Organization Information

Legal Name

Community Health Systems, Inc.

DBA (if Applicable)

Fallbrook Family Health Center

Program Name/Title

Wellness, Health, Education, & Empowerment for Life (WHEEL) Program

Brief Program Description

CHSI is proposing to initiate the Wellness, Health, Education, & Empowerment for Life (WHEEL) Program that will provide teens with the appropriate education and tools necessary to navigate through the social, emotional, and physical challenges they face in their everyday lives relating to health, wellness, and safety.

Is this a new (pilot, recently developed) or established program?

Established Program

Program Information - Type

Ongoing

Requested Amount

30000

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.

Agency Capability

Community Health Systems, Inc. (CHSI) is a nonprofit, 501(c)(3), Federally Qualified Health Center (FQHC), operating six stand-alone community health centers, and one mobile medical unit in the tricounty areas of San Bernardino, Riverside, and North Inland San Diego. CHSI has provided uninterrupted primary and preventative health care services since 1984 and has grown from an average of 1,900 patients to more than 24,000 patients in 2022. In 2022, CHSI re-certified and maintained its Level 3 recognition as a Patient-Centered Medical Home (PCMH) organization for five (5) of its health centers. In 2019, CHSI implemented the Health Homes Program, now known as Enhanced Care Management (ECM) Program to provide long-term services and support to members experiencing chronic health conditions, severe mental illness, substance use disorder, and homelessness. CHSI's health centers provide primary and preventative medical care, women's health services, behavioral health, dental care, vision care, chiropractic care, health education services, and community outreach programs to all community residents regardless of their ability to pay. In response to the ongoing COVID-19 public health emergency, CHSI has expanded and enhanced its telehealth service delivery model at all six health centers.

CHSI's notable accomplishments within the last 5 years as it relates to the provision of the proposed



program include expanding its behavioral health services in Fallbrook by establishing a memorandum of understanding (MOU) with Fallbrook Union Elementary School District to provide behavioral health services to youth and adolescents at James E. Potter Junior High School. CHSI received support from the Fallbrook Regional Health District (FRHD) to expand to a school-based health center site in August, 2022. CHSI also successfully provided the Wellness, Health, Education, & Empowerment for Life (WHEEL) Program for teens virtually in 2022 and now plans to provide this program at the FRHD Community Health & Wellness Center.

Agency Collaborations

CHSI collaborates with Village Pharmacy, which assists CHSI's patients with medication delivery.

CHSI collaborates with Palomar Family Counseling Services (PFCS), patients are referred from PFCS to CHSI's Fallbrook Family Health Center when PFCS is unable to treat a behavioral health patient.

CHSI does not currently have any active collaborations in direct regards to the proposed teen wellness program, however, a prospective partner that CHSI is confident in establishing a partnership with is Fallbrook Food Pantry. CHSI plans to partner with Fallbrook Food Pantry by supplying participants with groceries on the days that nutritional educational workshops are held as well as referring the attendees to the food pantry.

CHSI plans to also partner with a community organization located in the Fallbrook and/or surrounding areas to co-host the planned Drug Awareness workshop for the program.

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)	0	0
Young Adults (13-17)	100	90
Adults (18-60)	0	0
Seniors (60+)	0	0
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age

NA

Gender

	Percent of program participants
Female	70
Male	30
Non-binary	
Unknown*	

***Target Population - Gender**

NA

Income Level

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

***Target Population - Income Level**

Income level may be important for factors relating to referrals to resources in the community that address a certain need in which participants may need assistance with. However, the WHEEL Program is open to all teens from all levels of income. Therefore, CHSI will not collect and/or report on information relating to income for this program.

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

Social Determinants of Health (SDOH)

Program/Services Description - Social Determinants of Health

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

Neighborhood & Built Environment (Access to Foods that Support Healthy Eating Patterns, Crime and Violence, Environmental Conditions, Quality of Housing)

Statement of Need/Problem

Adolescents aged 13 through 17 are at a pivotal time period in which they begin to assume some responsibility for their wellbeing and begin to develop habits that can affect their lifestyle. With adolescence comes exploration, which can result in negative health outcomes. Providing a wellness program designated specifically for teens in the community can serve as a protective and preventive strategy by not only addressing adolescent curiosity, but also providing the necessary education that teens need, especially for those in high-risk situations and/or low socioeconomic status. According to the 2022 Community Health Needs Assessment for San Diego County by the Hospital Association of San Diego and Imperial Counties (HASDIC), the top concerns of survey respondents for children and youth in the community were mental health, community safety, economic stability and other health concerns. These concerns for children and youth included anxiety, depression, substance use, suicide, self-harm, bullying, chronic health conditions such as obesity & asthma, and sexual behavior. Most recent data in 2020 showed the North Inland Region of San Diego County, which includes FRHD's service area, had a rate of in-patient treatment of depression for ages 10 through 19 years at 32.6 per 100,000 in comparison to 21.3 per 100,000 in the entire San Diego County according to San Diego County's Community Health Statistics Unit. In that same report, the Emergency Department discharge rate for attempted suicide in ages 10 through 19 years in the North Inland Region was 584.9 per 100,000 with a comparatively lower but still significant rate of 491.6 per 100,000 in Fallbrook. In addition, HASDIC's Community Health Needs Assessment stated that the average age of entry into sex trafficking in San Diego County is 16.1 years old.

In efforts to address the broad needs of teen wellness in the District's service area, CHSI's WHEEL



Program will include education focusing on multiple aspects of nutrition, mental/behavioral health, physical health, safety awareness, and career development. Social Determinants of Health (SDOH) such as Healthcare Access & Quality and Neighborhood Built Environment will be addressed in the WHEEL Program. In further detail, this includes access to health care and primary care, as CHSI will communicate existence of its Fallbrook Family Health Center in the community and refer teens to seek services there as necessary. In addition, teens will learn about where to find healthy foods in the community as well as have a better understanding of the importance of nutrition and choosing healthier meals. Different aspects of mental/behavioral health will be addressed such as bullying, seeking help for their mental wellbeing, self-harming, coping mechanisms, etc. Teens will improve their overall health literacy through attending weekly educational workshops over a six week curriculum, as well as be connected to available resources in the community for themselves and their families.

Statement of Need/Problem - Others

CHSI is aware that there are other organizations offering programs that address similar social determinants of health and community needs identified for its proposed program. Palomar Family Counseling Services, for example, offers services relating to behavioral health and mental health for children and youth. The North County Boys & Girls Club offers children and youth programs related to nutrition, physical activity, social skills, and mental health.

Though the local programs mentioned above address similar needs, CHSI's WHEEL Program will address these needs and additional ones in a comprehensive manner to a more specified target population. The Wheel Program will offer comprehensive educational curriculum that is for teens aged 13 to 17 to assist them with navigating multiple aspects of wellbeing relating to sexual, mental, & behavioral health, nutrition, physical activity, drug & human trafficking awareness, and career development.

Program/Services Description - Program Entry

CHSI plans to connect teens to the WHEEL Program by promoting the program on CHSI's social media platforms, as well as in CHSI's Fallbrook Family Health Center clinic. The WHEEL Program will also be promoted at Potter Junior High School and Fallbrook High School by presence of CHSI employees and with the assistance of school faculty and advertising flyers on school boards. With these combined efforts, CHSI aims to enroll 15 participants per cohort of teens for each cycle of the WHEEL Program throughout the year.

Once teens complete the full six-week cohort, they will be provided with a certificate of completion and a fifteen-dollar gift card to a local store. Teens who complete both cohorts that offer different topics will become Teen Ambassadors of the program. Teen Ambassadors will be able to act as advocates of the program and share details of what they learned with their peers in efforts to continue recruiting new teens for the cohorts to follow. Teen Ambassadors will also receive community service/volunteer hours. Feedback from teens during Q&A sessions after each educational workshop will allow program facilitators to assess the impact of the workshops. In addition, the amount of recruitment of new participants resulting directly from Teen Ambassadors and/or CHSI's promotion efforts will give a direct numerical measure of impact. Lastly, retention rates will also help determine the impact of the program.

Program/Services Description - Program Activities

The WHEEL Program will offer two different cohorts lasting 6 weeks each with educational workshops hosted by a Health Educator, Community Relations Coordinator, or Registered Nurse once per week for one hour.

Cohort 1 will include the following educational workshops:

- Week 1- Nutrition
- Week 2- Behavioral Health

Week 3- Abstinence/Family Planning

Week 4- Drug Awareness

Week 5- Human Trafficking Awareness



Week 6- Career Development

Cohort 2 will include the following educational workshops:

Week 1- Food Servings/Physical Activity

Week 2- Plan Your Pregnancy/Plan Your Future

Week 3- STI Awareness Part 1: Syphilis

Week 4- "You Are Cool" Drugs Are Not!

Week 5- STI Awareness Part 2: Gonorrhea/Chlamydia

Week 6- Teen Mental Health Awareness: Self-Harming/Coping Mechanisms

Each cohort will be conducted three times throughout the funding period, in total CHSI will host 6 cohorts, with a one month break in between cohorts. Each cohort will have 15 teen participants and educational workshops designed to educate the teens on topics that are affecting their everyday lives. The educational workshops will focus on a new topic each week. Teens will be provided with snacks at each workshop. The workshop will last for 45 minutes and end with a 15 minute Questions & Answers Session. If applicable, teens will be connected with the appropriate resources and services relating to their questions. CHSI plans to host these workshops in partnership with FRHD at the Community Health & Wellness Center. These workshops will benefit the participants by providing comprehensive health education and empowering them to take charge of their health and safety.

Nutritional workshops will focus on helping teens create well balanced meals, learn how to read nutrition labels, and find access to healthy foods in the community. CHSI plans to collaborate with the Fallbrook Food Pantry on the days of hosting the nutritional workshops by referring attendees to the food pantry and also by giving out bags of groceries to participants. Behavioral and mental health workshops will address stigma, teach teens how to have open communication with their parents about their mental wellbeing, prevent bullying, self-harming awareness, and coping mechanisms. Teens will also benefit from workshops hosted with a Registered Nurse about sexual health including STI awareness, abstinence, planning pregnancy, and planning their future. The career development workshop will benefit teens by providing guidance for a strong resume, interview skills, and leadership & professional skills. CHSI plans to have a community partner host the drug awareness workshop that will provide education on the detrimental effects drugs have on the development of their bodies as well as learn how to say no from peer pressure. With human trafficking being a pressing concern in the County of San Diego, a workshop on human trafficking awareness will be hosted for teens to learn about resources for victims of trafficking as well as groups of people that are vulnerable to become victims of trafficking. All workshop topics address different aspects of the identified community needs relating to mental health - social support, prevention & screenings, nutrition/physical activity, and health literacy.

Program Goal #1

The WHEEL Program has been established to educate adolescents on various health and wellness subjects, and to create awareness of high-risk situations and empower them with the tools necessary to prevent them.

Program Objectives - Goal #1

1. By the end of each workshop, 80% of teen participants will be able to recognize risk factors and behaviors that may negatively influence their health.

2. By June 30, 2024, at least 45 teen participants will have been referred to resources in the community that are appropriate to their needs.

3. By June 30, 2024, at least 67 teen participants will have completed at least one full cohort of the WHEEL program.

Program Outcomes/Measurables - Goal & Objectives #1

1. Program facilitators will assess the teen participants' understanding of the education provided at the



end of each workshop when the questions and answers session of the workshop is in progress. 2. Teen participants will be connected and/or referred to appropriate resources relating to their needs. This may be determined based on the questions asked in the group setting as well as by any assistance teens seek immediately following an educational workshop, or any other time throughout the 6 week period of the cohort. Referrals and connection to resources may also be made to teens in discretion if appropriate. Program facilitators will keep a log of all of the types of referrals made during or outside of workshop hours in order to aid in assessing impact of the program. CHSI aims to have an outcome of at least half, or 45, of program participants referred and/or connected to resources appropriate to their needs.

3. CHSI will use a sign-in sheet to document how many teens participate in each workshop throughout each cohort, ensuring to keep a calculated measure of impact of the program. Sign-in sheets will help program facilitators keep track of retention rate. Retention rate will be determined based on how many teens complete one full cohort from beginning to end. CHSI expects a retention rate of at least 75% of all program participants. CHSI will also keep a log of how many teen participants become Teen Ambassadors, by completing cohorts 1 &2, for the program.

Anticipated Acknowledgment

Anticipated Acknowledgment

 Social Media Postings
 Signage at Service Sites
 Print Materials to Service Recipients

 Website Display
 Vebsite Display
 Vebsite Display

Anticipated Acknowledgment

CHSI will include the Fallbrook Regional Health District's name and/or logo on all collateral materials associated with the WHEEL Program. All collateral materials will be provided and shared in English and Spanish. This includes social media postings (including Facebook, Instagram, and Constant Connect), signage at the service site, printed materials related to the WHEEL Program that are given to the teen participants, and display of the program on CHSI's website.

Terms and Conditions

Accepted

Authorized Signature

Jade Peake



Community Health Systems, Inc. 2023 Board of Directors Roster

Name of Board Member	Elective Position	Occupation	Contact Email
Jonnathan Barajas	Chairperson	Transportation	<u>barajasjonnathan@gmail.com</u>
Oscar. Ulric Jones	Treasurer	Retired (Background in Finance)	omjones322@yahoo.com
Jennifer Dobrowolsky	Secretary	Military	jldobrowolsky@gmail.com
Allison Monterrosa	Member	Professor	amont037@ucr.edu
Amir Sadeghian	Member	Legal Consultant	amirsadeghian@me.com
Draymond Crawford	Member	Retired (Background in Finance)	derdcrawford1954@gmail.com
Veronica Kennedy	Member	Blue Shield of California- Outreach Manager	Veronica.Kennedy@blueshieldca.com
Kimberly Ramos	Member	Teacher	Kjimenez737@gmail.com
Veronica Hernandez	Member	N/A	v.ahernper@me.com

9:32 AM

02/28/23 Accrual Basis

Community Health Systems, Inc. **Balance Sheet** As of December 31, 2022

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LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable 20000 · Accounts Payable 554,192.42 Total Accounts Payable 554,192.42 Other Current Liabilities 20500 · Accrued Payroll 20500 · Misc Deductions 20720 · Misc Ded - 403B 576.92	Total Other Assets	16,152,727.66
Liabilities Current Liabilities Accounts Payable 20000 · Accounts Payable Total Accounts Payable 0ther Current Liabilities 20500 · Accrued Payroll 20700 · Misc Deductions 20720 · Misc Ded - 403B 576.92	TOTAL ASSETS	36,024,116.95
Accounts Payable554,192.4220000 · Accounts Payable554,192.42Total Accounts Payable554,192.42Other Current Liabilities20500 · Accrued Payroll20500 · Accrued Payroll858,073.2820700 · Misc Deductions576.92		
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Other Current Liabilities20500 · Accrued Payroll858,073.2820700 · Misc Deductions20720 · Misc Ded - 403B576.92		
20500 · Accrued Payroll 858,073.28 20700 · Misc Deductions 20720 · Misc Ded - 403B 576.92	•	004,192.42
20720 · Misc Ded - 403B 576.92	20500 · Accrued Payroll	858,073.28
20740 · Flexible Spending Account (FSA) 2,336.58	20720 · Misc Ded - 403B	576.92
	20740 · Flexible Spending Account (FSA)	2,336.58

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Community Health Systems, Inc. **Balance Sheet**

As of December 31, 2022

	Dec 31, 22
Total 20700 · Misc Deductions	2,913.50
21130 · Credit Card Payment AP Clearing	81,166.53
21150 · Other Accrued Liabilities	305,590.23
21162 · Current Mortgage Payable-CNB	146,899.80
21170 · Current Portion of TI	20,004.00
21171 · Current Liab - Operating Lease	1,647,133.09
21185 · Current Liability-Capital Lease	29,795.52
21400 · Accrued Vacation	680,679.73
21510 · Escheat Liability	1,302.48
24000 · Payroll Liabilities	94,431.14
Total Other Current Liabilities	3,867,989.30
Total Current Liabilities	4,422,181.72
Long Term Liabilities	E 220 700 0E
21555 · Long Term Mortgage Payable-CNB	5,339,780.05 14,680,017.90
21562 · LT - Operating Lease Liability 21575 · Capital Lease Payable	14,000,017.90
21580 · Tenant Improvement Payable	141,654.99
Total Long Term Liabilities	20,173,867.74
Total Liabilities	24,596,049.46
Equity	
30500 · Fund Balance - Restricted	2,975,418.13
30600 · 2010 Rel Restrict Satisf Prgm	8,334.00
32000 · Unrestricted Net Assets	8,148,132.62
Net Income	296,182.74
Total Equity	11,428,067.49
TOTAL LIABILITIES & EQUITY	36,024,116.95

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Community Health Systems, Inc. Profit & Loss January through December 2022

	Jan - Dec 22
Ordinary Income/Expense	
Income 42000 · Grant Revenue	
42160 · First Five OHI	65,460.00
42209 · American Rescue Plan (H8H)	2,291,188.27
42210 · Federal 330 Grant Revenue	5,088,865.95
42215 · HRSA - Covid 19 Vaccine (ECV)	41,446.00
42217 · US Dep of Health & Human Servic	150,312.98
42231 · CVS Grant 42235 · FCC Covid-19 Telehealth	41,666.00 33,820.00
42255 · FCC Covid-19 Telefieatth 42260 · Title X	197,500.00
42270 · VA58 Neighborhood Partnership	5,000.00
42300 · State Grant	126,269.50
42330 · CECO Award	1,962.00
42375 · IEHP	380,000.00
42385 · UCLA Grant	5,000.00
42459 · California Health Foundation	5,000.00
42463 · Community Health Group	7,098.00
42465 · Inland Faculty Medical Group 42466 · Health Center Partners of SC	300,000.00 4,000.00
42999 · Grant Holding Revenue	4,000.00
5	
Total 42000 · Grant Revenue	8,744,588.70
45000 · Investments 45030 · Investment Income	1,535.55
Total 45000 · Investments	1,535.55
46000 · Other Types of Income	
46100 · Interest Income	164.28
46200 · Donations	57,388.87
46300 · Other Income	10,205.67
46500 · Medical records	6,413.80
46600 · Incentive	674,361.36
Total 46000 · Other Types of Income	748,533.98
48000 · Revenue 48100 · Medi-Cal Fee For Service	1 775 295 10
48150 · Medi-Cal Managed Care	4,725,385.40 15,226,750.27
48200 · Medicare	1,796,020.67
48300 · Sliding Fee Schedule	686,068.81
48400 · Private	301,785.21
48600 · Capitation	0.00
48930 · PACT	242,385.72
48940 · PE	37,728.58
48945 · ECM Program	1,058,478.59
48946 · 340B Program 48947 · CCM Program	1,597,497.94 90,887.99
48993 · PY Medi-Cal Recon Adj	76,690.00
48994 · PY Medicare Recon Adj	104,382.00
Total 48000 · Revenue	25,944,061.18
49100 · Rev Holding account 49150 · Clinic Rev Holding account	0.00 0.00
Total Income	35,438,719.41
Gross Profit	35,438,719.41
Expense	55,450,715.41
55000 · Rent	
55010 · Facility Rent	1,752,623.53
55020 · Storage	84,738.37
Total 55000 · Rent	1,837,361.90
60320 · Community Outreach 60900 · Business Expenses	49,042.51
60940 · Banking Service Fees	41,904.16

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Accrual Basis

Community Health Systems, Inc. Profit & Loss January through December 2022

	Jan - Dec 22
Total 60900 · Business Expenses	41,904.16
62100 · Contract Services	
62110 · Accounting Fees	72,910.06
62120 · Professional Services	291,803.46
62130 · 340B Service Fees	363,174.51
62140 · Legal & Professional Fees	9,339.37
62150 Outside Services	333,795.54
62160 · Security	270,393.50
62170 · Infectious Waste	18,364.06
62180 · Janitorial	411,412.89
62190 · Lab Fees	212,206.89
62195 · Pest Control	7,668.69
62200 · Recycling Services	27,552.37
62210 Uniform & Lab Coats Services	14,409.87
62220 · Equipment Maintenance	29,197.77
Total 62100 · Contract Services	2,062,228.98
62800 · Facilities & Equipment	400 540 74
62820 · Medical Equipment Purchase	103,518.74
62830 · Building Repairs & Improvements	98,448.02
62840 · Equip Rental	170,946.77
62845 · Office Equipment Purchase	58,350.87
62860 · Equipment Repair	27,483.38
Total 62800 · Facilities & Equipment	458,747.78
64000 · Computer 64100 · Computer Software	369,458.23
64110 · Computer Hardware	36,420.44
64120 · Computer Maintenance	300,964.41
Total 64000 · Computer	706,843.08
65000 · Operations	
65010 · Books, Subscriptions, Reference	986.84
65020 · Postage, Mailing Service	18,143.54
65030 · Printing & Copying	12,642.05
65040 · Utilities	352,819.41
65050 · Telephone, Telecommunications	477,018.20
Total 65000 · Operations	861,610.04
65100 · Other Types of Expenses	625 611 57
65130 · Depreciation Expense	635,611.57
65140 · Interest Expense	286,265.03
65150 · Dues, License, Renewals	137,341.38
65155 · Bad Debt	20,000.00
65165 · Cash Short & Over	-31.43
65180 · Staff Recruitment	66,514.77
65200 · Continuing Education	71,368.21
65210 · Staff Training	18,091.17
Total 65100 · Other Types of Expenses 65120 · Insurance	1,235,160.70
65121 · General Liability	83,591.08
65122 · Directors & Officers	51,646.91
65123 · Workers Comp	297,880.94
65124 · Auto	4,925.54
65125 · Property	53,679.67
Total 65120 · Insurance	491,724.14
65300 · County & Other Taxes 66000 · Payroll Expenses	40,744.92
66001 · Third Party Sick Pay	0.00
	16,990,413.17
66010 · Salaries (Clinic)	
66010 · Salaries (Clinic) 66020 · Administrative Salaries	4,904,741.81

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02/28/23 Accrual Basis

Community Health Systems, Inc. Profit & Loss January through December 2022

	Jan - Dec 22
66050 · Payroll Service Fees	65,915.15
66060 Bonus	14,300.00
Total 66000 · Payroll Expenses	26,027,819.19
67000 · Supplies 67010 · Medical / Dental Supplies 67015 · Vaccine / Injectable Supplies 67020 · Pharmacy Supplies 67025 · PPE Supplies 67040 · Office Supplies 67050 · Janitorial Supplies	461,207.71 189,686.62 315,774.91 8,752.87 121,640.74 37,079.58
Total 67000 · Supplies	1,134,142.43
68300 · Travel 68310 · Conference, Convention, Meeting 68320 · Travel 68330 · Transportation 68340 · Mileage 68350 · Lodging / Hotel 68360 · Meals	19,725.00 8,069.95 3,139.48 53,448.65 14,833.25 13,155.38
Total 68300 · Travel	112,371.71
68400 · Meetings & Corporate Events 68420 · Corporate Events 68430 · Employee Appreciation	44,503.52 38,331.61
Total 68400 · Meetings & Corporate Events	82,835.13
80400 · Allocation Of Corp	0.00
Total Expense	35,142,536.67
Net Ordinary Income	296,182.74
Net Income	296,182.74

orm 8879-TE		IRS e-file Signature Authorization for a Tax Exempt Entity	on	OMB No. 1545-0047
				0004
	For calendar year 2021	I, or fiscal year beginning, 2021, and ending	, 20	2021
epartment of the Treasury Iternal Revenue Service	L .	Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest informat	tian	
ame of filer		Go to www.irs.gov/Form88791E for the latest informat	EIN or SS	N
	ידייע עפאדיייי	H SYSTEMS, INC.		056551
		LORI HOLEMAN		000001
ame and title of officer or pe	erson subject to tax	CEO		
Part I Type of	Poturn and Pot	turn Information		
orm 5330 filers may enter r 10a below, and the am	er dollars and cents. ount on that line for	e using this Form 8879-TE and enter the applicable amount For all other forms, enter whole dollars only. If you check to the return being filed with this form was blank, then leave I I-). But, if you entered -0- on the return, then enter -0- on the	he box on line 1a, 2a line 1b, 2b, 3b, 4b, 5 l	, 3a, 4a, 5a, 6a, 7a, 8a b, 6b, 7b, 8b, 9b, or 10
Control and the control and a manual to	here ► X	h Total revenue if any (Form 990, Part VIII, column (A)	line 12)	1140.403.78
	eck here	 b Total revenue, if any (Form 990, Part VIII, column (A), b Total revenue, if any (Form 990-EZ, line 9) 	inte (2)	2b
3a Form 1120-POL		b Total tax (Form 1120-POL, line 22)		20
		b Tax based on investment income (Form 990-PF, Par		
4a Form 990-PF che				
5a Form 8868 check		b Balance due (Form 8868, line 3c)		
6a Form 990-T chec		b Total tax (Form 990-T, Part III, line 4)	•••••	. 00
7a Form 4720 check		 b Total tax (Form 4720, Part III, line 1) b FMV of assets at end of tax year (Form 5227, Item D 		
8a Form 5227 check		and the second sec))	8b
9a Form 5330 check	1. 2. (2. (2. (2. (2. (2. (2. (2. (2. (2.	b Tax due (Form 5330, Part II, line 19)	D. Deut III, Kees (00)	9b
10a Form 8038-CP ch Part II Declarat		<u>b</u> Amount of credit payment requested (Form 8038-CF ure Authorization of Officer or Person Subje		10b
		I am an officer of the above entity or L I am a person su		
ermediate service provi knowledgement of rece any refund. If applicable try to the financial institu ancial institution to debi er than 2 business days	that the amount in der, transmitter, or e ipt or reason for reje e, I authorize the U.S ution account indica to the entry to this ac s prior to the paymer	Pedules and statements, and, to the best of my knowledge Part I above is the amount shown on the copy of the elect electronic return originator (ERO) to send the return to the I faction of the transmission, (b) the reason for any delay in pr 5. Treasury and its designated Financial Agent to initiate an ited in the tax preparation software for payment of the fede cocunt. To revoke a payment, I must contact the U.S. Treasurt (settlement) date. I also authorize the financial institution pation presessory to answer inquiries and resolve issues rel	ronic return. I conser RS and to receive fro rocessing the return of a electronic funds with eral taxes owed on th sury Financial Agent is involved in the pro	nt to allow my om the IRS (a) an or refund, and (c) the hdrawal (direct debit) nis return, and the at 1-888-353-4537 no cessing of the electro
termediate service provi cknowledgement of rece f any refund. If applicable ntry to the financial institu- nancial institution to debi ter than 2 business days ayment of taxes to receive ersonal identification numersonal ident	that the amount in der, transmitter, or e ipt or reason for reje , I authorize the U.S ution account indica it the entry to this ac prior to the paymer ve confidential inform nber (PIN) as my sig	Part I above is the amount shown on the copy of the elect electronic return originator (ERO) to send the return to the I ction of the transmission, (b) the reason for any delay in pr B. Treasury and its designated Financial Agent to initiate an ited in the tax preparation software for payment of the fed ccount. To revoke a payment, I must contact the U.S. Treas	ronic return. I conser IRS and to receive fro rocessing the return in electronic funds with eral taxes owed on the sury Financial Agent has involved in the pro lated to the payment	nt to allow my om the IRS (a) an or refund, and (c) the hdrawal (direct debit) nis return, and the at 1-888-353-4537 no cessing of the electro . I have selected a
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TAXABLE 1 202		lifornia e-file empt Organ	e Return Auth izations	orizat	ion f	or				FORM 8453-EO
Exempt Organi	zation name								Identif	ying number
COMMUN	NITY HEAL	TH SYSTEMS,	INC.						33-	-0056551
Part I E	lectronic Return	Information (whole of	dollars only)							
-	pross receipts (Fo									40,403,786
	gross income (For	, ,								40,403,786 31,302,127
3 Total e	expenses and dis	bursements (Form 19	9, line 9)			•••••			3	3
Part II S	ettle Your Acco	unt Electronically for	Taxable Year 2021							
4 🗌 E	lectronic funds w	ithdrawal 4a Am	nount		4b Wit	hdrawal	date (mn	n/dd/y	/yy)	
Part III B	anking Informat	ion (Have you verified	the exempt organization'	s banking	informati	on?)				
5 Routing	number					r			-	-
6 Accour	it number			7 T	ype of ac	count: l	Che	ecking		Savings
-	eclaration of Of									
l authorize th on line 4a.	e exempt organizati	on's account to be settle	ed as designated in Part II. If I	check Part	II, box 4, I	authorize	an electro	onic fun	ds wi	thdrawal for the amount listed
transmitter, o California ele a balance due organization statements b	or intermediate serv ctronic return. To the return, I understar will remain liable fou e transmitted to the uthorize the FTB to	ice provider and the amo the best of my knowledge ad that if the Franchise Ta r the fee liability and all a FTB by the ERO, transm	f the above exempt organizat sunts in Part I above agree with and belief, the exempt organ ax Board (FTB) does not rece pplicable interest and penaltic itter, or intermediate service provide meticate service provide	th the amou ization's ret ive full and es. I authori provider. If	ints on the urn is true, timely payi ze the exer the proces n(s) for the	correspon , correct, a ment of the npt organi sing of the	nding line nd comp e exempt zation ret	s of the lete. If the organiz	exem he exe ation' acco	pt organization's 2021 empt organization is filing s fee liability, the exempt mpanying schedules and
Here	Signature of officer		Date	Title						
I declare that am only an in accurately ref provided the 1345, 2021 H the exempt or I declare that	I have reviewed the termediate service lects the data on th organization officer landbook for Authoi ganization return is I have examined the	above exempt organizat provider, I understand th e return.) I have obtainec with a copy of all forms rized e-file Providers. I w filed, whichever is later, e above exempt organiza	at I am not responsible for re d the organization officer's sig and information that I will file ill keep form FTB 8453-EO or	ies on form viewing the gnature on f with the FT n file for fou ble to the F ing schedul	exempt or orm FTB 8 B, and I ha Ir years fro TB upon re les and sta	ganization 453-E0 be we followe m the due quest. If I	s return. fore tran d all othe date of tl am also t	. I decla smitting r requir he retur he paid	re, ho i this i emen n or f prepa	ts described in FTB Pub. our years from the date ırer, under penalties of perjury,
ERC		Nor.	+	Date	1	Check if also paid	I	Check if self-		ERO'S PTIN
ERO sign	since Since	ERLEWAK H	P			preparer	X	employe		P00748170
if co	I's name (or yours	SINGERLEW							Firm's	FEIN 95-2302617
	address	2050 MAIN		FLOOF	Ł					00614
		IRVINE, C.								ode 92614
			the above organization's retu is declaration based on all inf					ements	, and	to the best of my knowledge
Paid	Paid preparer's				Date		Check	_		Paid preparer's PTIN
Preparer	signature						employe	d		
Must	Firm's name (or your if self-employed)	s							Firm's	FEIN
Sign	and address									
	-								ZIP co	ode
										FTB 8453-EO 2021

129021 12-29-21

_	qqn	
Form	330	

EXTENDED TO NOVEMBER 15, 2022

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.



Department of the Treasury Internal Revenue Service

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AF	or th	e 2021 calendar year, or tax year beginning and o	ending		
B C a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre chang Name chang	COMMUNITY HEALTH SYSTEMS, INC.		33-00565	F 1
	_]chang ⊐Initial				
	Initial returr Final returr	21801 ALESSANDRO BLVD	Room/suite	E Telephone number 951-571-	
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	40,403,786.
	Amer	ded MODENO VALLEY CA 02552 9551		H(a) Is this a group re	eturn
	Appli tion			for subordinates	
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
<u>і</u> т	- av.ev	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	-	list. See instructions
		te: ► WWW.CHSICA.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other			State of legal domicile: CA
	irt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO IN	MPROVI	E AND STRENG	THEN THE
Activities & Governance	'	HEALTH OF OUR DIVERSE COMMUNITIES BY PROV	VIDIN	G COMPASSION	ATE AND
srna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			10
G	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
ŝ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			405
∕iti	6	Total number of volunteers (estimate if necessary)			10
ctiv	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		9,002,113.	17,507,114.
ňu	9	Program service revenue (Part VIII, line 2g)		15,433,896.	22,669,171.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		107.	373.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		73,253.	227,128.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,509,369.	40,403,786.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		17,209,021.	22,878,369.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,012,513.	8,423,758.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,221,534.	31,302,127.
	19	Revenue less expenses. Subtract line 18 from line 12		287,835.	9,101,659.
Or CeS	-			eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		17,086,239.	24,146,972.
Ass 1 Ba		Total liabilities (Part X, line 26)		11,887,940.	9,847,014.
Net -unc		Net assets or fund balances. Subtract line 21 from line 20		5,198,299.	14,299,958.
_		Signature Block	·····	-,,	,,
		alties of periury. I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the best of my	v 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 LORI HOLEMAN, CEO Type or print name and title		[Date	
Paid	Print/Type preparer's name LIOR TEMKIN	Preparer's signature LIOR TEMKIN	Date 08/11/		PTIN P00748170
Preparer	Firm's name SINGERLEWAK LLP	•	F	Firm's EIN ▶ 95	-2302617
Use Only	Firm's address 2050 MAIN STREET IRVINE, CA 92614		F	Phone no. 949 –	261-8600
May the II	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No
132001 12-0	D9-21 LHA For Paperwork Reduction Act Note	ce, see the separate instructions.			Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) 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	L
1	Briefly describe the organization's mission: TO IMPROVE AND STRENGTHEN THE HEALTH OF OUR DIVERSE OF PROVIDING COMPASSIONATE AND COMPREHENSIVE HEALTH SERV	
	PROVIDING COMPASSIONATE AND COMPREHENSIVE HEALTH SERV	ICES.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi If "Yes," describe these changes on Schedule O.	ices?Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
4a	revenue, if any, for each program service reported. (code:) (Expenses \$ 23,890,077 • including grants of \$) ((Revenue \$ 22,896,299.)
	COMMUNITY HEALTH SYSTEMS PROVIDED 108,247 MEDICAL, DE MENTAL HEALTH, AND OTHER PRIMARY CARE SERVICES, INCLU	ENTAL, VISION,
	VISITS, TO INDIVIDUALS IN THE TRI-COUNTY AREA OF SOUT	
	•	TY OF THOSE
	PATIENTS WERE LOW-INCOME AND UNDERINSURED WITH LIMITE	
	PAYMENT.	
4b	(Code:) (Expenses \$ including grants of \$) ((Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) ((Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 23,890,077.	
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13200	2 12-09-21 2	
270	811 701224 1510 2021.04012 COMMUNITY HEALTH	SYSTEMS, I 15101

Form 990 (2021)		COMMU	JNITY	HE
Part IV	Check	list of	Required	Schedu	lles

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "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			v
_	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	_		x
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		
6	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,	0		
'	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? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	Schedule D, Part III	8		x
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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	Х	
b	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? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
•	Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11d 11e	Х	- 23
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	10		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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		1	<u> </u>
.0	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? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 1? If "Yes," complete Schedule I, Parts I and II	21		Х
132003	12-09-21	Form	990	(2021)

Form **990** (2021)

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Form	990	(2021)

	t IV Checklist of Required Schedules (continued)		24	т
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	-
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	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		_
	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	05-		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_
b	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			
		25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		-
	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		
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	Х	_
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		
24	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30		-
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		-
52	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		-
	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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_
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 R, Part VI	37		_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	_
1 01	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	-
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	J , , , , , , , , , , , , , , , , , , ,			
	(gambling) winnings to prize winners?	1c	Х	

Form 990	
Part V	Sta

 O21)
 COMMUNITY HEALTH SYSTEMS, INC.

 Statements Regarding Other IRS Filings and Tax Compliance(continued)

					Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		405			
	filed for the calendar year ending with or within the year covered by this return		405	-	x	
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			2b		
				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					- V
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
	If "Yes," did the organization include with every solicitation an express statement that such contribu		•			
	were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).	rvione r	provided to the payor?	70		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			10		
	to file Form 8282?			7c		x
	If "Yes," indicate the number of Forms 8282 filed during the year			10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
)	Sponsoring organizations maintaining donor advised funds.					
а	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? \dots			9b		
	Section 501(c)(7) organizations. Enter:		I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
	Section 501(c)(12) organizations. Enter:		I			
	Gross income from members or shareholders	11a		-		
	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
	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	2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		IZa		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	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.					
	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	13b				
	Enter the amount of reserves on hand	13c				
	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 Schedu	ıle O		14b		
b						
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
5				15		X
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year?			15		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment			15 16		
5 6	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	nt inco				
5 6 7	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	nt inco any	me?	16		x
5 6 7	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	nt inco any	me?			

Form 990 (2021)	Form	990	(2021)
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X

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.

	Check if Schedule O contains a response or note to any line in this Part VI					
Sect	tion A. Governing Body and Management					_
				-	Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	0		l
	If there are material differences in voting rights among members of the governing body, or if the governing					I
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					I
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	0		I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with	any other			I
	officer, director, trustee, or key employee?		-	2		Ι
3	Did the organization delegate control over management duties customarily performed by or under					1
	of officers, directors, trustees, or key employees to a management company or other person?		-	3		
4	Did the organization make any significant changes to its governing documents since the prior Form					1
5	Did the organization become aware during the year of a significant diversion of the organization's a			·		1
6	Did the organization have members or stockholders?			·		1
	Did the organization have members, stockholders, or other persons who had the power to elect or					t
1 d				70		
	more members of the governing body?			. 7a		╉
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			. 7b		$\frac{1}{2}$
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	-	-		37	l
а	The governing body?			. 8a	X	4
b	Each committee with authority to act on behalf of the governing body?			. 8b	Х	4
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	e Code.)			_
					Yes	_
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody befo	re filing the form?	11a	Х]
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					1
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	I
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					1
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?				Х	1
.e 14	Did the organization have a written document retention and destruction policy?				Х	t
15	Did the process for determining compensation of the following persons include a review and appro					t
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		dependent			I
_				45-	х	ł
	The organization's CEO, Executive Director, or top management official				A X	┦
b	Other officers or key employees of the organization			. 15b	Δ	┨
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					I
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement w	hth a			l
	taxable entity during the year?			16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatio	n's			
	exempt status with respect to such arrangements?			. 16b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA					
8	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) avail	12
	for public inspection. Indicate how you made these available. Check all that apply.	in on Or	hadula O			
	Own website Another's website X Upon request X Other (expla					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict	ot interest policy,	and fina	ncial	
	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 b	ooks ar	d records 🕨			_
	ANNIE NGUYEN - 951-571-2300					_
	21801 ALESSANDRO BLVD, MORENO VALLEY, CA 92553					_
32006	§ 12-09-21			Form	990	(
-	6	_				
70	811 701224 1510 2021.04012 COMMUNITY HEAD	LTH S	SYSTEMS, I	I 151	L0	_

Dort VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
Fait VII	compensation of oncers, Directors, Trustees, Key Employees, Tignest compensated
	Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		l	IIIZa			прсі	1541			(=)
(A)	(B))				(D)	(E)	(F)
Name and title	Average	(do	not cl	POS heck	ition more	than o	one	Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week			uuu				. from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	st con yee	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) MAHDI HEMATIAN-ASHRAFIAN	40.00	-	-	0	×	Ξē	ш.			
СМО	0.50			х				230,346.	0.	28,209.
(2) LORI HOLEMAN	40.00									
CEO	0.50			х				210,272.	0.	29,209.
(3) ANNIE NGUYEN	40.00									
CFO	0.50			Х				186,426.	0.	28,209.
(4) DENIS VEGA TAPIA	40.00									
COO				Х				179,456.	Ο.	38,839.
(5) DR. GEORGE SOLIMAN	40.00									
FAMILY PRACTICE PHYSICIAN						Х		293,796.	0.	26,922.
(6) DR. CALVIN LAMBERT HALL	40.00									
FAMILY PRACTICE PHYSICIAN						Х		285,962.	0.	27,822.
(7) DR. SANJEEV PURI	40.00									
PHYSICIAN						Х		279,682.	0.	1,728.
(8) DR. GORAN CVIJANOVIC	40.00									
PHYSICIAN						Х		277,838.	0.	16,199.
(9) DR. SHEILA LOHARUKA	40.00									
INTERNAL MEDICINE PHYSICIAN						Х		232,306.	0.	13,359.
(10) RODRIGO DOMINGUEZ-BELTRAN	1.50									
CHAIR		Х		Х				0.	0.	0.
(11) JONNATHAN BARAJAS	1.00									_
VICE CHAIR		Х		Х				0.	0.	0.
(12) OSCAR ULRIC JONES	1.00									
TREASURER		Х		Х				0.	0.	0.
(13) VERONICA KENNEDY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(14) DENEEN CULBERSON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(15) DRAYMOND CRAWFORD	0.75									
BOARD MEMBER		Х						0.	0.	0.
(16) ALLISON MONTERROSA	0.50									-
BOARD MEMBER		Х						0.	0.	0.
(17) VERNICA HERNANDEZ	0.50								_	-
BOARD MEMBER		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

7

132007 12-09-21

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Form 990 (2021)

	orm 990 (2021) COMMUNITY HEALTH SYSTEMS, INC. 33-0056551 Page 8													
Par			ploy	ees,			ghe	st C	1	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not cl , unles	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatior from related	ו	Esti amo	(F) imated ount c other	
		(list any hours for related organizations below line)		Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		orga	m the nizatio relate	e on ed
(18)	JENNIFER DOBROWOLSKY	0.50												
	D MEMBER		Х						0.		0.			0.
	KIMBERLY JIMENEZ D MEMBER	0.50	x						0.		0.			0.
												010		
с	Subtotal Total from continuation sheets to Part VI	I, Section A							2,176,084. 0. 2,176,084.		0.0.0.	• 0.		
2 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization							no re),000 of reportable	-	210	,43	90.
												`	Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual							· · · · · ·			3		x
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	x	
	rendered to the organization? If "Yes," com tion B. Independent Contractors	•							•			5		X
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation fro	om	
	(A) Name and business			ONE		VICII			(B) Description of s		C	(C) ompens		ı
								-						
								+						
2	Total number of independent contractors (i \$100,000 of compensation from the organia	•	ot li	mite	d to	tho (se lis)	sted	d above) who received n	nore than				
	,	· •										Form 9	90 (2	2021)

132008 12-09-21

			Check if Schedule O contains a respo	nse	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
s, G			Fundraising events 1c						
Sift ar J			Related organizations 1d						
s, C				9,	085,348.				
rsi			All other contributions, gifts, grants, and						
but				8,	421,766.				
i Otri		a	Noncash contributions included in lines 1a-1f		3,317.				
Cor		•	Total. Add lines 1a-1f			17,507,114.			
					Business Code	, , , -			
e	2	а	PATIENT SERVICE REVEN	U	621990	22,669,171.	22,669,171.		
Program Service Revenue	2	b		_		, ,	,		
Ser		c		_					
vel vel		d		_					
Be		e		_					
Pro		-	All other program service revenue	_					
						22,669,171.			
	-		Total. Add lines 2a-2f			22,000,171.			
	3		Investment income (including dividends, in			373.			373.
			other similar amounts)			575.			575.
	4		Income from investment of tax-exempt bo		F				
	5		Royalties		(ii) Personal				
					(II) Personal				
	6		Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
	_		Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securiti	es	(ii) Other				
			assets other than inventory 7a						
đ		b	Less: cost or other basis						
nu			and sales expenses 7b						
Other Revenue			Gain or (loss) 7c						
r B			Net gain or (loss)		····· 🕨				
the	8	а	Gross income from fundraising events (not						
0			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
				8b					
			Net income or (loss) from fundraising even	ts	🕨				
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
			Less: direct expenses	9b					
		С	Net income or (loss) from gaming activities		🕨				
	10	а	Gross sales of inventory, less returns						
				10a					
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inventor	у	🕨				
s					Business Code	007 100			
Miscellaneous Revenue	11	а	OTHER INCOME		621990	227,128.	227,128.		
lan		b			ļļ				
Sev		С			ļļ				
Mis			All other revenue			000 400			
_		е	Total. Add lines 11a-11d		►	227,128.			
	12		Total revenue. See instructions		🕨	40,403,786.	22,896,299.	0.	373.
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Form 990 (2021) COMMUNI

33-0056551

Page **9**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respor	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	930,966.	258,555.	672,411.	
6	Compensation not included above to disqualified	-			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	18,236,127.	15,078,074.	3,158,053.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		1,555,455.	647,580.	
0	Payroll taxes	1,508,241.	1,211,588.	296,653.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal	444,110.		444,110.	
С	Accounting	59,346.		59,346.	
d	Lobbying				
е	°				
f	Investment management fees				
g		1 500 000	1 005 640	204 046	
	column (A), amount, list line 11g expenses on Sch 0.)	1,599,888.	1,275,642.	324,246.	
12	Advertising and promotion	1 057 (14		400 000	
3	Office expenses	1,057,614.	627,691.	429,923.	
4	Information technology	444,875.	17,933.	426,942.	
5	Royalties	2,171,366.	1,686,483.	484,883.	
6	Occupancy	71,431.	26,928.	44,503.	
7	Travel	/1,491•	20,920.	44,505.	
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials	54,550.	9,880.	44,670.	
9	Conferences, conventions, and meetings	261,787.	261,787.	11,070.	
0 1	Interest Payments to affiliates	201,101.	201,101.		
2	Depreciation, depletion, and amortization	661,877.	494,010.	167,867.	
3		419,360.	300,134.	119,226.	
.0	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 0.)				
а	MEDICAL CUDDITEC	1,007,339.	998,442.	8,897.	
b	DUES AND SUBSCRIPTIONS	146,449.	63,709.	82,740.	
с	REPAIRS AND MAINTENANCE	23,766.	23,766.		
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	31,302,127.	23,890,077.	7,412,050.	C
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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2021.04012 COMMUNITY HEALTH SYSTEMS, I 1510___1

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8 Inventories for sale or use 8 432,484. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 18,650,120. basis. Complete Part VI of Schedule D 10a 8,121,319. 9,852,902. 10,528,801. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 126,861. 15 15 17,086,239. 24,146,972. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 2,321,268. 3,909,235. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 9,566,672. 5,865,773. 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0. of Schedule D 25 11,887,940. 9,847,014. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🛛 and complete lines 27, 28, 32, and 33. 3,722,144. 8,148,130. Net assets without donor restrictions 27 27 1,476,155. 6,151,828. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨

COMMUNITY HEALTH SYSTEMS, INC. Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

Notes and loans receivable, net

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disgualified persons (as defined

(B)

End of year

4,137,361.

6,657,295.

2,379,110.

324,693.

119,712.

72,006.

14,299,958.

24,146,972.

Form **990** (2021)

(A)

Beginning of year

3,855,017.

1,897,554.

921,421.

1

2

3

4

5

6

7

29

30

31

32

33

5,198,299.

17,086,239.

1 2

3

4

6

7

Assets

-iabilities

Net Assets or Fund Balances

29

30 31

32

33

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

Form	990 (2021) COMMUNITY HEALTH SYSTEMS, INC.	33-	00565	51	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,					
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,					
3	Revenue less expenses. Subtract line 2 from line 1	3				59.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	198	3,2	99.		
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	14,	299	9,9	58.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				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							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	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							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-						
	Act and OMB Circular A-133?			3a	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				.,			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X			
			F	orm	990 (2021)		

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB No. 1545-0047
1	2021
	Open to Public Inspection
Employer	identification number

		COMM	IUNITY HEA	LTH SYSTEMS,	INC.			3	3-0056551					
Pa	rt I	Reason for Public	Charity Status	. (All organizations must	complete t	his part.) Se	e instruction	S.						
The	orgar	ization is not a private found	dation because it is	: (For lines 1 through 12,	check only	one box.)								
1	Ц	A church, convention of ch	urches, or associa	tion of churches describe	ed in sectio	on 170(b)(1)	(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii)	. (Attach Schedule E (For	m 990).)									
3	Щ	A hospital or a cooperative	hospital service o	rganization described in s	ection 170)(b)(1)(A)(iii).							
4		A medical research organiz	zation operated in o	conjunction with a hospita	al describe	d in section	170(b)(1)(A)	(iii). Enter	the hospital's name,					
_		city, and state:												
5		An organization operated for		college or university owne	ed or opera	ted by a go	vernmental u	nit descrit	bed in					
~		section 170(b)(1)(A)(iv). (C					,							
6	X	A federal, state, or local go							aublic descuibed in					
7	21	An organization that norma		stantial part of its support	from a gov	emmentart		ie general	public described in					
8		section 170(b)(1)(A)(vi). (C		h)(1)(A)(vi) (Complete Pa	et II)									
9	H	 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 												
3														
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:												
10		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.)												
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
12		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 or	rganizations descri	bed in section 509(a)(1)	or section	509(a)(2) . S	ee section 5	09(a)(3). 🤇	Check the box on					
		lines 12a through 12d that	describes the type	e of supporting organization	on and con	nplete lines	12e, 12f, and	l 12g.						
а		Type I. A supporting orga	anization operated	, supervised, or controlled	by its sup	ported orga	anization(s), t	ypically by	' giving					
		the supported organization			a majority	of the direc	tors or truste	es of the s	supporting					
		organization. You must o	-											
b		Type II. A supporting org					-		-					
		control or management o		-	same perso	ons that cor	ntrol or mana	ge the sup	ported					
		organization(s). You mus	-		l in connoc	tion with a	nd functional	ly intograt	od with					
С		Type III functionally inter its supported organization		ns). You must complete				iy integrati	eu with,					
d		Type III non-functionally						ted organi	zation(s)					
ŭ		that is not functionally int						-						
		-		omplete Part IV, Section	•	-								
е		Check this box if the orga	,	•				II, Type III						
		functionally integrated, or												
f	Ente	er the number of supported o	organizations											
g		vide the following information				ninetien lieted								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		inization listed ing document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)					
		organization		above (see instructions))	Yes	No		3110010113)						
Tota	al													

Schedule A (Form 990) 2021

COMMUNITY HEALTH SYSTEMS, INC.

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.)

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	6,472,625.	6,701,325.	6,828,716.	9,002,113.	17,507,114.	46,511,893.					
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	6,472,625.	6,701,325.	6,828,716.	9,002,113.	17,507,114.	46,511,893.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)											
6	Public support. Subtract line 5 from line 4.						46,511,893.					
See	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
7	Amounts from line 4	6,472,625.	6,701,325.	6,828,716.	9,002,113.	17,507,114.	46,511,893.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources \dots	34,616.	32,323.	4,819.	107.	373.	72,238.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on \dots											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)	598,526.	16,894.	39,464.	73,253.	227,128.	955,265.					
11	Total support. Add lines 7 through 10						47,539,396.					
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 89	,091,549.					
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third, t	fourth, or fifth tax y	year as a section 5	501(c)(3)						
_	organization, check this box and stop						>					
	ction C. Computation of Publ						07 04					
	Public support percentage for 2021 (I					14	97.84 %					
15	Public support percentage from 2020					15	96.91 %					
1 6a	33 1/3% support test - 2021. If the c	•				•						
	stop here. The organization qualifies											
b	33 1/3% support test - 2020. If the c											
47	and stop here. The organization qual											
17a	10% -facts-and-circumstances tes	•										
	and if the organization meets the fact				•	0						
	meets the facts-and-circumstances te	-		• • • •								
b	10% -facts-and-circumstances tes	•				-	IU% Or					
	more, and if the organization meets the				• •							
10	organization meets the facts-and-circle		•									
10	Private foundation. If the organizatio	n diu not check a		a, 100, 178, 01 170	, UTECK THIS DOX 8		S Form 990) 2021					
						Schedule A	1 JIII 330 ZUZ I					

Part 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.)

	ction A. Public Support	(-) 0017	(1-) 0010	(-) 0010	(-1) 0000	(-) 000	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (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						
3	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						
	Total. Add lines 1 through 5			ļ	<u> </u>		
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			1	1		
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	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						
2	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.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) or	ganization,
	check this box and stop here	-			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), (divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Invest						
	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
130							
h	more than 33 1/3%, check this box as 33 1/3% support tests - 2020. If the						1/3% and
U.							
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n diu not check a	box on line 14, 18	a, ur i su, check t	This DUX and See In		
320	23 01-04-22			15		Sche	edule A (Form 990) 2021
	811 701224 1510	201	01 01010		HEALTH ST	VOMENC	T 1510 1
- / (10TT 10TZZ4 TOTO	Z02	6 I • V I V I Z	COMMUNITI	HEVDIU D	TOTUTO	, <u> </u>

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing 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(c)(2)(B) purposes.
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable 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 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? 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 benefit 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)? If "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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Schedule A (Form 990) 2021

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Schedule A	A (Form 990) 2021	COMMUNITY		SYSTEMS,	INC.	33-00	5655	1 Pa	age 5
Part IV	Supporting Organiz	ations _{(continued}	0						
		·					-	Yes	No
11 Hast	Has the organization accepted a gift or contribution from any of the following persons?								
a A per	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and								
11c k	pelow, the governing body o	of a supported organi	zation?				11a		
b A fan	b A family member of a person described on line 11a above?						11b		
c A 359	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide								
detai	il in Part VI.						11c		
• • •		A 1 11							

Section B. Type I Supporting Organizations

			Yes
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	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		

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. Section C. Type II Supporting Organizations

Sec	bection of Type in Supporting Organizations					
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				
Section 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		162	NU
	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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			
	supported organizations played in this regard	2		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization us	sed to satisfy	/ the Integral Part	Test during the ve	eafsee instructions).

- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

c		The organization supported a	governmental entity	. Describe in Part VI how	you supported a governmen	tal entity (see instructions).
---	--	------------------------------	---------------------	---------------------------	---------------------------	--------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 that these activities constituted substantially all of its activities.
- 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 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.

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3b Schedule A (Form 990) 2021

2a

2b

3a

2

Yes No

Yes

No

No

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 Schedule A (Form 990) 2021
 COMMUNITY HEALTH SYSTEMS, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 COMMUNITY HEALTH SYSTEMS, INC.

Part V Type III Non-Functionally integrated 509(a)(5) 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 in:				
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	on 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		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 line 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		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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-function	ally intograte	d Type III supporting or	anization (soo

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	6	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10:

OTHER INCOME INCLUDES: INSURANCE REFUND, TAX REFUND, AND PRIOR PAID

INVOICE CANCELLATION BY VENDOR.

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	COMMUNITY HEALTH SYSTEMS, INC.	33-0056551
Organization type (ch	eck 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.

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

X 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 cruelty 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., 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.

Name of organization

Employer identification number

COMMUNITY HEALTH SYSTEMS, INC.

33-0056551

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HRSA 5600 FISHERS LN ROCKVILLE, MD 20852	\$5,324,554.	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	SBA - PPP LOAN FORGIVENESS 409 3RD ST. SW WASHINGTON, DC 20416	\$3,500,000.	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 - H8H 5600 FISHERS LN ROCKVILLE, MA 20852	\$1,444,009.	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
4	INLAND FACULTY MEDICAL GROUP 1860 COLORADO BLVD LOS ANGELES, CA 90041	\$600,000.	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
5	IEHP 10801 SIXTH ST RANCHO CUCAMONGA, CA 91730	\$453,467.	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
123452 11-1		\$	Person Payroll Occupient Payroll Occupient Part II for noncash contributions.)
	22		

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Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(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. 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. 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
		 \$	
123453 11-11			Schedule B (Form 990) (2021

COMMUNITY HEALTH SYSTEMS, INC.

Name of organization

Page 3

Employer identification number

33-0056551

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Schedule	B (Form 990) (2021)		Page					
Name of o	organization		Employer identification number					
COMMU	NITY HEALTH SYSTEMS, IN	IC.	33-0056551					
Part III		tions to organizations described in) through (e) and the following line e charitable, etc., contributions of \$1,000 o	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of g						
	Transferee's name, address, a	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					
		(e) Transfer of g	jift					
	Transferee's name, address, a	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 gift						
	Transferee's name, address, a		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					
	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4	er of gift Relationship of transferor to transferee					
123454 11-1	1-21	2.4	Schedule B (Form 990) (202					

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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 9	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

Name of the organization

	COMMUNITY HEALTH SYSTEMS, INC.	33-0056551
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nde
Ŭ	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
0	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
Pa		
		, me 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		orically important land area
		tified historic structure
•	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
-	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	ion easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
-	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t	hat describes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Acceto
Fai		Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
та	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 202 ⁻
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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued) 3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): Puble exhibition Check and that apply: Check and the organization societions and explain how they further the organization's description of the organization societions and explain how they further the organization's exempt purpose in Part XIII. Provide accinction of the organization societions and explain how they further the organization's description of the organization accelection? Yes No Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990. Part IV, line 9, or reported an amount on Form 990. Part XII. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Term Term			TY HEALTH								Page 2			
collection terms (check all that apply): a b <th></th> <th colspan="13"></th>														
a Public exhibition d L Can or exchange program b Scholarly research e Other	3		ion, and other record	ds, check ar	y of the	following that	at make si	ignificant i	use of its					
b Scholary research e Other	_													
c			c											
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical reasures, or other similar assets to be sold to raise funds rather than to be mantained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Amount defining balance de			e		er									
5 During the year, did the organization solicit or receive donations of art, historical trassures, or other similar assats to be ook to raise funds rather than to be maintained as part of the organization's collaction? Yes No Part IV Escrow and Cutsodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 1 Is the organization angement. Instee, cutsodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1 c Beginning balance 1d 1d 1d d Additions during the year 1d 1d 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII No b If Yes,' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Intervent back (o) Four year back in the organization answerd' Yes' on Form 990, Part X, line 21. a Beginning of year balance (a) Current year (b) Prior year ic (c) Two years back in d) fore years back in the possession of the organizat		-	- U		6 1 1		1							
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d Id d Additions during the year 1d Id Id f Ending balance 1f Id Id In d If the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No No b If "res" caplin the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. In the part part part part part part part part									se in Par	t XIII.				
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Second	5			-		-								
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, low set of the set o	Da													
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance 1d Amount 1d d Additions during the year 1d 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Pert V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XI, line 10. Vers Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Bodining of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Bodining of year balance (b) Prior year (b) Prior year (c) Two years back (e) Four years back 1a Arent in setimative	Fai			ete il the orç	janizatio	in answered	res on	Form 990	, Part IV,	line 9, or				
on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1e 1 Image: the part of the part of the part of the part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the part of the part of the part of the part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the part of the organizations in the possession of the organization that are held and administered for the organization by: Image: the organization part of the organization is the organization that are held and administered for the organization by: i) Understand and the part of the organizations is the organization that are held and administered for the organization by: Image: the organization is th	10			diam (far aan	tribution	a ar athar as	acto pot	included						
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b Contributions	10	Reginning of year balance		(,	J e a.	(0)		 ,		(0) · · · · · ·				
c Net investment earnings, gains, and losses														
d Grants or scholarships														
e Other expenditures for facilities and programs														
and programs														
f Administrative expenses	e													
g End of year balance	f													
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) Unrelated organizations (ii) Unrelated organizations (iii) Related organizations (iii) Related organizations 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (other) depreciation 230,000. 1a Land 230,000. 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) basis (investment) 230,000. 230,000. 230,000. basis (other) 4,549,720. 1,366,474. 3,183,246. c														
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% c Term endowment ▶% c Term endowment ▶% a Are there endowment Iunds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations					olump (r)) hold as:								
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(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 230,000. 230,000. b Buildings 4,549,720. 1,366,474. 3,183,246. c Leasehold improvements 9,663,357. 3,676,600. 5,986,757. d Equipment 2,364,772. 1,862,585. 502,187. e Other 1,842,271. 1,215,660. 626,611.		-												
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 230,000 230,000 230,000 b Buildings 4,549,720 1,366,474 3,183,246 c Leasehold improvements 9,663,357 3,676,600 5,986,757 d Equipment 2,364,772 1,862,585 502,187 e Other 1,842,271 1,215,660 626,611														
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basis (investment) basis (other) depreciation 1a Land 230,000. 230,000. b Buildings 4,549,720. 1,366,474. 3,183,246. c Leasehold improvements 9,663,357. 3,676,600. 5,986,757. d Equipment 2,364,772. 1,862,585. 502,187. e Other 1,842,271. 1,215,660. 626,611.						i			d	(d) Book	value			
1a Land 230,000. 230,000. b Buildings 4,549,720. 1,366,474. 3,183,246. c Leasehold improvements 9,663,357. 3,676,600. 5,986,757. d Equipment 2,364,772. 1,862,585. 502,187. e Other 1,842,271. 1,215,660. 626,611.		becomption of property	. ,		. ,		• • •			(a) Book	Value			
b Buildings 4,549,720. 1,366,474. 3,183,246. c Leasehold improvements 9,663,357. 3,676,600. 5,986,757. d Equipment 2,364,772. 1,862,585. 502,187. e Other 1,842,271. 1,215,660. 626,611.	1a	land	· · ·	,		、 ,				230	,000.			
c Leasehold improvements 9,663,357.3,676,600.5,986,757. d Equipment 2,364,772.1,862,585.502,187. e Other 1,842,271.1,215,660.626,611.							1.3	366.47	74.					
d Equipment 2,364,772. 1,862,585. 502,187. e Other 1,842,271. 1,215,660. 626,611.	c	Leasehold improvements												
e Other 1,842,271. 1,215,660. 626,611.					-	-				-	-			
					-	-								
				X, column (-								

Schedule D (Form 990) 2021

132052 10-28-21

	EALTH SYSTEMS	S, INC.	33-0056551 _{Page} 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000 Part IV line	11b Soo Form 000 Dart V	(line 12
(a) Description of security or category (including name of security)	(b) Book value		on: Cost or end-of-year market value
(1) Financial derivatives	(1) 20011 10100		
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part 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)	Beeenpater		
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			· ·
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990,	Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITIES			72,006.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		▶ 72,006.
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footno	te has been provided in Part XIII 🗴

Sche	dule D (Form 990) 2021 COMMUNITY HEALTH SYSTEMS,	INC.	33-0056551 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State		er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		_
b	Prior year adjustments		_
С	Other losses		_
d	Other (Describe in Part XIII.)		_
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)	4b	_
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		5
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN DESIGNATED AS TAX-EXEMPT UNDER INTERNAL REVENUE
CODE SECTION 501(C)(3) AND IS ALSO EXEMPT FROM STATE FRANCHISE TAXES UNDER
SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS NOT
GENERALLY SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE
ORGANIZATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED
FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF
THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION
HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR
BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE BASIC
FINANCIAL STATEMENTS TAKEN AS A WHOLE.

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132054 10-28-21

33-0056551 Page 5 COMMUNITY HEALTH SYSTEMS, INC. Schedule D (Form 990) 2021 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 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, 2021.

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 PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED DECEMBER 31, 2021, 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

2018 - 2021 FEDERAL

STATE 2017 - 2021

Schedule D (Form 990) 2021

132055 10-28-21

SC	SCHEDULE J Compensation Information												
(Fo	rm 990)		-	ey Employees, and Highest		20	21						
-			Compensated Emple	oyees		20		l I					
Dena	tment of the Treasury	Complete il the organ	Attach to Form 9	' on Form 990, Part IV, line 23. 90.		Open to							
Intern	al Revenue Service	Go to www.irs.gov		ns and the latest information.		Inspection							
Nam	Name of the organization Employer ident												
	COMMUNITY HEALTH SYSTEMS, INC. 33-005												
Ра	Part I Questions Regarding Compensation												
	.						Yes	No					
1a				to or for a person listed on Form	n 990,								
	Part VII, Section A, line 1a. C												
	First-class or charter tra	avel	<u> </u>	allowance or residence for perso									
	Travel for companions Payments for business use of personal residence												
	Tax indemnification and gross-up payments Health or social club dues or initiation fees												
	Discretionary spending account Personal services (such as maid, chauffeur, chef)												
h	If any of the boxes on line 1s	a are checked, did the ora	anization follow a writter	policy regarding payment or									
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain												
 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 													
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?													
			lootor, rogarang tro ton			2							
3	Indicate which, if any, of the	following the organization	used to establish the co	ompensation of the organization'	s								
	· · · · · · · · · · · · · · · · · · ·			hods used by a related organizat									
	establish compensation of th			, 0									
	X Compensation committee												
	Independent compensation consultant												
	Form 990 of other organ	nizations	X Approval	by the board or compensation of	ommittee								
4	During the year, did any pers	son listed on Form 990, Pa	art VII, Section A, line 1a	, with respect to the filing									
	organization or a related orga	anization:						x					
а	a Receive a severance payment or change-of-control payment?												
b													
С	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.												
	If "Yes" to any of lines 4a-c,	list the persons and provid	de the applicable amoun	ts for each item in Part III.									
-	Only section 501(c)(3), 501(
5			ie ra, uiu trie organizatio	n pay or accrue any compensati									
а	contingent on the revenues					5a		x					
								X					
U	If "Yes" on line 5a or 5b, des					00							
6			e 1a. did the organizatio	n pay or accrue any compensati	on								
J	contingent on the net earnin												
а						6a		х					
								X					
	If "Yes" on line 6a or 6b, des												
7			e 1a, did the organizatio	n provide any nonfixed payment	S								
						7		Х					
8				o a contract that was subject to t									
				Yes," describe in Part III		8		Х					
9	If "Yes" on line 8, did the org	ganization also follow the r	ebuttable presumption p	procedure described in									
						9							
LHA	For Paperwork Reduction	Act Notice, see the Instr	ructions for Form 990.		Schedule	e J (Forr	n 990)	2021					

132111 11-02-21

					-			
		(B) Breakdown of W-2	'-2 and/or 1099-MIS compensation	and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MAHDI HEMATIAN-ASHRAFIAN	Ξ	230,346.	• 0	.0	.0	28,209.	258,555.	•0
CMO	: ::	•0	.0	.0	.0	•0	•0	•0
(2) LORI HOLEMAN)	210,272	.0	•0	.0	29,209.	239,481.	•0
CEO	(ii)	•0	.0	•0	.0		.0	0.
(3) ANNIE NGUYEN	Ξ	186,426.	.0	•0	•0	28,209.	214,635.	0.
CFO	(ii)		• 0	•0	• 0		• 0	.0
(4) DENIS VEGA TAPIA	Ξ	179,45	.0		.0	38,839.	218,29	
COO	(II)		•0		•0	•0		
(5) DR. GEORGE SOLIMAN	Ξ	293,796.	.0	•0	.0	26,922.	320,718.	•0
FAMILY PRACTICE PHYSICIAN	(ii)		.0	•0	.0	.0		.0
(6) DR. CALVIN LAMBERT HALL	Ξ	285,96	.0	•0	.0	27,822.	313,784.	0.
FAMILY PRACTICE PHYSICIAN	(ii)	•0	.0	•0	.0	.0	0.	•0
(7) DR. SANJEEV PURI	Ξ	279,68	.0	•0	.0	1,728.	281,410.	0.
PHYSICIAN	(ii)		• 0	.0	• 0			.0
(8) DR. GORAN CVIJANOVIC	(i)	277,83	.0	.0	• 0	16,199.	294,037.	• 0
PHYSICIAN	(ii)		.0	.0	0.			.0
(9) DR. SHEILA LOHARUKA	(i)	232,30	• 0	.0	• 0	13,359.	245,665.	•0
INTERNAL MEDICINE PHYSICIAN	(ii)	•0	•0	•0	•0	.0	•0	.0
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
132112 11-02-21				31			Sched	Schedule J (Form 990) 2021

Page 2

 Schedule J (Form 990) 2021
 COMMUNITY HEALTH SYSTEMS, INC.
 33-0056551

 Part II
 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

33 - 0056551

Page 3										n 990) 2021
33-0056551	lso complete this part for any additional information									Schedule J (Form 990) 2021
Schedule J (Form 990) 2021 COMMUNITY HEALTH SYSTEMS, INC.	Part III Suppremental Information 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.									

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132113 11-02-21

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

33-0056551

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

COMMUNITY HEALTH SYSTEMS, INC.

Pa	τι	Types of Property						
			(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of determ noncash contribution	•	S
				items contributed	Form 990, Part VIII, line 1g			
1	Art -	Works of art						
2		Historical treasures						
3	Art -	Fractional interests						
4	Book	s and publications						
5	Cloth	ning and household goods						
6	Cars	and other vehicles						
7	Boat	s and planes						
8	Intell	ectual property						
9	Secu	rities - Publicly traded						
10	Secu	rities - Closely held stock						
11	Secu	irities - Partnership, LLC, or						
	trust	interests						
12	Secu	irities - Miscellaneous						
13	Qual	ified conservation contribution -						
	Histo	ric structures						
14	Qual	fied conservation contribution - Other						
15	Real	estate - Residential						
16	Real	estate - Commercial						
17		estate - Other						
18	Colle	ctibles						
19		l inventory						
20		s and medical supplies	X	2	3,317.	FMV		
21	Taxio	dermy						
22		rical artifacts						
23		ntific specimens						
24		eological artifacts						
25		r 🕨 ()						
26	Othe	r 🕨 (
27	Othe	r 🕨 (
28	Othe	r 🕨 (
29	Num	ber of Forms 8283 received by the organ	ization durin	g the tax year for c	contributions			
	for w	hich the organization completed Form 82	283, Part V, I	Donee Acknowledg	jement 29			_
							Yes	No
30a	Durir	ng the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throug	gh 28, that it		
	must	hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be u	ised for		
	exem	npt purposes for the entire holding period	?			30a		X

b If "Yes," describe the arrangement in Part II.
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
32a Does the organization him or use third partice or related organizations to call of a collection of any nonstandard contributions?

 32a
 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 32a

 b
 If "Yes," describe in Part II.
 33

 33
 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
 1

describe in Part II.

15270811 701224 1510

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

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Х

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33-0056551 Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part II

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	34
270811 701224 1510	2021.04012 COMMUNITY HEALTH SYSTEMS I 1510 1

15270811 701224 1510

2021.04012 COMMUNITY HEALTH SYSTEMS, T T T T T O T SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

INC.

Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number 33-0056551

OMB No 1545-0047

Open to Public

Inspection

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

COMMUNITY HEALTH SYSTEMS,

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 PUBLIC 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.
 Schedule O (Form 990) 2021

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 15270811 701224 1510
 2021.04012 COMMUNITY HEALTH SYSTEMS, I 1510_1

Schedule O (Form 990) 2021	Page 2
Name of the organization COMMUNITY HEALTH SYSTEMS, INC.	Employer identification number 33-0056551
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 ADD	ITION, 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 RES	PONSIBILTY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SE	LECTION OF AN
INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FRO	M PRIOR YEAR.

132212 11-11-21

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Comp	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	tions and Unrelated Pal wered "Yes" on Form 990, Part IV, I ► Attach to Form 990. m990 for instructions and the lates	tnerships ne 33, 34, 35b, 3 t information.	3, or 37.		OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization	COMMUNITY HEALTH	TH SYSTEMS, INC.				Employer identi 33-0056	Employer identification number 33-0056551
Part I Identification of Di	isregarded Entities. Comple	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	on Form 990, Part IV, line 33				
(a) Name, address, and EIN (if applicable) of disregarded entity) d EIN (if applicable) ded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	ne End-of-year assets		(f) Direct controlling entity
JLJ CONSOLIDATED, LLC 22675 ALESSANDRO BLVD MORENO VALLEY, CA 92553		RENTAL BUILDING EXCLUSIVELY TO COMMUNITY HEALTH SYSTEMS, INC.	CALIFORNIA			COMMUNITY HEALTH 0.SYSTEMS, INC.	THEALTH
Part II Identification of Re	Identification of Related Tax-Exempt Organizations. Complete if	ations. Complete if the organization an	the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	Part IV, line 34, t	ecause it had one o	r more related tax-e	xempt
organizations during the tax year.	g tne tax year.						
(a) Name, address, and EIN of related organization) ss, and EIN rganization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	t Notice, see the Instruction	ns for Form 990.				Schedule F	Schedule R (Form 990) 2021

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Schedule R (Form 990) 2021 COMMU	COMMUNITY HEALTH	SYS H	SYSTEMS, INC.						33-0(33-0056551	Page 2
Part III Identification of Related Organizations Taxable as a Partnershi organizations treated as a partnership during the tax year.	anizations Taxable :nership during the t	as a Partn ax year.	ership. Complete if	the organiza	ation answered "	Yes" on Form 9	90, Part IV, lin	e 34, becau	ip. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	nore relati	pe
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or F managing e partner? 5) Yes No	(k) r Percentage ownership
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	anizations Taxable ooration or trust duri	as a Corpc ng the tax _{>}	oration or Trust. Co /ear.	omplete if the	e organization an	iswered "Yes" o	n Form 990, I	⊃art IV, line (34, because it ha	d one or n	nore related
(a) Name, address, and EIN of related organization	7	Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, C corp, an trust)		(f) Share of total income	(g) Share of F end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
132162 11-17-21				38					Sched	ule R (For	Schedule R (Form 990) 2021

INC.	
SYSTEMS,	
HEALTH	
COMMUNITY	
Schedule R (Form 990) 2021	

33-0056551 Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No	9
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listec	l in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1 a		
b Gift, grant, or capital contribution to related organization(s)				1b		
c Gift, grant, or capital contribution from related organization(s)				10		
				1d		
				1e		
f Dividends from related organization(s)				ŧ		
g Sale of assets to related organization(s)				1 g		
Purchase of assets from related organization(s)				ŧ		
i Exchange of assets with related organization(s)				÷		
				1j		
k Lease of facilities, equipment, or other assets from related organization(s)				ŧ		
I Performance of services or membership or fundraising solicitations for related organization(s)				Ŧ		
m Performance of services or membership or fundraising solicitations by related organization(s)				1 T		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n L		
 Sharing of paid employees with related organization(s) 				10		
Daimh urcamant naid ta ralatad araanisation(a) far avnancee				ţ		
p remundersement paid to related organization(s) for expenses				2 2	+	
r Other transfer of cash or property to related organization(s)				4		
s Other transfer of cash or property from related organization(s)				1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
132163 11-17-21	96 8		Schedule R (Form 990) 2021	R (Form	990) 2(81

Page 4		evenue)	(k) Percentage ownership					Schedule & (Form 990) 2021
551		OSS 1	(j) General or managing partner?					(Form
-0056551		or gr	Ger 20 ma -1 pa	-				2 2 2 2
33-00		y total assets	(form 1065) (j) (k) (k) Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) ves No					Sched.
		easured b	Dispropor- tionate allocations?					
	37.	it of its activities (m	(g) Share of end-of-year assets					
	ון 10%, Part IV, line	e than five percen	(f) Share of total income					
INC.	es" on Forr	cted mor	(e) Are all 501(c)(3) orgs.?	2				
	the organization answered "Yes" on Form 990, Part IV, line 37	the organization condu estment partnerships.	(c) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
SYSTEMS, II		nip through which t sion for certain inve	(c) Legal domicile (state or foreign country)					
COMMUNITY HEALTH SYS	as a Partnership. Complet	ntity taxed as a partnersh tructions regarding exclu	(b) Primary activity					
Schedule R (Form 990) 2021 COMMUN	Part VI Unrelated Organizations Taxable as a Partnership. Complete if	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity					

132164 11-17-21

40

Part VII	Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

132165 11-17-21

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAXABLE YE 2021	AR California e-file Exempt Organiz		rization fo	or	FORM 8453-EO
Exempt Organiza	ion name				Identifying number
COMMUN	TY HEALTH SYSTEMS, I	INC.			33-0056551
Part I Ele	ctronic Return Information (whole dollar	ars only)			
•					1 40,403,786
3 Total ex	penses and disbursements (Form 199, li	ne 9)			33331,302,127
Part II Se	ttle Your Account Electronically for Ta	xable Year 2021			
	ctronic funds withdrawal 4a Amou			hdrawal date (mm/dd	⁽ уууу)
	nking Information (Have you verified the	e exempt organization's l	banking informati	on?)	
5 Routing					
6 Account			7 Type of ac	count: Checkir	g Savings
	claration of Officer				
l authorize the on line 4a.	exempt organization's account to be settled as	s designated in Part II. If I cr	ieck Part II, box 4, I	authorize an electronic f	unds withdrawal for the amount listed
transmitter, or California elect a balance due organization w statements be	s of perjury, I declare that I am an officer of the intermediate service provider and the amount ronic return. To the best of my knowledge and eturn, I understand that if the Franchise Tax E III remain liable for the fee liability and all appli transmitted to the FTB by the ERO, transmitten norize the FTB to disclose to the ERO or inte	s in Part I above agree with I belief, the exempt organiza loard (FTB) does not receive cable interest and penalties. , or intermediate service pro	the amounts on the tion's return is true full and timely pay I authorize the exer wider. If the proces	corresponding lines of t , correct, and complete. I ment of the exempt orga npt organization return a ssing of the exempt orga	ne exempt organization's 2021 f the exempt organization is filing nization's fee liability, the exempt nd accompanying schedules and
Sign			CEO		
Here	Signature of officer	Date	Title		
I declare that I am only an int accurately refli- provided the o 1345, 2021 Ha the exempt org I declare that I	claration of Electronic Return Originat have reviewed the above exempt organization rmediate service provider, I understand that I cts the data on the return.) I have obtained th ganization officer with a copy of all forms and ndbook for Authorized e-file Providers. I will k anization return is filed, whichever is later, an have examined the above exempt organization nd complete. I make this declaration based on	's return and that the entries am not responsible for revie e organization officer's signa information that I will file w eep form FTB 8453-EO on fi d I will make a copy available y's return and accompanying	on form FTB 8453 ewing the exempt o ature on form FTB 8 ith the FTB, and I ha le for four years fro to the FTB upon re schedules and sta ave knowledge.	rganization's return. I de 453-EO before transmitt ave followed all other req om the due date of the ref equest. If I am also the pa tements, and to the best	clare, however, that form FTB 8453-EO ing this return to the FTB; I have uirements described in FTB Pub. urn or four years from the date uid preparer, under penalties of perjury, of my knowledge and belief, they are
ERO signa			Date	Check if Check if Self	
	SINGERLEWAR			preparer X empl	
if sel	s name (or yours employed)	STREET, 7TH F			Firm's FEIN 95-2302617
Sign and	ddress V 2050 MAIN S IRVINE, CA	JIKEEI, /IN P	LOOK		ZIP code 92614
	s of perjury, I declare that I have examined the				
, ,	, , , ,			5	
Paid Preparer	Paid preparer's signature		Date	Check if self- employed	Paid preparer's PTIN
Must	Firm's name (or yours		I		Firm's FEIN
Sign	if self-employed) and address				
					ZIP code
					FTB 8453-EO 2021

TAXABLE YEARCalifornia Exempt Organization2021Annual Information Return

199

Calendar Yea	2021 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyy	/y)			
Corporation/Org			fornia corp	oration nu	umber	
COMMUN	ITY HEALTH SYSTEMS, INC.		1246	380		
	nation. See instructions.	FE				
			33-0	0565	551	
Street address (suite or room)	I	PMB no.			
21801	ALESSANDRO BLVD					
City		State	ZIP code			
MORENO	VALLEY	CA	9255	3-85	551	
Foreign country			Foreign p			
5 ,			5 1			
A First retu	n Yes X No I Did the organization have	o any chan	L	auidalin	100	
B Amended						
	● Yes X No not reported to the FTB? on 4947(a)(1) trust Yes No J If exempt under R&TC S	Action 227	ntd bast	the oras	anization	NU NU
	rmation return?					
	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exem					
	(mm/dd/yyyy) • If "Yes," enter the gross r					L NO
	counting method: (1) cash (2) X Accrual (3) Other L Is the organization a limit	-				
	esturn filed? (1) \bullet 990T (2) \bullet 900F (3) \bullet sch H (990) M Did the organization file I					NU NU
	Other 990 series Some (3) Constrained in the organization method is a set of the organization method in the organization method is a set of the organization method is a					
	roup filing? See instructions $\$ Yes \mathbf{X} No N Is the organization under	r audit by t	na IRS or	hae the		NU NU
	panization in a group exemption Yes X No IRS audited in a prior yea					
	<i>t</i> hat is the parent's name? 0 Is federal Form 1023/103					
11 163, 1	Date filed with IRS					NU NU
Part I (omplete Part I unless not required to file this form. See General Information B and C.					
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1	22,896,67	12 00
	 2 Gross dues and assessments from members and affiliates 			2		
		стмт	1	3	17,507,11	00
		DIMI	÷ •	3	17,507,11	- = 00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B			4	40,403,78	1600
and				4	40,405,70	000
Revenues	5 Cost of goods sold 5 6 Cost or other basis, and sales expenses of assets sold 6		00			
				7		
	7 Total costs. Add line 5 and line 6			7	40,403,78	00
	8 Total gross income. Subtract line 7 from line 4			0 9	31,302,12	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18				9,101,65	
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	9,101,03	_
	11 Total payments			11		00
	12 Use tax. See General Information K			12		00
Filing Fee	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			13		00
Filing 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	nents, and to	the best o	16 T my knov	wledge and belief,	00
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pr	eparer has a	ny knowled			
Here	Signature	Date			Telephone	
	Signature of officer ► CEO	_			PTIN	
		Check				
_	Preparer's LIOR TEMKIN 08/11/2	Z self-en	nployed		P00748170 • Firm's FEIN	
Paid	Firm's name (or yours, STNCERT.EWAK T.T.P			I		
Preparer's					95-2302617 • Telephone	
Use Only	and address TRUTNE CA 92514			I		10
	IRVINE, CA 92614		77		949-261-860	10
	May the FTB discuss this return with the preparer shown above? See instructions		• [<u>X</u>	Yes	No	

L

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.

128951 01-19-22

							SEE	PART	II	SUBSTIT	JTE	ATTACHMENT		
		1	Gross sales or receipts from al	l busine	ss activities. See ir	nstructions				•	1		00	
			Interest								2		00	
			Dividends								3		00	
Recei	pts		Gross rents										00	
from			Gross royalties								5		00	
Other			Gross amount received from s								6		00	
Sourc	es	7	0.1								7		00	
		8	Total gross sales or receipts fr								8		00	
		9	Contributions, gifts, grants, an	d similaı	r amounts paid					•	9		00	
			Disbursements to or for memb								10		00	
			Compensation of officers, dire								11	0		
			Other salaries and wages								12		00	
Exper	ises		Interest								13		00	
and			Taxes								14		00	
Disbu	rse-		Rents								15		00	
ments	s		Depreciation and depletion (Se								16		00	
			Other expenses and disburser								17		00	
			Total expenses and disbursem								18		00	
Sch	edul					ng of taxab						able year	100	
Asset	S				(a)		(b)			(c)		(d)		
1 C	ash											•		
2 N	let acc	ounts	s receivable									•		
3 Net notes receivable											•			
4 Inventories											•			
	5 Federal and state government obligations											•		
6 Ir	6 Investments in other bonds											•		
			in stock									•		
			ans									•		
			ments									•		
10 a	Depr	eciab	le assets											
b	Less	accu	mulated depreciation	()			()			
												•		
												•		
			et worth											
14 A	ccoun	its pa	yable									•		
15 C	ontrib	ution	s, gifts, or grants payable									•		
			iotes payable									•		
			ayable									•		
			es											
			or principal fund									•		
			tal surplus. Attach reconciliation									•		
			nings or income fund									•		
			ties and net worth											
Sch					oks with income	per return								
			Do not complete this sch	edule if	the amount on Scl	hedule L, lin	e 13, colur	mn (d), is le	ess thai	ו \$50,000.				
			per books		•		7 Inco	me recorde	d on b	ooks this year				
2 F	ederal	incor	me tax		•		not ii	ncluded in t	this ret	urn. Attach schedu	ıle	•		
3 E	xcess	of ca	pital losses over capital gains		•		8 Dedu	ictions in th	nis retu	rn not charged				
4 Ir	ncome	not r	recorded on books this year.				agair	nst book ind	come tl	nis year.				
A	ttach s	sched	dule		•							•		
			corded on books this year not							ne 8				
d	educte	ed in t	this return. Attach schedule		•		1	ncome per						
			ne 1 through line 5				Subt	ract line 9 f	rom lin	e 6				

022

3652214

L

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
HRSA	5600 FISHERS LN ROCKVILLE, MD 20852	12/31/21	5,324,554.	
SBA - PPP LOAN FORGIVENESS	409 3RD ST. SW WASHINGTON, DC 20416	12/31/21	3,500,000.	
HRSA - H8H	5600 FISHERS LN ROCKVILLE, MA 20852	12/31/21	1,444,009.	
INLAND FACULTY MEDICAL GROUP	1860 COLORADO BLVD LOS ANGELES, CA 90041	12/31/21	600,000.	
IEHP	10801 SIXTH ST RANCHO CUCAMONGA, CA 91730	12/31/21	453,467.	
TOTAL INCLUDED ON LINE 3			11,322,030.	

11,322,030.

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	S 1 Failure to s organizatio minimum tax	NUAL REGISTRATION RENEX TO ATTORNEY GENERAL OF ections 12586 and 12587, California 11 Cal. Code Regs. sections 301-306 ubmit this report annually no later than four months on's accounting period may result in the loss of tax < of \$800, plus interest, and/or fines or filing penalti 23703; Government Code section 12586.1. IRS ex	F CALIFC Governme 309, 311, and fifteen day exemption and es. Revenue &	PRNIA ent Code and 312 ys after the end of the the assessment of a Taxation Code section	DEPARTMENT (For Registry Use Only)	OF JU PAG	ISTICE
COMMUNITY HEALT				ange of address nended report			
21801 ALESSANDRO			State Ch	arity Registration Nur	mber ct_056526		
	CA 925	53-8551	Corporat	ion or Organization N	_{lo.} 1246380		
City or Town, State, and ZIP Code 951-571-2300 Telephone Number	E-mail Addres	YEN@CHSICA.ORG		Employer ID No. 33			
ANNUAL RE	GISTRATION	RENEWAL FEE SCHEDULE (11 Cal Make Check Payable to Depart			, 311, and 312)		
Total Revenue Less than \$50,000 Between \$50,000 and \$100,00 Between \$100,001 and \$250,000		Total Revenue Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 million			001 and \$100 million 0,001 and \$500 millior) million		
PART A - ACTIVITIES							
Tabl		g period (beginning $01/01/20$ 786 Noncash Contributions\$ 23,890,077		ding <u>12/31/2</u> 3,317 Total Asse penses \$ 31		6,9	72
PART B - STATEMENTS REG		GANIZATION DURING THE PERIOD	OF THIS R	EPORT			
		f you answer "yes" to any of the que ils for each "yes" response. Please r				Yes	No
°		e any contracts, loans, leases or other eof, either directly or with an entity in v			U U		x
2. During this reporting peric or funds?	od, was there	any theft, embezzlement, diversion or	misuse of t	he organization's cha	ritable property		x
3. During this reporting perio	od, were any c	organization funds used to pay any pe	nalty, fine o	r judgment?			x
4. During this reporting period commercial coventurer us		ervices of a commercial fundraiser, fur	ndraising co	ounsel for charitable p	ourposes, or		x
5. During this reporting peric	od, did the org	ganization receive any governmental fu	Inding?	SEE ST	ATEMENT 2	x	
6. During this reporting perio	d, did the org	ganization hold a raffle for charitable p	urposes?				x
7. Does the organization cor	nduct a vehicl	e donation program?					x
ũ	•	endent audit and prepare audited finar es for this reporting period?	ncial statem	ents in accordance v	vith	x	
9. At the end of this reportin	g period, did	the organization hold restricted net as	sets, while	reporting negative un	restricted net assets?		x
		ive examined this report, including a d complete, and I am authorized to s		ing documents, and	to the best of my kno	owled	
		RI HOLEMAN		CEO			
Signature of Authorized Agent	Pri	inted Name	I	ïtle	Date		

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



1)

FRHD CHC GRANT BUDGET FORM Community Health Systems, Agency PROGRAM NAME: Teen WHEEL Program Name Inc Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized. APPLYING REQUESTED FROM INDIRECT EXPENSES: PROGRAM COST OTHER FUNDERS Α ORGANIZATION FRHD A1 Administrative Support A2 General Insurance (not program specific A3 ccounting & audit expenses A4 onsultant/Contractor Fees hysical Assets (Rent, Facility Costs) A5 600 00 400.00 200.00 A6 300.00 150.00 150.00 122.00 122.00 Α7 T & Internet dvertising 700.00 700.00 A8 A9 337.00 37.00 300.00 ffice Supplies 500.00 500.00 A10 Fraining & Education 119.00 119.00 A11 ther Janitorial Sun 2,678.00 828.00 1,850.00 TOTAL INDIRECT EXPENSE -PERSONNEL EXPENSES - PROGRAM APPLYING REQUESTED FROM В PROGRAM COST OTHER FUNDERS SPECIFIC ORGANIZATION FRHD B1 lurse Practitioner 20,850.00 20,850.00 ledical Assitant I 5,616.00 5,616.00 B2 В3 Medical Assitant II 7,176.00 7,176.00 9,000.00 9,000.00 R4 Registered Nurse Patient Services Representative 5,928.00 5,928.00 Β5 ommunity Relation Coordinato 6,242.00 B6 6,242.00 B7 ommunity Health Educato 6.000.00 6,000.00 B8 Payroll Expenses (WC, taxes) 5,086.00 3,288.00 1,798.00 10,954.00 4,510.00 6,444.00 B9 76,852.00 49,302.00 27,550.00 TOTAL PERSONNEL EXPENSE APPLYING REQUESTED FROM С DIRECT PROGRAM EXPENSES PROGRAM COST OTHER FUNDERS ORGANIZATION FRHD C1 al & Vaccine Si 1,761.00 1,761.00 443.00 443.00 C2 ab Fee 600.00 600.00 C3 Aeeting Supplies C4 C5 C6 C7 C8 C9

2) FUNDING SOURCES

TOTAL OTHER EXPENSES

TOTAL ALL EXPENSES

C10 C11 C12 C13 C14 C15

D

Е	FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION	Х	52,334.00
E2	OTHER FUNDERS	Y	-
E3	REQUESTED FROM FRHD	Z	30,000.00

\$

TOTAL FUNDING SOURCES 82,334.00 NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST. \$ 3) % OF AGENCY BUDGET

2,804.00

82,334.00

2,204.00

X % REQUESTED

FROM FRHD

36%

γ

F	CALCULATE % of Total <u>Agency</u>	\$ 35,438,719.41	\$ 82,334.00	0%
	budget that this Program represents.	AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

w

PROGRAM COST

** Agency budget is your agency's entire budget for the year. Fill in the amount.

600.00

z

Fallbrook Regional

Agency Name:Community Health Systems, Inc.Program Name:Teen WHEEL Program

INSTRUCTIONS:

List other grant funders that have been approached by your organization for this program in the past year, do not include FRHD. Include Name, Date, Amount Requested, Awarded, Declined or Pending.

Funder Name	Date Submitted	Amount Requested	Status
Health Resources and Services Administration			
(HRSA)	8/11/2022	\$4,200,651.00	Awarded



Agency Name:	Community Health Systems, Inc.				
Program Name:	Teen WHEEL Program				
Total Organization Budget (Current Fiscal Year)		\$	35,438,719.41		
Total Project Budget (Cur	rrent Fiscal Year)	\$	82,334.00		

Leave cells blank if they are not applicable to your organization - do not mark with NA.

Organization Sources of Revenue

Sources of Funding

(Total Organization Budget)

(This Project Request)

			One-time				One-time
		Percent	funding?			Percent of	funding?
Source of funds	\$ Amount	of Total	(Yes/No)		\$ Amount	Total	(Yes/No)
Federal	\$ 11,103,533.81	31%	No				
State	\$ 17,127,150.65	48%	No				
City/County*	\$ 693,060.00	2%	Yes				
Other Govt.	\$ -	0%					
Proposed FRHD	\$ 52,334.00	0%	Yes	\$	30,000.00	36%	Yes
Fees for Service	\$ 4,725,385.40	13%	No				
Grants (non-gov't)	\$ 51,666.00	0%	Yes				
General Donations	\$ 57,388.57	0%	No				
Organizational							
Fundraising	\$ -	0%					
Other (list):		0%					
Investments, Incentives	\$ 692,680.66	2%	No				
Sliding Fee	\$ 686,068.81	2%	No				
Private Insurance	\$ 301,785.21	1%	No				
Total	\$35,491,053.11	100%			\$30,000.00	36%	

* City/County

If the organization currently receives funding from any Cities or Counties, please list the jurisdiction and contract amount below.

City/county funding includes reimbursements from various regional health plans and/or provider networks, for example, Inland Empire Health Plan (IEHP), Community Health Group (CHG), and Inland Faculty Medical Group (IFMG).



Agency Name:

Community Health Systems, Inc.

Program Name:

Teen WHEEL Program

INSTRUCTIONS:

1. List items from your PROJECT BUDGET FORM (Sections A and B) that you are seeking FRHD support, and that requires explanation.

2. Your narrative should explain why this expense is necessary to the project and why or how FRHD funding would make an impact.

A. INDIRECT EXPENSES: Please indicate by the Line Number and Item Name

#	Name	Narrative:
A5	Physical Assets	Operational cost for facility use.
A6	Utilities	Operational cost for facility use.
A8	Advertising	Costs for marketing and promotion of the program including social media postings, signage, and printed flyers at service sites.
A9	Office Supplies	Supplies used in the normal course of an office, including but not limited to paper, pens, paper clips, etc.
A10	Training & Education	Training for program-involved staff to conduct the educational workshops and learn best practices for educating teens.

B. PERSONNEL EXPENSES - PROGRAM SPECIFIC

Narrative:

Name

#

B4	Registered Nurse	Responsible for conducting and facilitating educational workshops in the program for health related topics such as STI awareness Part 1 and Part 2.
B6	Community Relation Coordinator	Responsible in assisting the Community Health Educator in conducting and facilitating the educational workshops.
В7	Community Health Educator	Responsible for conducting and facilitating all educational workshops for the entire program period.
B8	Payroll Expenses (WC,taxes)	Costs for payroll taxes on the above listed staff.
B9	Benefits	Costs for fringe benefits on the above listed staff.

C. DIRECT PROGRAM EXPENSES

#	Name	Narrative:
C3	Meeting Supplies	Supplies provided during the educational workshops for teens such as printed brochures of local resources and educational materials relating to the corresponding workshops.

Fallbrook Regional HEALTH

FRHD CHC GRANT BUDGET REPORTING FORM

Community Health Systems,

PROGRAM NAME: Teen WHEEL Program

Agency Name: Inc The main categories align with the budget submitted with your application. Aggregate totals are all that should be reported under each heading.

ſ	_			REQUESTED	AMOUNT	AMOUNT	AMOUNT	AMOUNT
1)	Α	INDIRECT EXPENSES:	PROGRAM COST	FROM FRHD	USED Q1	USED Q2	USED Q3	USED Q4
-		TOTAL INDIRECT EXPENSE	\$2,678.00	\$1,850.00				
	В	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL PERSONNEL EXPENSE	\$76,852.00	\$27,550.00				
ĺ	С	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
-		TOTAL OTHER EXPENSES	\$2,804.00	\$600.00				

D	TOTALS	PROGRAM COST	FRHD Funds Awarded	Total Amount Q1	Total Amount Q2	Total Amount Q3	Total Amount Q4
		\$82,334.00	30,000.00	\$0.00	\$0.00	\$0.00	\$0.00

Total funds expended to date: \$0.00