa.				
	· · · · · · · · · · · · · · · · · · ·		8	(a)	X				
	ne 8, did the organization also follow the rebuttable presumption procedure described in			2658	an a				
Regulations	section 53.4958-6(c)?	<u></u>	9						
LHA For Paper	rork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (F	Form 9	3 90)	2022				

232111 10-18-22

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed for each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organized on the organization on row (i) and from related organized on the organization on row (i) and from related organized or so not list any individuals that aren't listed on Form 990, Part VII.		yees, and Highest C ported on Schedule J 990, Part VII. Iividual must equal th		oyees. Use dupticat on from the organize orm 990. Part VII. Se	sated Employees. Use duplicate copies if additional space is needed. compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)	pace is needed.	s, described in the inst	uctions, on row (ii).
For each individual whose compensation must be Do not list any individuals that aren't listed on For	e e	portect on Schedule J 990, Part VII. ävidual must equal th		on from the organiza orm 990. Part VII, Se	tion on row (i) and from	1 related organizations	s, described in the inst	uctions, on row (ii),
		tividual must equal th	ie total amount of Fr	orm 990. Part VII. Se	The second secon	i		
Note: If it sum of columns (p)(1)(1) for each listed individual must equal the total amount of Form 990, Part VII, Section A, fine 1a, applicable column (D) and (E) amounts for that individual	qij				ction A, ane 12, appac	able column (D) and (E	c) amounts for that indi	vidual.
		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)()-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. SANJEEV PURI (FROM 8/22)	18	306,858,	°0	0	0	2,188.	309,046.	.0
CMO (FROM 8/22)	E	.0	10	.0	-0	-0	0.	.0
(2) LORI HOLZMAN	(8)	261,382.	.0	0.	, D	31,098.	292,480.	0.
CEO	(ii)	0.	۰۵	.0	°0	·0	0.	0.
(3) ANMIE NGUYER	(1)	207,308.	10	0	*0	30,047.	237,355.	θ.
CFO		0.	0.	.	°0	.0	0.	°.
(4) DENIS VEGA TAPIA	(1)	192,750.	°0	.0	*D	28,940.	221,690.	о.
COO	(E)	0.	°0	0	°0	°0	0.	. 0
(5) MAHDI HEMATIAN-ASHRAFIAN	(1)	176,373.	°0	0	° D	20,028,	196,401.	о.
CMO (UNTIL B/22)	(ii)	0	0.	.	°0	•0	°0	-
(6) DR. GEORGE SOLIMAN	(i)	295,658.	0.	0.	0.	28,009.	323,667.	0.
FAMILY PRACTICE PHYSICIAN	Ē	0.	0.	0.	0.	0.	0.	` 0
(7) DR. CALVIN LANBERT HALL	8	289,000.	θ.	0.	0.	27,903.	316,903.	D.
PAMILY PRACTICE PHYSICIAN	Ξ	0.	0.	0.	G. 1	0,	0.	0.
(B) DR. GORAN CVIJANOVIC	Ξ	292,053.	9.	¢.	0	16,475.	308,528.	Ð.
PHYSICIAN	Ξ		0.	0.	0.	0,	0,	0.
(9) DR. SHEILA LOHARUKA	=	243,379.	0.	e.	0.	13,928.	257,307.	0.
INTERNAL MEDICINE PHYSICIA	(11)	0.	0 .	0.	0.	.0	0,	0.
(10) STARLEY YU	(1)	229, 885.	9.	9.	°.0	9,519.	239,404.	0.
PEDIATRICIAN		0.	0 .	0	0	0.	°0	0.
	8							
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232112 1D-59-22

с С

Schedule J (Form 990) 2022

COMMUNITY HEALTH SYSTEMS, INC. 33-0056551 Page 3	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.											Schedule J (Form 990) 2002
	Provide the information, explanation, or descriptions required for Part I, lines											

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232113 10-16-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Name of the organization

COMMUNITY HEALTH SYSTEMS, INC.

Employer identification number 33-0056551

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMPREHENSIVE HEALTH SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF FORM 990 (INCLUDING ALL PERTINENT SCHEDULES) WAS PROVIDED

TO THE ORGANIZATION'S FINANCE COMMITTEE TO REVIEW AND APPROVE BEFORE IT WAS

FILED WITH THE INTERNAL REVENUE SERVICE. A COPY WAS ALSO PROVIDED TO THE

BOARD OF DIRECTORS.

FORM 990, FART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A REPORTING CHAIN FOR ADMINISTRATION AND CLINICAL

POLICIES. FOLICIES ARE ADDRESSED AT THE LOWEST LEVEL FOSSIBLE AND ISSUES

ARE RAISED UP THROUGH THE REPORTING CHAIN AS NEEDED.

FORM 990, PART VI, SECTION B, LINE 15:

TO DETERMINE THE COMPENSATION OF THE ORGANIZATION'S CHIEF EXECUTIVE

OFFICER, THE HUMAN RESOURCES DEPARTMENT RESEARCHES COMPARABILITY DATA FOR

THE SALARY ANALYSIS; THE HUMAN RESOURCES DIRECTOR MAKES A RECOMMENDATION TO

THE BOARD OF DIRECTORS AND THE BOARD VOTES ON THAT RECOMMENDATION. THIS

PROCESS IS DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE TO THE FUBLIC UPON

REQUEST IN THE CORPORATE OFFICE IN MORENO VALLEY AND ON GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization COMMUNITY REALTH SYSTEMS, INC.	Employer identification number 33-0056551
MUE ODGANTZANION MARZE MUE COLERNING DOCIMENTE CONFLICT OF OF INTERFER	• ,
THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR	
VIEWING IN THE CORPORATE OFFICE IN MORENO VALLEY. IN ADDITION, UPON	
REQUEST, THE FINANCIAL STATEMENTS ARE PROVIDED TO VARIOUS FUNDING AGENCIES	
AS REQUIRED,	
FORM 990, PART XI, LINE 2C:	
THE ORGANIZATION HAS A FINANCE COMMITTEE THAT ASSUMES RESPONSIBILTY FOR	
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN	
INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
	······································
FORM 990, PART I, LINE B:	
THE LARGE REDUCTION IN THE CONTRIBUTIONS/GRANTS BETWEEN PRIOR YEAR AND	
CURRENT YEAR IS DUE IN GREAT PART TO THE SBA FPP LOAN AMOUNT OF	
53,500,000 IN 2021.	
232212 10-28-22 36	Schedule O (Form 990) 2022

1

ate Accepted		DO NOT	MAIL THIS FORM TO THE FT
<u>AXABLE YEAR</u> 2022	California e-file Return Exempt Organizations		<u>- </u> 8453-Е
ampt Organization name			Identilying number
MMUNITY HEALI	PH SYSTEMS, INC.		33-0056551
art i Electroni	c Return Information (whole dollars only)		
Total gross rec	eipts (Form 199, line 4)		
2 Total gross inc			
3 Total expenses			
art II Settle Yo	ur Account Electronically for Taxable Year	2022	
Electronic	funds withdrawal 4a Amount	4b Withdrawal date ((mm/dd/yyyy)
art III Banking	nformation (Have you verified the exempt o	rganization's banking information?)	
5 Routing number			
3 Account numbe	<u>r</u>	7 Type of account:	Checking Savings
	on of Officer		
uthorize the exempt I line 4a.	organization's account to be settled as designated	In Part II. If I check Part II, box 4, I authorize an ele	ctronic funds withdrawal for the amount lis
atements be transmit	ted to the FTB by the ERO, transmitter, or interme e FTB to disclose to the ERO or intermediate set	st and penalties. I authorize the exempt organization diate service provider. If the processing of the exe vice provider the reason(s) for the delay.	mpt organization's return or refund is
leclare that I have rev n only an intermediat curately reflects the ovided the organizati 46, 2022 Handbook a exempt organizatio leclare that I have exe	e service provider, I understand that I am not resp data on the return.) I have obtained the organizatio on officer with a copy of all forms and information for Authorized e-file Providers. I will keep form FT n return is filed, whichever is later, and I will make	i that the entries on form FTB 8453-EO are complete consible for reviewing the exempt organization's retu- on officer's signature on form FTB 8453-EO before t i that I will file with the FTB, and I have followed all B 8453-EO on file for four years from the due date a copy available to the FTB upon request. If I am al d accompanying schedules and statements, and to	urn. I declare, however, that form FTB 8453- ransmitting this return to the FTB; I have other requirements described in FTB Pub. of the return or four years from the date iso the paid preparer, under penaltiles of per J
	7.4		
ERO'e	- allon	Dato Chack H	Check ERO's PTIN
RO signature	SINGERLEWAK LLF	preparer X	j omployed₽00748170
ust Firm's name (or			Firm's FEIN 95-2302617
gn and address	¹⁾ 2010 MAIN ST., STE 300		
	IRVINE, CA		ZIP code 92614
		nization's return and accompanying schedules and ased on all information of which I have knowledge.	statements, and to the best of my knowledge
aid Paid	•	į Dete Che	ck Paid preparer's PTN

Paid Preparer	Paid proparer's signature		Data	Check if solf- employed	Paid preparer's PTIN
Must Sign	ffrm's name (er yours if self-smployed)				Firm's FEIN
oign	and address	,			ZIP code

FTB 8453-EO 2022

229021 11-10-22

TAXABLE YEAR **2022**

California Exempt Organization Annual Information Return

226941 01-10-23 FORM

199

-							
		- 2022 or fiscal year beginning (mm/dd/yyyy) , and ending (mm enization name) mia corpo	pration n	umbar	
_					-		
		HEALTH SYSTEMS, INC.		24638	U		
٨c	ditional infor	nation. See instructione.	FEIN	33-00	5655	1	
Su	reet address i	sulle or room)		MB no.		-	
		SSANDRO BLVD					
Cit		Sto	to Z	ZIP code			
	DRENO VA	LLEY	A 9:	2553-	8551		
_	reign country		F	oreign p	ostal ca	da	
A	First retu	rn Yes 🗶 No I Did the organization have an	iy change	s to its	guideli	ា មទ	
₿	Amende	return	e instructi	ions			No
C		on 4947(a)(1) trust Yes X No J If exempt under R&TC Section					
Ð	Final info	rmation return? engaged in political activities	s? See ins	struction	ns	• 🛄 Yes 🖾	No No
	•	Dissolved 🛄 Surrendered (Withdrawn) 🫄 Merged/Rearganized 🛛 K is the organization exempt u	under R&T	rC Secti	ion 237	701g? • 🗌 Yes 🗵	No No
		(mm/dd/yyyy) • If "Yes," enter the gross rece					
E		counting method: (1) Cosh (2) X Accrual (3) Other L is the organization a limited				• 🗔 Yes 🗶	No No
F		aturn filed? (1) • 🛄 ээот (2) • 🛄 ээорн (3) • 🛄 золн (эво) M. Did the organization file Forr	m 100 or l	Form 10	09 to	······	
		Other 990 series report taxable income?					No No
Ġ		roup filing? See instructions • Yes 🔀 No N is the organization under au					_
Н		ganization in a group exemption Yes X No IRS audited in a prior year?					
	lf "Yes," v	/hat is the parent's name? 0 Is federal Form 1023/1024 p				Yes 🔀	l No
		Date filed with IRS					
- E	Parti	omplete Part I unless not required to file this form, See General Information B and C.					
				•	1	25,962,3	82 00
		Gross sales or receipts from other sources. From Side 2, Part II, line 8 Gross dues and assessments from members and affiliates			2		00
		2 Gross contributions, gifts, grants, and similar amounts received ST	 мт 1		2	5,308,20	
		4 Total gross receipts for filing requirement test. Add line 1 through line 3.					
	Receipts	This line must be completed. If the result is less than \$50,000, see General Information B			4	32,270,64	45 00
	and	5 Cost of goods sold			S. Andrews	keli Baraka ke	2452455
F	Revenues	6 Cost or other basis, and sales expenses of assets sold		00			
		7 Total costs. Add line 5 and line 6			7		00
		8 Total gross income. Subtract line 7 from line 4			B	32,270,6	
		9 Total expenses and disbursements. From Side 2, Part II, line 18			9	34,693,91	
8	Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	-2,623,3	31 00
_		11 Total payments		٠	11		00
		12 Use tax. See General Information K		•	12		00
		13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		•	13		
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		•	14		00
		15 Penalties and interest, See General Information J			15		00
		16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under permise of perjury, T declare that Thave examined that a tark in focusing second any second and a tatageners.		💽	16	des und batel	00
Siç		Under penalose of perjory, i because that rakes examined that surer, including accompanying achievability and valuements, a it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any kn	owledge.	/ Knowle	ada que parai	
He			Onte			🖶 Talephona	
		signature (()) D CEO				- DT11	
			Check #			● PTIN	
Proparor's LIOR TEMKIN						P00748170	
Pa	ដៃ				 Firm's FEIN 		
	eparer's	(or yours, SINGERLEWAK LLP				95-2302617 • Telephone	
Us	e Onły	employad) 2010 MAIN ST., STE 300					
		IKVINE, CA 92614		_ (****	7	949-261-8500	
		May the FTB discuss this return with the preparer shown above? See instructions	••••••	• X	Yes	No	

Γ

220951 01-10-23

	COMMUNITY HEALTH SYSTEMS, INC.
Part II	Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

İ EE	PART	тτ	SUBSTITUTE	ATTACHMENT
255	FURT.		SUBSTITUTE	ATTACHMENT

						ŝ	EE PART II S	UBSTITUTE ATTAC	HMENT	1	
	1	Gross sales or receipts from al	ll busine	ss activities. See instru	octions			1	• 1		00
	2								• 2		00
	3	Dividends							• 3		00
Receipts	-	Gross rents							• 4		00
from	5	Gross royalties							• 5		00
Other	6	Gross amount received from sa	ale of se	cate (San instructions)				*********************	• 6		00
Sources	7	Other Street and									00
QUUICUS	8	Total gross sales or receipts fr		r courses. Add line 1 t							00
					-				• 5		00
	9	Contributions, gifts, grants, and							10		00
	10	Disbursements to or for memb	/eis		••••	•••••					00
	11	Compensation of officers, direct	nors, an	o trustees	•••••	•••••			11		
.	12	Other salaries and wages							12		00
Expenses		Interest							13		00
and	14	Taxes							14		00
Disburse		Rents							15		00
ments	16	Depreciation and depletion (Se							10		00
	17	Other expenses and disbursem							• <u>17</u>		00
Cabad		Total expenses and disbursem	ents. Ad								00
Sched	ule L	Balance Sheet	—	Beginning of	rtaxad	le ye		1		xable year	
Assets			0.000000000	(8)	<u> </u>	-,	(b)	(C)	leder Schuller		(d)
1 Cash	11.11.11								eren ander ander Vergeneren ander ander Ander ander ander ander	•	
		s receivable		i en de la production de l La production de la					en ny ten de Second	٠	
		ceivable			<u>.</u>					•	
					-					•	
		state government obligations								•	
		in other bonds	126/4680 	Self (alter a de la d					<u>1998</u> 996	•	
		in stock							5000	٠	
		ans							Selectory	•	·
9 Öthe	r investr	ments						SERTER EN EN EN EN EN EN EN EN	Sinesene -	• nteres etcets bacts	
10 a De	preciabl	le assets			889.9%	West.				1999-6599-8692	
		mulated depreciation	(New York Walter Street St	<u>}</u>			() 		
11 Land			288834						Sa 26 7	•	
			Contraction (Section)		<u> </u>			1979-99740) (Spinsburgsburgsb		•	
13 Total	assets									. a che al brachadh	
Liabilities			1999,990			28869		and a start of the second second			
		yable			-			1515 (3185 (2014)		•	
15 Contr	ributions	s, gifts, or grants payable			1			이 같은 것이 같은 것이 같은 것이 같은 것이 같은 것이 같이 것이 같이		•	
		otes payable	Length Alland		ļ				<u> (6.000)</u>	•	
		ayable							in the second	•	
		es ,	an an an an an an an an an an an an an a						20122.3		
		or principal fund	Andrea Stations Stations Stations						949933	•	
		al surplus. Attach reconciliation			-				9597,04% 	•	
21 Retai	ned ears	nings or income fund	S22555					799-985-66-9037#154-834		•	
A REAL PROPERTY AND ADDRESS OF ADDRESS OF ADDRESS ADDRE		es and net worth			<u> </u>						
Schede	ule M	 Reconciliation of income Do not complete this sche 				ie 13.	, catumn (d), is tes	s than \$50,000.			
1 Netir	icome n	er books		•		7	Income recorded	on books this year			re energiere
	al incon			•]		his return. Attach sched	ule	•	
		bital losses over capital gains		•		8		s return not charged			
		ecorded on books this year.				1	against book inco	-			
		ule		•			-			•	
5 Exner	ises rec	orded on books this year not				9		and line 8			
		his return. Attach schedule		•			Net income per re				
		e 1 through line 5				1		om line 6		and the second sec	

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COMMUNITY HEALTH SYSTEMS, INC.

33-0056551

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	ST.	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT		
HRSA - H8H	5600 FISHERS LN ROCKVILLE, MD 20852	12/31/22	2,291,188.		
IEHP	10801 SIXTH ST RANCHO CUCAMONGA, CA 91730	12/31/22	607,500.		
HRSA - HIV	5600 FISHERS LN ROCKVILLE, MD 20852	12/31/22	442,735.		
IEHP - OTHERS	10801 SIXTH ST RANCHO CUCAMONGA, CA 91730	12/31/22	303,200.		
TITLE X - ESSENTIAL HEALTH SERVICES	3600 WILSHIRE BLVD #600 LOS ANGELES, CA 91730	12/31/22	247,500.		
HRSA – ARPC	5600 FISHERS LN ROCKVILLE, MD 20852	12/31/22	224,874.		
MOLINA	200 OCEANGATE STE 100 LONG BEACH, CA 92123	12/31/22	150,176.		
INLAND FACULTY MEDICAL GROUP	1860 COLORADO BLVD LOS ANGELES, CA 90041	12/31/22	100,000.		
TOTAL INCLUDED ON LINE 3		•	4,367,173.		

10520901 701224 1510

STATE OF CALIFORNIA					DEPARTMENT (For Registry Use Only)		JSTICE
(Rev. 02/2021) MAIL TO:		VUAL REGISTRATION RENEW TO ATTORNEY GENERAL OF			(FOI Hegistry Use Ofly)		
Registry of Charitabla Trusts P.O. Box 903447 Sacramento, CA 94203-4470	s	ections 12586 and 12587, California	Governme	nt Code			
STREET ADDRESS: 1300 Stroot		1 Cal. Code Regs. sections 301-306, ubmit this report enoughly no later then four months a					
Sacramonto, CA 95814 (916)210-8400 WE8SITE ADDRESS:		m's accounting period may result in the loss of tax el (of \$800, plus interest, and/or times or filing penalties					
www.ong.co.gov/charities		23703; Government Code section 12566.1. IR5 exte					
·····			Check if:				
COMMUNITY HEALTH SYSTEM	S INC			ange of address hended report			
Name of Organization	-,						
List all DBAs and names the organization (beeu cart to eac						
21801 ALESSANDRO BLVD			State Ch	arity Registration Nur	nber CT ⁰⁵⁶⁵²⁶		
Address (Number and Street)							
MORENO VALLEY, CA 9255 City or Town, State, and ZIF Code	3-8551		Corporat	ion or Organization N	0.1246380		
951-571-2300		VICHSICA.ORG	Federal B	mployer ID No. 33-	0056551		
Yelephone Number	E-mail Addres						
ANNUAL REC	GISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departr			311, and 312)		
Total Revenue	Fee	Total Revenue	Fee	Total Revenue		<u>Fe</u>	_
Less than \$50,000 Between \$50,000 and \$100,00	\$25 0 \$50	Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million	\$100 \$200		001 and \$100 million 0,001 and \$500 millior		00 ,000
Between \$100,001 and \$250,0	00 \$75	Between \$5,000,001 and \$20 millio	n \$400	Greater than \$500			,200
PART A - ACTIVITIES For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list;							
	raccounting	period (beginning	ent	ling <u>12/31/2022</u>) list:		
(including noncash contributions) \$	32,270	<u>, 645</u> Noncash Contributions \$ 26 , 460 , 817		0 Total Asse		129,	62B
			Total Exp		34,893,976		
PART B - STATEMENTS REG	ARDING ORC	ANIZATION DURING THE PERIOD (OF THIS RE	PORT			
		you answer "yes" to any of the ques Is for each "yes" response, Please re				Yes	No
		any contracts, loans, leases or other fi					
and any officer, director or any financial interest?	trustee there	of, either directly or with an entity in wi	nich any su	ch officer, difector or	trustee nad		x
	d, was there a	any theft, embezzlement, diversion or n	nisuse of th	e organization's char	itable property		
or funds?				-			х,
3. During this reporting period	d, were any o	rganization funds used to pay any pen	alty, fine or	judgment?			x,
 During this reporting period commercial coventurer use 		ervices of a commercial fundraiser, fund	draising co	unsel for charitable pu	urposes, or		x
5. During this reporting period, did the organization receive any governmental funding?					x		
6. During this reporting period	d, did the org	anization hold a raffle for charitable pu	rposes?				x
7. Does the organization cond	Juct a vehicle	donation program?					x
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?						x	
		ne organization hold restricted net asso	ets, while re	porting negative unre	estricted net assets?		x
I declare under penalty of peri	ury that I hav	ve examined this report, including ac	companyi	ng documents, and t	to the best of my know	vledg	
		complete, and I am authorized to sig			-	2	
((_ ((I HOLEMAN	G	EO			
Signature of Authorized Agen	Prir	10d NEma		11/2	Date		
29291		······					

COMMUNITY HEALTH SYSTEMS, INC.

33-0056551

UA KKF-1	CA	RRF	-1
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-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 2 PART B, LINE 5

NAME OF AGENCY: HRSA 330 FEDERAL GRANT MAILING ADDRESS: 5600 FISHERS LANE, ROCKVILLE, MD 20852 CONTACT PERSON: CHRISTIE WILLIAMS, PROJECT OFFICER TELEPHONE NUMBER: 301-594-4314

NAME OF AGENCY: ESSENTIAL ACCESS HEALTH - TITLE X GRANT MAILING ADDRESS: 3600 WILSHIRE BLVD #600, LOS ANGELES, CA 90010 CONTACT PERSON: JON DUQUE/AMPARO RUANO TELEPHONE NUMBER: 213-386-5614

	EXTENDED	TO NOVE	MBED 15	2023	
	DVIDUDD	TO NOVE	MDBC IJ	4043	
Qoturn	of Organi	zation E	vamnt Fr	rom Incon	no Tay
netuin	vi Vigani	<u>cauvii (.</u>	~~!!!!!!!!!!		IC IGA

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990



Dapa	stiment pal Bay	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and t	-		Inspection					
			022 calendar year, or tax year beginning and ending								
8	Chook if applicat	C Name of	Name of organization D Employer identification number								
	Addr chan	DO COMMUN									
<u> </u>	lohan lnitia	ge Doing bu	siness as and street (or P.O. box if mail Is not delivered to street address)	Room/suite	33-0056553						
ļ		n Number	E Telephone numb								
	Finet return termi		LESSANDRO BLVD		951-571-230	32,270,645.					
r	termi atad Amer		wn, state or province, country, and ZIP or foreign postal code VALLEY, CA. 92553-8551		G Gross receipts \$						
<u> </u>	returi Appli		H(a) is this a group								
L.		FName ar	d address of principal officer: LORI HOLEMAN			137 Yes X No included? Yes No					
				or 527	H(b) Are all subordinates	a list. See instructions					
		empt status;		μ <u> </u>	H(c) Group exempti						
	Webs	f organization;		I Vear		M State of legal domicile: CA					
	art I		- Jourporation nost Association outer		or tormation, and a	Wi otate of legal domicile.					
	1		the organization's mission or most significant activities: TO IMP	ROVE AND	STRENGTHEN THE						
8	1		UR DIVERSE COMMUNITIES BY PROVIDING COMPASSIONATE								
aan	2	Check this box			than 25% of its net as	ssets.					
Activities & Governance	3	• • • • •									
Ĝ	4		umber of independent voting members of the governing body (Part VI, line 1b)								
об И	5		ptal number of individuals employed in calendar year 2022 (Part V, line 2a)								
itie	6	Total number o	otal number of volunteers (estimate if necessary)								
- ţi,	7 a	7:	0.								
4	Ь	Net unrelated I	usiness taxable Income from Form 990-T, Part I, line 11	·····	7t						
					Prior Year	Current Year					
æ	8	Contributions a	ind grants (Part VIII, line 1h)		17,507,114						
Revenue	9		e revenue (Part VIII, line 2g)		22,669,171.						
ev.	10		ome (Part VIII, column (A), lines 3, 4, and 7d)		373.						
<u>a</u>	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		227,128						
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		40,403,786						
	13		ilar amounts paid (Part IX, column (A), lines 1-3)		0						
	14		o or for members (Part IX, column (A), line 4)		0.						
5	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		22,878,369						
ens	16a		ndraising fees (Part IX, column (A), line 11e)			N. 1944 State State Andreast and Jacob Andreast Andreast Andreast Andreast Andreast Andreast Andreast Andreast					
Expenses	Ь		ig expenses (Part IX, column (D), line 25)		8,423,758	8,790,966.					
ш	1 "		s (Part IX, column (A), lines 11a-11d, 11f-24e)		31,302,127						
	18	•	, Add lines 13-17 (must equal Part IX, column (A), line 25)		9,101,659						
~ ~ ~	19	mevenue less e	xpenses. Subtract line 18 from line 12		ginning of Current Year						
Net Assets or Filled Rabieres	20	Total assets (P	art X Jine 16)		24,146,972						
1556	20	Total liabilities			9,847,014						
liet v	22		Part X, line 26) Ind balances. Subtract line 21 from line 20		14,299,958						
		Signature									

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JORI HOLEMAN, CEO		Date			
Paid	Print/Type preparer's name LIOR TEMKIN	Preparer's signature LIOR TEMKIN	Date 09/01/23	Check PTIN il self-employed PD0748170		
Preparer	Firm's name SINGERLEWAK LLP			irm's EIN 95-2302617		
Use Only	Firm's address 2010 MAIN ST., STE 300					
	IRVINE, CA 92614		F	hone no,949-261-8600		
May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form 990 (2022)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

For	n 990 (2022) COMMUNITY HEALTH SYSTEMS, INC.	33-0056551	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	****	
1	Briefly describe the organization's mission:		
	TO IMPROVE AND STRENGTHEN THE HEALTH OF OUR DIVERSE COMMUNITIES BY		
	PROVIDING COMPASSIONATE AND COMPREHENSIVE HEALTH SERVICES.		
			,
		-,	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	,	s 🗶 No
	If "Yes," describe these new services on Schedule O.		(⁻ -)
з	Did the organization cease conducting, or make significant changes in how it conducts, any program services? $_{\rm eq}$	Ye	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, :	and
	revenue, if any, for each program service reported.	75 9	60,6B2.)
4a	(Code:) (Expenses \$ 26,460,817. including grants of \$) (Revenue	-5	00,002.)
	COMMUNITY HEALTH SYSTEMS PROVIDED 124,273 MEDICAL, DENTAL, VISION, MENTAL HEALTH, AND OTHER FRIMARY CARE SERVICES, INCLUDING VIRTUAL		
	VISITS, TO INDIVIDUALS IN THE TRI-COUNTY AREA OF SOUTHERN CALIFORNIA.		
	APPROXIMATELY 24,556 FATIENTS WERE SERVED. A MAJORITY OF THOSE		
	PATIENTS WERE LOW-INCOME AND UNDERINSURED WITH LIMITED MEANS FOR		
	PATTERNYS WERE DOW-INCOME AND CONDERNINGCRED WITH DIMITED ADANG FOR		
4b	(Code:) (Expenses \$) (Revenue	. P.	١
40	(Code:) (Exponses 5) (Revenue) (Revenue) (Revenue) (Revenue		/
4c	(Cede:) (Expenses \$) (Revenue) (Revenue) (Revenue)	\$)
			-
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	Total program service expenses 26,460,817.		
		Form	990 (2022)

)

232002 12-13-22

Form 990 (2022) COMMUNITY HEALTH &

COMMUNITY HEALTH SYSTEMS, INC.

Page 3

··· · ·			r	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? /f "Yes," complete Schedule C, Part /	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? // "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-197 // "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
		7		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<u> </u>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		^
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	3535		
	as applicable.	38892		
a	Did the organization report an amount for land, buildings, and equipment In Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII	115		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes, " complete Schedule D, Part VIII	110		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 167 // "Yes, " complete Schedule D, Part /X	110	x	
ē	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	x	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		x
5	Was the organization included in consolidated, independent audited financial statements for the tax year?			
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	126	x	
13		13		х
		14a		x
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
þ	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
		145		х
	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15				x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		**
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			Ŧ
	or for foreign individuals? // "Yes," complete Schedule F, Parts // and //	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part J. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? (f "Yes,"			
	complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H	<u>20a</u>		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<u>20b</u>		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes." complete Schedule I. Parts I and II.	21		х

Form 990 (2022)

232003 12-13-22

	1990 (2022) COMMUNITY HEALTH SYSTEMS, INC. 33-0056	551	"P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		ĺ	1
	Schedule J	23	x	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Pm-* 44	iast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	248		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	245		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>x</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	, Alexandria Matanac		
	instructions for applicable filing thresholds, conditions, and exceptions):	988		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //			
	"Yes," complete Schedule L, Part IV	28a		х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	285		x
Ċ	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? //			
	"Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~	contributions? If "Yes," complete Schedule M			x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>(f "Yes," complete Schedule N, Part I</i>	31		<u> </u>
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
44	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ļ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<u>35</u> b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule B, Part Vi	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	x	I
Par	Note: All Form 990 filers are required to complete Schedule O t.V. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or pate to any line in this Part V.	38	<u> </u>	
1.111	Check if Schedule O contains a response or note to any line in this Part V			
		da	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	.6		Southan .
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	12-13-28	Form	990 (2022)

<u>Form</u>	990 (2022) COMMUNITY HEALTH SYSTEMS, INC. 33-005655	1	9	age 5
Par	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_		905 <i>04</i> 075	Yes	No challed ball
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 439			
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	sistan ang sing sing sing sing sing sing sing si
- Ja	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	ЗЪ		1
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		[
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
ъ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			833
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	<u> </u>	x
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5</u> 6		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a			1	
	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
-	were not tax deductible?	6 b	ding dirit :	X8401-804
1	Organizations that may receive deductible contributions under section 170(c).	3923996 7 -	34606.042	(22)4354() X
e L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
¢	to file Form 8282?	70		x
d	If "Yes," Indicate the number of Forms 8282 filed during the year	202200		1990-1993 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1993 (NAV3842)	1500/162010
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	868W)		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	4089770 24356),57		
뮭	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	95	and the	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations, Enter:			657 (551) Venicialis
a	Gross income from members or shareholders 11a			
Ь	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	00134890823	HCCC-PAS
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	0.00000		Hestory.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.	<u>desse</u>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	Sizie		S\$\$\$\$
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	tati san t	X
	If "Yes," see the instructions and file Form 4720, Schedule N.	2233	yeye	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	John Matrix	X
	If "Yes," complete Form 4720, Schedule O.	-9 <u>19888</u>	38975	CERES:
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	<u>17</u>	Alexandia	<i>HEARDERN</i>
	If "Yes," complete Form 6069.	2007-0919 Eesses	000	(2022)
232005	12-13-22	FULU	990	(2022)

232005 12-13-22

2

	1 I	- [Yes	No
ia	Enter the number of voting members of the governing body at the end of the tax year1a	9 9/96/2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			Š.
ь	Enter the number of voting members included on line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
8	Did the organization have members or stockholders?	_6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	75		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following;	-slottigare	10.04023	
ā	The governing body?	8a	X	1999 - 1997 - 19
- ь	Each committee with authority to act on behalf of the governing body?	8b	x	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Construction of the section of requests miorination about policies not required by the internal merende code.	••••	Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a	1.23	x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	105		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	25502	NON/A	930 <i>464</i> 14
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	sentre en a
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	126	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
c		120	x	
	on Schedule O how this was done	13	x	
13	Did the organization have a written whistleblower policy?	14	x	
14	Did the organization have a written document retention and destruction policy?	14	Talentilana	(994) (994)
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2002000	15556.28	928-535
	The organization's CEO, Executive Director, or top management official	15a	x	
ь	Other officers or key employees of the organization	15b	A.	962998 8025 AS
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	0.099936	999762	398398
	taxable entity during the year?	16a	ing ang sana	X 20-01-00200
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	an an an an an an an an an an an an an a	Noings	202203
	exempt status with respect to such arrangements?	165		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availal	le
	for public inspection, Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	td financ	ciał	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ANNIE NGUYEN - 951-571-2300			
	21801 ALESSANDRO BLVD, MORENO VALLEY, CA 92553			

COMMUNITY HEALTH SYSTEMS, INC.

Check if Schedule O contains a response or note to any line in this Part VI

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See Instructions.

21801 ALESSANDRO E	SLVD, MORENO	VALLEY,
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Form 990 (2022)

Form 990 (2022) COMMUNITY HEALTH SYSTEMS, INC. Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6

x

Part VII Compensation of Officers, I Employees, and Independer	r			s, H	(ey	En	nplo	oyees, Highest Co	mpensated	
Check if Schedule O contains a resp				in t	bie I		va			<u></u>
								aut Cumpleres as		
Section A. Officers, Directors, Trustees, Key 1a Complete this table for all persons required to • List all of the organization's current officer Enter -0- in columns (D), (E), and (F) if no compens • List all of the organization's current key en • List the organization's five current highest of who received reportable compensation (box 5 of \$100,000 from the organization's former officers reportable compensation from the organization and • List all of the organization's former diffects reportable compensation from the organization and • List all of the organization's former diffects more than \$10,000 of reportable compensation for Sea the instructions for the order in which to list for Check this box if neither the organization m (A)	be listed. Rep s, directors, tru- sation was pair apployees, if any compensated e Form W-2, box organizations. , key employee nd any related or any related or any related (B)	oort uster d. y. Se mpl 6 o orga orga orga tha zatic ove	com es (w e th oyee f For anize at recon ar	pens /heti e ins s (of m 1 ighe ition ceive ad ar tion ((satic her i struc ther 099 est c s. ed, ir ny re <u>con</u> C)	on fo ndiv ction thar MIS comp n the blate	r the idua is fo is fo is fo is an ic, a can d or	e calendar year ending v ls or organizations), reg r definition of "key empl officer, director, trustee ind/or box 1 of Form 10 ated employees who re- pacity as a former direct ganizations. ed any current officer, di (D)	ardless of amount of c oyee." , or key employee) 39-NEC) of more than ceived more than \$100 or or trustee of the org rector, or trustee. (E)	ompensation. ,000 of anization, (F)
Name and title	Average Position (do not check more lhan one box, unless person is both on officer and a director/fusitee) (list any Hours for		100)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC/	Estimated amount of other compensation from the				
	related organizations below line)	කිරිල්ටයේ (හයිසෙ Gr difector	ansjiuëoneë irseter	d∰car	Kej employee	Highest compessated ensilzyze	កំពាទព	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related organizations
(1) DR. SANJEEV PURI (FROM 8/22)	40,00		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	芍	<u> </u>	(法 5)	12			
CMO (FROM 8/22)				х				306,858.	0.	2,188.
(2) LORI HOLEMAN	40.00		-	-			<u> </u>			
CEO	· · · · · · · · · · · · · · · · · · ·			x				261,382.	۵.	31,098.
(3) ANNIE NGUYEN	40.00		†			1				· · · · ·
CFO				х				207,308.	٥,	30,047.
(4) DENIS VECA TAPIA COO	40.00			x				192,750.	ο,	28,940.
(5) MAHDI HEMATIAN-ASHRAFIAN	40,00									
CMO (UNTIL 8/22)		1		х				176,373.	Ο.	20,028.
(6) DR. GEORGE SOLIMAN	40.00		Γ		ľ	:				
FAMILY PRACTICE PHYSICIAN						х		295,658.	0.	28,009.
(7) DR. CALVIN LAMBERT HALL	40,00									
FAMILY PRACTICE PHYSICIAN			ļ			х		289,000.	0,	27,903.
(8) DR. GORAN CVIJANOVIC	40.00									
PHYSICIAN						×		292,053.	0.	16,475.
(9) DR. SHEILA LOHARUKA INTERNAL MEDICINE PHYSICIA	40.00					x		243,379.	٥.	13,928.
(10) STANLEY YU	40.00									
PEDIATRICIAN						х		229,885.	Û.	9,519,
(11) JONNATHAN BARAJAS	1,50									
CHAIR	1 00	X		X				0.	Ċ.	0,
(12) KIMBERLY JIMENEZ VICE CHAIR	1.00	x	ļ	x				ο.	σ.	0,
(13) OSCAR ULRIC JONES	1,00	<u>.</u>		<u>^</u>				•.	•	
TREASURER		x	[x				ο.	σ.	0.
(14) JENNIPER DOBROWOLSKY	1.00								- •	_ - •
SECRETARY		х		x				ο.	٥.	0.
(15) DRAYMOND CRAWFORD	0.75									
BOARD MEMBER		x						0.	٥.	0.
(16) DENISE CULBERSON	0,50									
BOARD MEMBER		х						٥.	0.	٥,
(17) AMIR SADEGHIAN	0.75									_
BOARD MEMBER	L,,.	X	[ů,	0.]	0,
232007 12-13-22										Form 990 (2022)

Form 990 (2022) COMMUNITY HEALTH SYSTEMS, INC.

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Page 7

Form 990 (2022) COMMUNITY HE		_							33-005	655	1 Page 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Emr (B) Average hours per	(do	not e)) Pos heeku	D) ition ^{more}	i than c	000	(D) (E) Reportable Reportab			
	veek (list any hours for related organizations below line)				irecto	Hypersteinersteinen die Granden di Granden die Granden	(CE)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC 1099-NEC)	V	amount of other compensation from the organization and related organizations
(18) ALLISON MONTERROSA	0,50				¥	<u>+ </u>		_			
BOARD MEMBER (19) VERONICA HERNANDEZ	0.50	х						0.		0.	0.
BOARD MEMBER	V.50	x						0.		٥.	0.
	-										
		l								_	
1b Subtotal		··· <i>··</i> ·		•••••	· · <i>·</i> · · · ·	•••••		2,494,646.		0.	208,135. 0.
 c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 								2,494,646.		0.	208,135.
 2 Total number of individuals (including but r compensation from the organization 	ot limited to th	¢se	liste	d at	ove) wh	o re		000 of reportable		24
 3 Did the organization list any former officer line 1a? <i>If "Yes," complete Schedule J for s</i> 4 For any Individual listed on line 1a, is the stand related organizations greater than \$15 	<i>such individual</i> um of reportable	 e co	mpe		tion	and	oth	ner compensation from t	he organization	,,	Yes No
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." con	accrue compen	sati	on fr	om.	any	u n re	late	ad organization or individ	fual for services		5 X
Section B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for										nsat	tion from
(A) Name and business	address	NO	NE					(B) Description of <i>t</i>	ervices		(C) Compensation
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nitec	to i	thos (ted	above) who received m	ore than		- 000
											Form 990 (2022)

232008 12-13-22

		Check if Schedule O c					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 5
ŝ	1 a	Federated campaigns		<u>1a</u>						HIE DEN
Sub	b	Membership dues		16						
ğ	c	Fundraising events		10						
ar P	d	Related organizations		1d						
and Other Similar Amounts	e	Government grants (contri				5,288,328.			아는 것 것 같 같 것 같 것 것 같 것 것 같 것 것 같 것 것 같 것 것 같 것 것 같 것 것 같 것 것 같 것 것 같 ? ? ? ?	
ŝ	f	All other contributions, gifts,						같은 감독 중 문 문		「おおおき」
e.		similar amounts not included				1,019,935.				
ğ	g				\$					
anc	-						6,308,263.	Selace of the		
						Business Code				
	2 a	PATIENT SERVICE REVI	ENU			621990	25,950,476.	25,950,476.		
Revenue	b c d e							· · · · · · · · · · · · · · · · · · ·		
1	f	All other program service r						na an an an an an an an an an an an an a	al tea an an bhairt a' a bhairt a bhairtean an	-sederberadelinärtte deskriverer
	<u>9</u>	Total. Add lines 2a-2f					25,950,476.		an an an an an an an an an an an an an a	glasta per regelation de la
	3	Investment income (includ other similar amounts)					1,700.			1,70
	5	Royalties		-						
	•		<u>مند من</u>	(i) Re	al	(ii) Personal				
	6 a	Gross rents	6a					8488488		
	b	Less: rental expenses	8b				244 A & & & Ø	2 G 9 F 8 5 5 5	가장 같은 것 같아요.	
		Rental income or (loss)	6c			1		2.3.50 8.2.5 8.4		
	d	Net rental income or (loss)						and a second second second second second second second second second second second second second second second	ANALAS ANALAS ANALAS A CONTRACT	
		Gross amount from sales of	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(i) Secur		(ii) Other				
ļ	18	assets other than inventory	7-	W Gaodi			영양 영상 문화 문화			1888888
	L		<u>7a</u>							
	Q	Less: cost or other basis								
			7b							
		Gain or (loss)					energensstation (na 1990) (1990) The second second second second second second second second second second second second second second second s	n an	ann an tall ann an tall an tall an tall an tall an tall an tall an tall an tall an tall an tall an tall an tal Tall an tall an	
		Net gain or (loss) Gross income from fundraisin including \$	ıg evi	ents (not	••••••••••••••••••••••••••••••••••••••	ád ha ha ha ha ha ha ha ha ha ha ha ha ha				
		contributions reported on I					64.8,C.C.S.E.S.			
		Part IV, line 18						201223353		
		Less: direct expenses			86				ne se de la company de la company de la company de la company de la company de la company de la company de la c	rete kons
	с	Net income or (loss) from f	undi	raising eve	nts			EN EN EN EN EN EN EN EN EN EN EN EN EN E		
ł	9 a	Gross income from gaming	y act	tivities. Se	e			16666655		
		Part IV, line 19			9a				15:00 8 25 2 20	
	ь	Less; direct expenses								
		Net income or (loss) from g								
1.		Gross sales of inventory, le						888 / 208 / 88		
		and allowances			1Qa	n				
	ь	Less: cost of goods sold								
		Net income or (loss) from sales of inventory				Business Code	segonda belande besere	Heren and a state of the second second second second second second second second second second second second s		
		Net Income of (1085) from S				600.000	10,206.	10,206.		
	c	OTHER INCOME				621990	,			
						621990	,			
	c					621990	,			
	с 11 а b с	OTHER INCOME				621990			· · · · · · · · · · · · · · · · · · ·	
	tila b c di						10,206.			

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Form 990 (2022)

COMMUNITY HEALTH SYSTEMS, INC.

Statement of Revenue

33-0056551

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Form 990 (2022) COMMUNITY HEALTH SYSTEMS, INC. Part IX Statement of Functional Expenses

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o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	<u>e or note to any line in</u> (A) Total expenses	(B) Program service éxpenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations				963988
and domestic governments. See Part IV, line 21			가는 것이 가 한 것이야. (Market) 이 가 있는 것이 가 있는 가 가 가 가 있는 것이 같이 있는 것이 같이 있는 것이 같이 있는 것이 같이 있는 것이 같이 있는 것이 같이 있는 것이 같이 있 같이 것이 것이 것이 것이 같이 있는 것이 같이 있는 것이 같이 것이 같이 있는 것이 것이 있는 것이 있다. 것이 있는 것이 있는 것이 있는 것이 있는 것이 없는 것이 있는 것이 있는 것이 있는 것이 있	
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign			2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	633608
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members			energe waarde stadig ge	en está execte
Compensation of current officers, directors,				
trustees, and key employees	1,256,971.	505,446.	751,525.	
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and			,	
persons described in section 4958(c)(3)(B)				
Other salaries and wages	20,652,484.	16,553,782.	4,098,702.	
Pension plan accruals and contributions (include	r r -			
section 401(k) and 403(b) employer contributions)				
Other employee benefits	2,489,374.	1,774,500,	714,874.	
Payroll taxes	1,704,181.	1,332,774.	371,407.	
Fees for services (nonemployees):	, , , =,			
a Management				
b Legal	9,339,		9,339.	
	72,910.		72,910.	
c Accounting			· · ·	
d Lobbying e Professional fundraising services. See Part IV, line 17				
		a da mana ang dalah kana ang ang ang ang ang ang ang ang ang	an 1999 an ann an Aonaichte an 1990 An 1997 an 1997 an 1997 an 1997 an 1997 an 1997 an 1997 an 1997 an 1997 an	
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	1,979,980.	1,748,279.	231,701.	
column (A), amount, list line 11g expenses on Sch O.)	2,279,300,		,	
Advertising and promotion	1,139,167.	663,325.	475,842.	
Office expenses	706.843.	19,784.	687,059.	
Information technology	,,	1,101,		
Royalties	2,134,495.	1,655,596.	478,899.	
Occupancy	92,546.	25,870.	66,776.	
Travel	<u>72,046.</u>	20,070,	00,770.	
Payments of travel or entertainment expenses				
for any federal, state, or local public officials	102,560.	18,422.	64,138.	
Conferences, conventions, and meetings			¢4,430.	
Interest	286,265.	286,265.		
Payments to affiliates		AED COD	100 000	
Depreciation, depletion, and amortization	635,612.	452,627.	182,985,	
Insurance	386,398.	264,082.	122,316.	and the second second state of the second second second second second second second second second second second
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
amount, list line 24e expenses on Schedule O.)			10000000000000000000000000000000000000	<u>ana mpa</u> ngan panalah
a MEDICAL SUPPLIES	1,078,940.	1,078,702.	238,	
b DUES AND SUBSCRIPTIONS	138,328.	54,073.	84,255.	
c REFAIRS AND MAINTENANCE	27,483.	27,290.	193.	
e All other expenses	34 885 876	06 460 00 C	0 423 150	
Total functional expenses. Add lines 1 through 24e	34,893,976.	26,460,817.	8,433,159.	
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

232010 12-13-22

Form 990 (2022)

COMMUNITY HEALTH SYSTEMS, INC.

Form 990 (2022) Part X Balance Sheet

					(A) Beginning of year		(B) End of year
		Cook - pop-interact bearing			4,137,361,		1,928,864.
	1 2	Cash - non-interest-bearing Savings and temporary cash investments				2	
	2 3				6,657,295,	3	3,565,324
		Pledges and grants receivable, net			2,379,110.	4	1,426,091
	4	Accounts receivable, net Loans and other receivables from any current or			ni ani serena ana ana ana ana ana ana ana ana ana	NO ISIN	Territin kerkesi Merintaksi suka musika
	5	-				0000644 7000827	
		trustee, key employee, creator or founder, subst			CE CONTRANTA DE CELEMENTE A LES CONTRALES DE CARTONAL. I	960960 5	
	6	controlled entity or family member of any of thes Loans and other receivables from other disquali				2003-021	
	o	under section 4958(f)(1)), and persons described		•			EWLIGEN RIFERTALWEIT OF LITEREN BERKELTER
	7	Notes and loans receivable, net				7	
Assets	-	Inventories for sale or use				8	
SS	8				324,693.	9	893,680
~	9	, , ,	1 1			ezeksiik.	n Shennaki gularan yana
	iva	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10-	19,186,032.	0.0000000000000000000000000000000000000		동생 위험 참 것 같은 관생
	L.	Less: accumulated depreciation		8,756,930.	 Constrainty Manufactures (support of a second s second second sec	10c	10,429,102
						11	
	11	Investments - publicly traded securities Investments - other securities. See Part IV, line 1				12	1,201,536
	12	Investments - other securities, see Part IV, line 1 Investments - program-related, See Part IV, line 1			13	,	
	13	. –			14		
	14 15	Intangible assets			119,712.	15	14,685,031
	15 10	Other assets. See Part IV, line 11			24,146,972.	16	34,129,628
	16	Total assets. Add lines 1 through 15 (must equ.			3,909,235,	17	2,578,349
	17	Accounts payable and accrued expenses				18	
	18	Grants payable				19	
	19	Deferred revenue				20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete l				21	
	21 22	Loans and other payables to any current or form				988WA	
labilities	ZZ	trustee, key employee, creator or founder, subst				58.02	14066224355
Ē		controlled entity or family member of any of thes			nako menanda kara kara kara kara kara kara kara ka	22 22	na serve este serve s
Ē	00	Secured mortgages and notes payable to unrela			5,865,773.	23	5,446,912
	23 24	Unsecured notes and loans payable to unrelated				24	.,
- 1	24 25	Other liabilities (including federal income tax, pa					
Í	20	parties, and other liabilities not included on lines					
					72,006.	25	14,427,740
	26	of Schedule D Total liabilities. Add lines 17 through 25			9,847,014.		22,453,001
+	29	Organizations that follow FASB ASC 958, che	ek hara	X)	anna an an an an an an an an an an an an	2015).	
n I		and complete lines 27, 28, 32, and 33.	CK HEIG	,			
2	27				8,148,130.	27	8,692,875
	28	Net assets with donor restrictions			5,151,828,	28	2,983,752,
		Organizations that do not follow FASB ASC 9			Steletoski ka la teleteoria	82/8\	
w ruid Dala	29	and complete lines 29 through 33,			an an an an an an an an an an an an an a	29	n na finansia ka sa ka ka sa ka
cus vi raliq Dalla		and complete lines 29 through 33, Capital stock or trust principal, or current funds			- Lan Camalana di Kalong Canger Gunda Canada an Anton San P	29 30	
asce w fuig Dala	30	and complete lines 20 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq	uipment	fund		30	
CASSES OF FUND 53	30 31	and complete lines 29 through 33, Capital stock or trust principal, or current funds	uipment come, o	fundother funds	14,299,958.		11,676,627.

Form **990** (2022)

232011 12-13-22

Forn	1990 (2022) COMMUNITY HEALTH SYSTEMS, INC.	33-005655	i1	Pa	_{ge} 12
Pa	nt XI Reconciliation of Net Assets				
	Check If Schedule O contains a response or note to any line in this Part XI			Acres	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,270,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,893,	
з	Revenue less expenses. Subtract line 2 from line 1	3		,623,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,299,	958.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			. 0,
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	11	,676,	627.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash 🛛 🛄 Accrual 📃 Other		ang dalasi Mesang		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ò,			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis 🛄 Both consolidated and separate basis			1994S)	
ь	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis 🔄 Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			880%A)
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb	х	
				000	

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Form **990** (2022)

232012 12-13-22

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service	OMB No. 1545-0047 2022 Open to Public Inspection					
Name of the organizati					• •	identification number
Part Reason	COMMUNITY HEALTH SY for Public Charity Status		complete this part) S	ee instruction		33-0056551
	private foundation because it i					
	nvention of churches, or associ			1)(A)(i).		
	cribed in section 170(b)(1)(A)(i					
3 🛄 A hospital or	a cooperative hospital service of	rganization described in s	ection 170(b)(1)(A)(i	ii).		
4 A medical res	earch organization operated in	conjunction with a hospita	described in section	on 170(b)(1)(A	.)(ili). Enter	the hospital's name,
city, and stat						
•	on operated for the benefit of a	college or university owner	d or operated by a go	overnmental i	nit describe	ed in
A#07000	(b)(1)(A)(iv), (Complete Part II.)					
AN THE TRAVE	te, or local government or gove			• •		
	on that normally receives a sub	stantial part of its support i	rom a governmental	unit or from t	ne general (projic described in
4010/00/00	b)(1)(A)(vi). (Complete Part II.)	(EVA)(A)(ui) (Complete Re	+ H \			
E LO LA MARKANA	trust described in section 170 al research organization describ			inction with a	land-orant	college
	or a non-land-grant college of ag					
university:	a a normano-granit conege or ag	ncontare (alle manacaona).	Enter the harne, ony	, 0/10/0/0/0/0/0/0/		
	on that normally receives (1) ma	re then 33 1/3% of its sup	port from contribution	ns, members)	nio fees, and	d gross receipts from
-	ted to its exempt functions, sub					
	inrelated business taxable inco					
	509(a)(2). (Complete Part III.)					
11 🛄 An organizati	on organized and operated exc	usively to test for public se	fety. See section 5	09(a)(4).		
	on organized and operated exc					
more publicly	supported organizations descr	ibed in section 509(a)(1) (or section 509(a)(2).	Sec section	509(a)(3). 🤇	Dheck the box on
	ugh 12d that describes the typ		-		—	
	upporting organization operated					
	ed organization(s) the power to		a majority of the direc	tors or truste	es of the su	apporting
=	a. You must complete Part IV,		41			.!
	upporting organization supervis					
	hanagement of the supporting on the support of the		ame persons that co	notor or mana	de me sobl	
	ctionally integrated. A support	•	in connection with	and functions	lly integrate	nd with
	ed organization(s) (see instruction				ny nitograte	
	n-functionally integrated. A su				rted organia	zation(s)
	unctionally integrated. The orga					
	t (see instructions). You must a					
e Check this	box if the organization received	a written determination fro	m the IRS that it is a	Туре і, Туре	II, Type III	
functionally	integrated, or Type III non-fund	tionally integrated support	ing organization.			
	ng information about the suppo	rted organization(s).	C GALLS De prosocratino lister	(v) Amount o		(VI) Amount of other
(i) Name of suppo organization		(described on lines 1-10	(iv) is the organization listed In your governing document?	support (see i		support (see instructions)
		aboyo (see instructions))	Yes No	,, ···		
				ł		
		an in the second state of the second state of the second state of the second state of the second state of the s	and the fact of a second state			
Total			- MARAA - PARA	I		

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. 232021 12-09-22

Schedule A (Form 990) 2022

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		. ". \			•••		
		;			l.		
Sch	edule A (Form 990) 2022 C	OMMUNITY HEALT	H SYSTEMS, INC	2.		33-00565	51 Page 2
	art II Support Schedule for	Organizations	Described in	Sections 170(o)(1)(A)(iv) and	170(b)(1)(A)(vi	
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I of	r if the organization	failed to qualify u	nder Part III. If the	organization
	fails to qualify under the test	s listed below, plea	se complete Part i	И.)			
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,701,325.	6,828,716.	9,002,113.	17,507,114.	6,308,263.	46,347,531.
2	Tax revenues levied for the organ-						
	Ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,701,325.	6,828,716.	9,002,113.	17,507,114.	6,308,263.	46,347,531.
5	The portion of total contributions		245964				
	by each person (other than a						
	governmental unit or publicly				요즘 이 집 같은 것		
	supported organization) included						
	on line 1 that exceeds 2% of the					18283333	
	amount shown on line 11,						
	column (f)		94,62,62,62,69,69,69,69,69,69,69,69,69,69,69,69,69,			setter states of the	
	Public support, Subtract line 5 from line 4.	THE CONTRACTOR OF THE STREET	-generaliyo dengadeliyog	an an an an an an an an an an an an an a			46,347,531.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	6,701,325.	6,828,716.	9,002,113.	17,507,114.	6,308,263.	46,347,531.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 0 101	4 55 5	107	242	1 700	20.200
	and income from similar sources	32,323.	4,819.	107.	373.	1,700.	39,322.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	-						
	or loss from the sale of capital	16,894.	39,464.	73,253.	227,128.	10,206.	366,945.
	assets (Explain in Part VI.)	essessaria (souria) (easi	Stranger State	NED (DE LAST CALIFORNIA DA	waa la ahaa ahaa ahaa ahaa ahaa ahaa aha		46,753,798,
		ata (con loote attai	n menerati kana kana kana kana kana kana kana kan	energene anderen versen het die anderen bestellen. Geschieften	annan an ann an an an ann an an an an an	12	100,979,454.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th	*		outh or fifth tay w	aar as a section 5		
13	organization, check this box and stop	•				~ . (0)(0)	
	wight teation, when the covert 210		*************************	***************************************			

Section C. Computation of Public Support Percentage	
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	

% 97.84 Public support percentage from 2021 Schedule A, Part II, line 14 15 % 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Instructions

Schedule A (Form 990) 2022

99,13

232022 12-09-22

14

Schedule A	(Form 990)) 2022		
Part III	Support	Schedu	e fo	þ

33-0056551 Page 3

rt III	Support Schedule for	Organizations Described in	Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		*****************				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
з	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7٤	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
ł) Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 55,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support, (Subtract line 7c from line 6.)	ana kana kana kana kana kana kana kana		<u>anan na ana an</u>	a odoškanstnická kreta	i se statut da en	
	ction B. Total Support	L'in in Alignia in 1999 Addition (1997)					
Cafe	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	n,
	check this box and stop here					<u></u>	
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (li	ine 8, column (f), c	livided by line 13, (column (f))		15	
16	Public support percentage from 2021					16	<u>%</u>
Sec	tion D. Computation of Inves						
17	Investment income percentage for 20						%
18	Investment income percentage from a					18	%
19a	33 1/3% support tests - 2022. If the						'is not
	more than 33 1/3%, check this box an	-	-				
b	b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in		
23202	3 12-09-22					Schedule A	(Form 990) 2022

	dule A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.	33-0056551	P	age ·
Pa	t IV Supporting Organizations			
	(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete			
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) tion A. All Supporting Organizations			
ec	tion A. All Supporting Organizations			
	Are all of the proprietion's supported proprietions listed by pages in the organization's gaverning	202000000	Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing	11.000 (1.200) 11.000 (1.200) 11.000 (1.200)		48
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	0942942429	0 28523557	192352
	class or purpose, describe the designation. If historic and continuing relationship, explain.	West Charles	t Weekyaa	200
2	Did the organization have any supported organization that does not have an IRS determination of status			1
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	100000000	2. 042/57/5420	10000
	organization was described in section 509(a)(1) or (2).	2 7/02/090-0	2 1094-5055	jek)
a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? // "Yes," answer	04040041249	e destado	95
	lines 3b and 3c below.	<u>3a</u>	5 4054544	4977
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	NESTERATIONS	3 <u>3 (2011) (201</u>	1973
	organization made the determination.	3b	0.04240.02	2,53
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	(N-SK/88209)	1,220,220	276
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	<u>3c</u>	Minister)	1840
à	Was any supported organization not organized in the United States ("foreign supported organization")? If	Accession (s	195033	295
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	i Maranaki	6584
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	0/2012/2010	8033679	200
	despite being controlled or supervised by or in connection with its supported organizations.	45		No.
	Did the organization support any foreign supported organization that does not have an IRS determination	an an an an an an an an an an an an an a		3
	under sections 501(c)(3) and 509(a)(1) or (2)7 // "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		a Weiselanda Services	2352
	purposes.	4c	a ana sa	1997
	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, Including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	12221426916	t Horandes	33.
	was accomplished (such as by amendment to the organizing document).	5a Versense	a desta de la	576.
¢	Type or Type II only. Was any added or substituted supported organization part of a class already	4257495339		(85) 1070
	designated in the organization's organizing document?	<u>5b</u>		-
2	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 0	: laventane.	100
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			8
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charltable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	196626319	1 (76 6 74)()	ХÖ
	Pert VI.	B	n 449576949	3324
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1050505	13479425	(63)
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	1000000	el-ca
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?		a na san sa sa sa sa sa sa sa sa sa sa sa sa sa	1883
	lf "Yes," complete Part I of Schedule L (Form 990).	B Versione	((See And	New Y
)	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1934344		
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described	1988,2882	(<u>1995)</u> (1995)	367
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9 a Network	Cost is per	595
	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	NSM2408	19882868	688
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	95 NotAsimenti	No. Sec. 18	itiris.
•	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit		16563	38
	from, essets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	a (helande)	66.0X
	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		922998	18
	supporting organizations)? If "Yes," answer line 10b below.	10a	1994/10 au	ji a k
)	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	2000-000-000 2000-000-000-000-000-000-00	West (1995) United and	80
		105		

determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

Sche	A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.	33-0056551	Pa	age 5
на	rt IV Supporting Organizations (continued)		1	
		and the second second	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
â	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	(das(2)(32)(4	- Second	State of the second sec
	11c below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described on line 11a above?	116	965-898G	dan ti ta ta
¢	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1840.5556	926955	W3803
	detail in Part VI. Ition B. Type I Supporting Organizations	11c		
aec	tion b. Type roupporting organizations			i ne s
	was set to be a set of the set of		Yes Solos	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	1.0 2770 A Admin 10 4 2 3	63.83	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	orted	8.80	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were ellocated among	the CONSE	1220054	Section 2
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	A Statistical Statistics	tion Differen	Secondaria
2	Did the organization operate for the banefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		2003	S225273
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C, Type II Supporting Organizations		Τ	Τ
		distriction and and	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	alte attacht	angen aff	903-992
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			L
000			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		199 62862	1400000
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		afrilinnista	a ni shinin ni
л	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Participation of the second second second second second second second second second second second second second	18-26-28	angert
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	000090055	080465509
_	the organization maintained a close and continuous working relationship with the supported organization(s).	west west	nskijaza,	33/26289
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	DDAG2618	1026(20)	Marikeen a
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Inst	ructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental ent	ity leas Instantion	e)	
-	Activities Test. Answer lines 2a and 2b below.	ty (add matriction)	Yes	No
2		Similaria		Salar
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		2022/04K	124334334
	that these activities constituted substantially all of its activities.	2a	nd field int	Angeologija
Ð	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			580.000

- these activities but for the organization's involvement.Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

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2b

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Schedule A (Form 990) 2022

Section A - Adj Net short- Recoverie Other gros Add lines Depreciati Portion of collection maintenan Other exp Adjusted Section B - Min	An externational structure integrated supporting organizations in the start of the second structure integrated supporting organizations in the second structure integrated supporting organizations in the second structure integrated support in the second structure integrated support in the second structure integrated support support integrated support int	1 1 2 3 4 5 6 7 8	(A) Prior Year (A) Prior Year	(B) Current Year (optional)
1 Net short- 2 Recoverie 3 Other grost 4 Add lines 5 Depreciati 6 Portion of collection maintenar 7 Other exp 8 Adjusted Section B - Min	term capital gain s of prior-year distributions as income (see instructions) 1 through 3. on and depletion operating expenses paid or incurred for production or of gross income or for management, conservation, or the of property held for production of income (see instructions) enses (see instructions) Net Income (subtract lines 5, 6, and 7 from line 4) imum Asset Amount fair market value of all non-exempt-use assets (see	2 3 4 5 6 7		(Optional)
 Recoverie Other gros Other gros Add lines Depreciati Portion of collection maintenar Other exp Adjusted Section B - Min 	s of prior-year distributions ss income (see instructions) 1 through 3. on and depletion operating expenses paid or incurred for production or of gross income or for management, conservation, or ince of property held for production of income (see instructions) enses (see instructions) Net Income (subtract lines 5, 6, and 7 from line 4) imum Asset Amount fair market value of all non-exempt-use assets (see	2 3 4 5 6 7	(A) Prior Year	
 Other gros Add lines Depreciati Portion of collection maintenar Other exp Adjusted Section B - Min 	ss income (see instructions) 1 through 3. on and depletion operating expenses paid or incurred for production or of gross income or for management, conservation, or ince of property held for production of income (see instructions) enses (see instructions) Net Income (subtract lines 5, 6, and 7 from line 4) imum Asset Amount fair market value of all non-exempt-use assets (see	3 4 5 6 7	(A) Prior Year	
 4 Add lines 5 Depreciati 6 Portion of collection maintenar 7 Other exp. 8 Adjusted 5 Section B - Min 	1 through 3. on and depletion operating expenses paid or incurred for production or of gross income or for management, conservation, or use of property held for production of income (see instructions) enses (see instructions) Net Income (subtract lines 5, 6, and 7 from line 4) imum Asset Amount fair market value of all non-exempt-use assets (see	4 5 6 7	(A) Prior Year	
 5 Depreciati 6 Portion of collection maintenan 7 Other exp. 8 Adjusted Section B - Min 	on and depletion operating expenses paid or incurred for production or of gross income or for management, conservation, or ice of property held for production of income (see instructions) enses (see instructions) Net Income (subtract lines 5, 6, and 7 from line 4) imum Asset Amount fair market value of all non-exempt-use assets (see	5 6 7	(A) Prior Year	
 Portion of collection maintenan Other exp. Adjusted Section B - Min 	operating expenses paid or incurred for production or of gross income or for management, conservation, or ice of property held for production of income (see instructions) enses (see instructions) Net Income (subtract lines 5, 6, and 7 from line 4) imum Asset Amount fair market value of all non-exempt-use assets (see	6	(A) Prior Year	
collection maintenan 7 Other exp 8 Adjusted Section B - Min	of gross income or for management, conservation, or ice of property held for production of income (see instructions) enses (see instructions) Net Income (subtract lines 5, 6, and 7 from line 4) imum Asset Amount fair market value of all non-exempt-use assets (see	7	(A) Prior Year	
maintenan 7 Other exp 8 Adjusted Section B - Min	ice of property held for production of income (see instructions) enses (see instructions) Net Income (subtract lines 5, 6, and 7 from line 4) imum Asset Amount fair market value of all non-exempt-use assets (see	7	(A) Prior Year	
7 Other exp 8 Adjusted Section B - Min	enses (see instructions) Net Income (subtract lines 5, 6, and 7 from line 4) imum Asset Amount fair market value of all non-exempt-use assets (see	7	(A) Prior Year	
8 Adjusted Section B - Min	Net Income (subtract lines 5, 6, and 7 from line 4) imum Asset Amount fair market value of all non-exempt-use assets (see		(A) Prior Year	
Section B - Min	imum Asset Amount fair market value of all non-exempt-use assets (see	8	(A) Prior Year	
	fair market value of all non-exempt-use assets (see	www.	(A) Prior Year	
1 Agoregate		NN 898		(optional)
		 A.250 (46) 		
** *	is for short tax year or assets held for part of year):		1967 - 1968 - 1968 - 1968 - 1968 - 1968 - 1968 - 1968 - 1968 - 1968 - 1968 - 1968 - 1968 - 1968 - 1968 - 1968 -	
	onthly value of securities	18		
	onthly cash balances	16		
	t value of other non-exempt-use assets	10		
	lines 1a, 1b, and 1c)	1d		
	claimed for blockage or other factors			
	detail in Part VI):			
	n indebtedness applicable to non-exempt-use assets	2		
	ne 2 from line 1d.	3		
	ned held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instruc		4		
	of non-exempt-use assets (subtract line 4 from line 3)	5		
	e 5 by 0.035.	6		
	s of prior-year distributions	7		
	Asset Amount (add line 7 to line 6)	8		
	ributable Amount			Current Year
1 Adjusted r	et income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85		2		
	asset amount for prior year (from Section B, line 8, column A)	3		
	ter of line 2 or line 3.	4		
	c imposed in prior year	5		
	ble Amount. Subtract line 5 from line 4, unless subject to	Ť		
	/ temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC. 33-0056551 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes 1 1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 Amounts paid to acquire exempt-use assets 4 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 10 (i) (ii) (iii) Underdistributions Distributable Excess Distributions Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-2 able cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount en en sen en Carryover from 2017 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount an en geleen daar et de ee c Remainder, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j 7 and 4c. Services 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.	33-0056551	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part	1 and 2; Part IV, Section V, Section B, line 1e; Pa	
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	onal information.	
PART II, LINE 10;		
OTHER INCOME INCLUDES: INSURANCE REFUND, TAX REFUND, AND PRIOR PAID		
INVOICE CANCELLATION BY VENDOR.		
	10000 - 1000	
	100 - C T T T T T T T.	
		·

Schedule A (Form 990) 2022

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organizatio	Employer identification number	
	COMMUNITY HEALTH SYSTEMS, INC.	33-0056551
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	

E	501(c)(3) exempt private foundation
---	-------------------------------------

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Form 990-PF

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990. Part VIII. line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parta I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

📙 For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990/EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2
Name of c	organization	Empi	oyer identification number
	ry health systems, inc.	• · · · · · · · · · · · · · · · · · · ·	33-0056551
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HRSA - H8H 5600 Fishers LN Rockville, MD 20852	\$2,291,188.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	IEHP 10BD1 SIXTH ST RANCHO CUCAMONGA, CA 91730	\$607,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HRSA - HIV 5600 FISHERS LN ROCKVILLE, MD 20852	\$442,735.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(≇) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	IEHP - OTHERS 10801 SIXTH ST RANCHO CUCAMONGA, CA 91730	\$303,200,	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ď) Type of contribution
5_	TITLE X - ESSENTIAL HEALTH SERVICES 3600 WILSHIRE BLVD #600 LOS ANGELES, CA 91730	\$247,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	HRSA - ARPC 5600 FISHERS LN ROCKVILLE, MD 20852	\$224,674.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	-32		Schedule B (Form 990) (2022)

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	B (Form 890) (2022)		Page 2
Name of c	organization		loyer identification number
COMMUNI	TY HEALTH SYSTEMS, INC.		33-0056551
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MOLINA 200 OCEANGATE STE 100	\$150,176.	Person X Payroll Noncash
(#) No.	LONG BEACH, CA 92123 (b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
	INLAND FACULTY MEDICAL GROUP 1860 COLORADO BLVD LOS ANGELES, CA 90041	\$\$	Person X Payroll
(#) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Payroll Payroll Payroll Payroll Part I for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

ame of or	l (Form 990) (2022) ganization	E	Pag Employer identification numb
MMUNITY	Y HEALTH SYSTEMS, INC.		33-0056551
ert II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property giv e n	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. Form art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·		\$	
ia) Io. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Schedule B (Form 990) (2022)

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Schedule B	3 (Form 990) (2022)		Page 4			
Name of or	ganization		Employer identification number			
COMMUNIT	Y HEALTH SYSTEMS, INC.		33-0056551			
PartIII	Exclusively religious, charitable, etc., contribute	through (e) and the following line entry. Fe theritable, etc., contributions of \$1,000 or less	501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
-	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
F	(e) Transfer of gift					
 	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
Γ	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
		······································				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
F		(ø) Transfer of gift				
	Transferee's name, address, an	<u>\\d ZIP + 4</u>	Relationship of transferor to transferee			

Schedule B (Form 990) (2022)

sc	HEDULE D		al Financial Statements		OMB No. 1545-0047			
(For	m 990)	Complete if the orga	nization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022			
Dena	tment of the Treesury		Attach to Form 990.		Open to Public			
Intern	Internal Baveriue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Nan	te of the organization	ON COMMUNITY HEALTH SYSTEMS, :	INC	E	mployer identification number 33-0056551			
Pa	rt I Organiza		d Funds or Other Similar Funds or	Acco				
		n answered "Yes" on Form 990, Part IV, lir						
			(a) Donor advised funds	(b) F	unds and other accounts			
1	Total number at er	nd of year						
2		f contributions to (during year)						
з	Aggregate value o	f grants from (during year)						
4	** *	t end of year						
5								
are the organization's property, subject to the organization's exclusive legal control?					No			
6								
	, ,		or donor advisor, or for any other purpose cor	_				
	impermissible priva	ate benefit?			YesNo			
			ganization answered "Yes" on Form 990, Par	t IV, line	. 7.			
1		ervation easements held by the organizati						
		of land for public use (for example, recrea			Illy important land area			
		f natural habitat	Preservation of a	centified	historic structure			
-		of open space	en el se su de elle de las de seus ad					
2			fied conservation contribution in the form of a	a conser	Vation easement on the last			
	day of the tax year							
a								
ь								
	d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register							
a								
3								
Ģ	year	valion easements mouned, transferred, re	leased, exangeished, or terminated by the or	gamzan				
4		where property subject to conservation ea	sement is located					
5		tion have a written policy regarding the pe						
-		provide the conservation easements i			Yes No			
6								
-		······································			2 .			
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	h easemi	ents during the year			
			-		_ ·			
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	4)(B)(i)				
	and section 170(h)	(4)(B)(ii)?						
9								
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the							
·····	organization's acco	punting for conservation easements.						
Pa			Art, Historical Treasures, or Othe	er Simi	lar Assets.			
	Complete if	the organization answered "Yes" on Form	1990, Part IV, line 8.					
1æ	-	•	i8, not to report in its revenue statement and					
		•	olic exhibition, education, or research in furth	erance o	of public			
	· •		ncial statements that describes these items.					
þ			8, to report in its revenue statement and bala					
		· ·	exhibition, education, or research in furthers	ance of ¢	DUDIIC Service,			
		ng amounts relating to these items:			¢			
					•			
-			naven as other similar parets for firmerial ar					
2	-		asures, or other similar assets for financial ga	nn, provi	1000			
_		nts required to be reported under FASB A			¢			
9 -					4 4			
		duction Act Notice, see the Instruction	* for Form 990		• Schedule D (Form 990) 2022			
23205 ⁻	•	reactors were upping, see me instructions			Selfende D (Form 550) 2022			

Sche		HEALTH SYSTEMS,						33-005	,	Page 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures,	or Othe	r Simil	ar Assets	³ (conti)	1 <i>uęd)</i>
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the i	following th	nat make s	significan	t use of its		
	collection items (check all that apply):									
8	Public exhibition	¢	<u></u> ا	Loan or exc	hange prog	gram				
b	Scholarly research	e	, <u> </u>	Other						
c	Preservation for future generations									
4										
5										
·	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Yes No Part IV: Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
Pa			ete if the	e organizatio	m answere	d "Yes" o	n Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
18	Is the organization an agent, trustee, custodi								-	
	on Form 990, Part X?						•••••		Yes	No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:				1		
								_	Amoun	ţ
¢	Beginning balance									
đ	Additions during the year									
¢	Distributions during the year									
f	Ending balance								1 - 4	[
2a	Did the organization include an amount on F							L	Yes	
	If "Yes," explain the arrangement in Part XIII.									<u>L</u>
् त ता	t V Endowment Funds. Complete i	(a) Current year		rioryear	(c) Two y			e years back	tel Fou	years back
		(a) Current year	(6) P	noryear	(C) WO 9	Dais Daux	(a) 1118	¢ years back	(e) rou	Acti 2 Mark
1a	Beginning of year balance									
Þ	Contributions									
ç	Net investment earnings, gains, and losses									
	Grants or scholarships		-						<u> </u>	
e	Other expenditures for facilities								ŀ	
	and programs									
T	Administrative expenses									
g	End of year balance		. //	ankina (a) Natel an					
2	Provide the estimated percentage of the curr	+), column (a)) neio as:					
23	Board designated or quasi-endowment Permanent endowment	%	_%							
b	······································	%								
c	The percentages on lines 2a, 2b, and 2c sho									
2.	Are there endowment funds not in the posse	,	tion the	t are hald as	ad administ	arad for t	ha			
08	organization by:	ssion of the organiza	tuon man	r arë llaid ai					ſ	Yes No
									3a(i)	
	 (i) Unrelated organizations (ii) Related organizations 								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ad on Sr	-hodula 82						
	Describe in Part XIII the intended uses of the				•••••				<u> </u>	
Par	t VI Land, Buildings, and Equipm			unuu						
	Complete if the organization answered), Part IV	, line 11a. S	ee Form 99	90, Part X	line 10.			
	Description of property	(a) Cost or o			or other		Accumula	ated	(d) 800	k value
		basis (investn			(other)		preciatio		(-,	
1a	Land				230,000		49. S. S. S.			230,000.
b	Buildings			4	,549,720		1,479		3,	069,900.
	Leasehold improvements				,979,659			,117.		086,542.
4	Equipment				,474,624			,025.		459,599.
	Other				,952,029		ALL ALL BUILDING	,968,		583,061.
	Add lines 1a through 1e. (Column (d) must en		X colum						10,	429,102.
						 r - ad filld difficult 	an an an an an an Anna An Ionaichte			000) 0000

Schedule D (Form 990) 2022

232052 08-01-22

Sche	dule D (Form 990) 2022 COMMUNITY HEALTH	SYSTEMS, INC.		33-0056551	Page 3
Par	t VII Investments - Other Securities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market	value
(1) E	inancial derivatives				
	losely held equity interests				
(3) 0	ut				
<u>(A)</u>					
<u>(</u> B)					
(C					
(D)					
(E)					
<u>(F)</u>					
<u>(G</u>					
<u>(H</u>			Real and a manifestation of the second second second second second second second second second second second s	a a anna a sa anna an an an an an an an an an an an	<u>al makana sa ku</u>
	(Col. (b) must equal Form 990, Part X, col. (B) line 12.)			an an an an an an an an an an an an an a	dandar dalam
¦r ar	t VIII Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-oi-year market	value
(1)					
(2					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	t IX Other Assets.				******
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
		Description		(b) Book	value
(1)					365,712.
					319,319.
(2)					
(3)					
(4)					
(5)				-	
(6)					
(7)					
(8)					
(9)					
Total.	(Column (b) must equal Form 990, Part X, col. (B) line	<u>; 15.)</u>			685,031.
Par	078 · 1 1				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin		
1.	(a) Description of liability			(b) Book v	/alue
(1)	Federal income taxes				
(2)	RIGHT-OF-USE LIABILITIES			14,	427,740.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				1.4	427,740.
	(Column (b) must equal Form 990, Part X, col. (B) line			THE REAL PROPERTY OF THE PARTY	
	ability for uncertain tax positions. In Part XIII, provide				
or	ganization's liability for uncertain tax positions under	FASB ASC 740, Check he	are if the text of the footnote has bee	n provided in Part X	I) X

Schedule D (Form 990) 2022

232053 09-01-22

Schedule D (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.		33-0056551	- Page
Part XI Reconciliation of Revenue per Audited Financial	•	eturn.	
Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statement	ts	1	35,426,81
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
 Net unrealized gains (losses) on investments 	2a		
b Donated services and use of facilities	26		
c Recoveries of prior year grants	20	. 22323	
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		20	3,168,07
3 Subtract line 2e from line 1		3	32,258,73
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b	. , , , . , . , . ,	40	11,90
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12.)	5	32,270,64
Part XII Reconciliation of Expenses per Audited Financia	al Statements With Expenses per I	Return.	
Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	34,607,71
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	28		
b Prior year adjustments			
c Other losses	20		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	34,607,71
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b		- 78.435.	
b Other (Describe in Part XIII.)	4b 286,265.		
c Add lines 4a and 4b		4c	286,26
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part). Part:XIII Supplemental Information.	line 18.)	5	34,893,97
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov		80400 • 001 • 010 • • • • • • • • • • • • •	
ART X, LINE 2: HE ORGANIZATION HAS BEEN DESIGNATED AS TAX-EXEMPT UNDER	INTERNAI, REVENUE		
DDE SECTION 501(C)(3) AND IS ALSO EXEMPT FROM STATE FRAM	NCHISE TAXES UNDER		
SCTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION C	CODE AND IS NOT		
ENERALLY SUBJECT TO FEDERAL OR STATE INCOME TAXES, HOWEV	VER, THE		
GANIZATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME	E THAT IS DERIVED		
ROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT I	IN FURTHERANCE OF		
TE FURPOSES FOR WHICH IT WAS GRANTED EXEMPTION, NO INCOM	ME TAX PROVISION		
AS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNF	RELATED TRADE OR		
ISINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL I			
INANCIAL STATEMENTS TAKEN AS A WHOLE.			
2054 08-01-22		Schedule D (Fo	orm 990) 20

Schedule D (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.	33-0056551	Page 5
Part XIII Supplemental Information (continued)		
DEFERRED TAXES ARE PROVIDED ON A LIABILITY METHOD WHEREBY DEFERRED TAX		
ASSETS ARE RECOGNIZED FOR DEDUCTIBLE TEMPORARY DIFFERENCES AND DEFERRED		
TAX LIABILITIES ARE RECOGNIZED FOR TAXABLE TEMPORARY DIFFERENCES.		
TEMPORARY DIFFERENCES ARE THE DIFFERENCES BETWEEN THE REPORTED AMOUNTS OF		
ASSETS AND LIABILITIES AND THEIR TAX BASES. DEFERRED TAX ASSETS ARE	- 11	
REDUCED BY A VALUATION ALLOWANCE WHEN, IN THE OPINION OF MANAGEMENT, IT IS		
MORE LIKELY THAN NOT THAT SOME PORTION OF ALL OF THE DEFERRED TAX ASSETS		
WILL NOT BE REALIZED, DEFERRED TAX ASSETS AND LIABILITIES ARE ADJUSTED FOR		
THE EFFECTS OF CHANGES IN TAX LAWS AND RATES ON THE DATE OF ENACTMENT.		
THERE ARE NO DEFERRED TAX ASSETS OR LIABILITIES AS OF DECEMBER 31, 2022.		
THE ORGANIZATION WILL RECOGNIZE THE IMPACT OF TAX POSITIONS IN THE	NITTER TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	
FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING		
SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO		
DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS.		
THE ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES		
RELATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR		
ENDED DECEMBER 31, 2022, THE ORGANIZATION DID NOT RECOGNIZE ANY AMOUNT IN		
POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.		
THE FOLLOWING TABLE SUMMARIZES THE OPEN TAX YEARS FOR EACH MAJOR		
JURISDICTION:		
JURISDICTION OPEN TAX YEAR		
FEDERAL 2019 - 2022		
STATE 2018 - 2022		

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Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 COMMUNITY HEALTH SYSTEMS	, INC	33-0056551	Page 5
Part XIII Supplemental Information (continued)		· · · · · · · · · · · · · · · · · · ·	
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS	3,168,076.		
PART XI, LINE 4B ~ OTHER ADJUSTMENTS:			
OTHER INCOME	10,205.		
RENTAL INCOME			
	164.		
INTEREST INCOME			
INVESTMENT INCOME			
TOTAL TO SCHEDULE D, PART XI, LINE 4B	11,906.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
INTEREST EXPENSE	286,265,		
			· · ·
232055 09-01-22		Schedule D (Form	990) 2022

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2022.04020 COMMUNITY HEALTH SYSTEMS, 1510___1

sc	Compensation Information	ÓM	B No. 1	1545-00-	47
	For certain Officers, Directors, Trustees, Key Employees, and Highest		הכ	00	
1	Compensated Employees		<u>_</u> U	22	-
_	Complete if the organization enswered "Yes" on Form 990, Part IV, line 23. Attach to Form 990,	OF	en to	> Publ	
	Attach to Form 990. nal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information		nspe	ction	
Nar	πe of the organization	Employer identit	icati	on nui	mber
	COMMUNITY HEALTH SYSTEMS, INC.	33-00565	51		
Pa	art Questions Regarding Compensation				
		r	27 - 1 - A - A	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for perso	ξ.			
	Travel for companions	ş.			
	Tax indemnification and gross-up payments				
	Discretionary spending account	ir, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	:	192965	986-922	828 MEN
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	•••••	<u>1b</u>	/Rixinger	Geolegia Januar
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		8898) 	NATURI Menueli	ang ang ang ang ang ang ang ang ang ang
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	•••••••	2	udeildten.	-1210-041
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			onnai Veolea	
	X Compensation committee				
	Independent compensation consultant				
	Form 990 of other organizations	ommittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	i i i i i i i i i i i i i i i i i i i	6264		
_	organization or a related organization:		25002070.	netinds	X95005K
			<u>4a</u>		x
b		•••••••••••••••••••••••••••••••••••••••	4b 4c		x
c	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		46	9698922	antar da la c
	if "Yes" to any of lines 44-c, list the persons and provide the applicable amounts for each item in Part III.				
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio				
a	contingent on the revenues of:				
ä			5a	anatanana.	жжело Х
	The organization?		5b		x
Ų	If "Yes" on line 5a or 5b, describe in Part II.		under de		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
v	contingent on the net earnings of:			N.S.	
ä			6a	inellenksel	X
	Any related organization?		6b		x
4	If "Yes" on line 6a or 6b, describe in Part III.		in an		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
'	not described on lines 5 and 67 If "Yes," describe in Part III		7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			wares.	
-			8	n an	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			Vincinsias Medinaria	
-	Regulations section 53.4958-6(c)?	ľ	9	ารการการสารีสารีส	a 5 tao 10 1973).
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J	(Forn	n 990)	2022

232111 10-16-22

Schedule J (Form 990) 2022 COMMUNI'	ITY 1	COMMUNITY HEALTH SYSTEMS,	INC.		33-0056551			Page 2
Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	oldini	yees, and Highest C	ompensated Emplo	oyees. Use duplicat	le copies li additional s	pace is needed.		
For each individual whose compensation must be reported on Schedule J, Do not list any individuals that aren't listed on Form 990, Part VII.	be rel	oorted on Schedule J 390, Part VII.	report compensation	on from the organiza	report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)	1 related organizations	, described in the instr	uctions, an row (ii).
Note: The sum of columns (B)(()-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	ed inc	lividual must equal th	le total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applica	able column (D) and (E) amounts for that inch	victual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)()-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. SANJEEV PURI (FROM 8/22)	Ξ	306,858.	θ.	0	0.	2,188.	309,046	.0
CMO (FROM 8/22)	(B)	9.	0.	0.	.0	0	0	* D
(2) LORI HOLEMAN	ω	261, 382.	0.	0.	e.	31, \$98.	292,480.	0
CEO	Ξ	.0	0.	0.	0.	0.	0.	0.
<pre>{3} ANNIE NGUYEN</pre>	8	207,308.	-0	0.	0.	30 047	237,355.	0
CFO	<u>(ii)</u>	D.	0.	0,	0.	<u>6</u> ,	0.	G.
<pre>{4} DENIS VEGA TAPIA</pre>	Ξ	192,750.	0.	0,	9.	28,949.	221,690.	.
CO0	(B)	.0	-0	°0	-0	0.	°0.	0
(5) MAHDI HEMATIAN-ASHRAFIAN	(9	176,373.	•0	, 0	-0	20,028.	196,401.	0.
CMO (UNTIL 8/22)	(ii)	0.	.0	.0	.0	9.	0.	0 .
(6) DR. GEORGE SOLIMAN	(1)	295,658.	0.	0.	0.	28,009.	323,667.	.
FAMILY PRACTICE PHYSICIAN	(II)	*0	0.	0	0.	0	°0.	.0
(7) DR. CALVIN LANBERT HALL	(1)	289,000.	.0	G,	°0	27,903.	316,903.	0.
FAMILY PRACTICE PHYSICIAN	(ii)	۵.	0.	0.	0.	9.	0.	9.
(8) DR. GORAN CVIJAMOVIC	(i)	292,053,	0.	0	0.	16,475.	308,528.	0.
PHYSICIAN	(ii)	0.	0.	¢.	0.	D.	0.	0.
(9) DR. SHEILA LOHARUKA	(i)	243,379.	0.	9.	°0	13,928.	257,307.	9
INTERNAL MEDICINE PHYSICIA	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STANLEY YU	U	229,885.	0 .	.0	.0	*615 [*] 6	239,404.	0.
PEDIATRICIAN		0.	.0	¢	0.	°0	0.	-
	8							
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	(E)							

232112 13-19-22

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.	33~0056551 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	s part for any additional information.
	Schedule J (Form 990) 2022

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232143 14-18-22

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SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Name of the organization

COMMUNITY REALTH SYSTEMS, INC.

Employer identification number 33-0056551

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMPREHENSIVE HEALTH SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF FORM 990 (INCLUDING ALL PERTINENT SCHEDULES) WAS PROVIDED

TO THE ORGANIZATION'S FINANCE COMMITTEE TO REVIEW AND APPROVE BEFORE IT WAS

FILED WITH THE INTERNAL REVENUE SERVICE. A COPY WAS ALSO PROVIDED TO THE

BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C+

THE ORGANIZATION HAS A REPORTING CHAIN FOR ADMINISTRATION AND CLINICAL

POLICIES. POLICIES ARE ADDRESSED AT THE LOWEST LEVEL POSSIBLE AND ISSUES

ARE RAISED UP THROUGH THE REPORTING CHAIN AS NEEDED.

FORM 990, PART VI, SECTION B, LINE 15:

TO DETERMINE THE COMPENSATION OF THE ORGANIZATION'S CHIEF EXECUTIVE

OFFICER, THE HUMAN RESOURCES DEPARTMENT RESEARCHES COMPARABILITY DATA FOR

THE SALARY ANALYSIS, THE HUMAN RESOURCES DIRECTOR MAKES A RECOMMENDATION TO

THE BOARD OF DIRECTORS AND THE BOARD VOTES ON THAT RECOMMENDATION. THIS

PROCESS IS DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE TO THE FUBLIC UPON

REQUEST IN THE CORPORATE OFFICE IN MORENO VALLEY AND ON GUIDESTAR, ORG.

FORM 990, PART VI, SECTION C, LINE 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Name of the organization COMMUNITY HEALTH SYSTEMS, INC.	Page 2 Employer identification number 33-0056551
THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE FUBLIC UPON REQUEST FOR	
VIEWING IN THE CORPORATE OFFICE IN MORENO VALLEY. IN ADDITION, UPON	
REQUEST, THE FINANCIAL STATEMENTS ARE PROVIDED TO VARIOUS FUNDING AGENCIES	
AS REQUIRED.	
FORM 990, PART XI, LINE 2C:	
THE ORGANIZATION HAS A FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR	
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN	
INDEPENDENT ACCOUNTANT, THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
FORM 990, PART I, LINE 8:	
THE LARGE REDUCTION IN THE CONTRIBUTIONS/GRANTS BETWEEN PRIOR YEAR AND	
CURRENT YEAR IS DUE IN GREAT PART TO THE SBA PPP LOAN AMOUNT OF	
\$3,500,000 IN 2021.	
2322 12 10-28-22	Schedule O (Form 990) 2022

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