## FY 2022.2023 Fallbrook Regional Health District Community Health Contract Grant Application

Organization Information Legal Name

**Community Health Systems, Inc.** 

Year Founded - use date of incorporation 1984

# Program Name/Title Women's Health & Wellness Prog

## **Brief Program Description**

CHSI's proposed program will increase community members' accessibility and utilization of healthcare and community resources by executing three components: 2) Health Education; 2) Access to Health Care; 3) Community Referrals. Ultimately, participants will reconnect to a trusted health center and local resources to achieve social and health equity.

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

**Established Program** 

## **Program Information - Type**

Ongoing

## **Requested Amount**

50000

#### **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 community health centers in the tri-county area of: San Bernardino, Riverside, and San Diego. CHSI has provided uninterrupted services since 1984 and has grown from an average of 1,900 patients to more than 26,000 patients in 2019. In 2017, CHSI achieved 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 to provide long-term services and support to members experiencing chronic health conditions, severe mental illness, substance use disorder, and homelessness status. 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 COVID-19 public health emergency, CHSI has expanded and enhanced its telehealth service delivery model, in addition to COVID-19 rapid testing and vaccinations at all six health centers.

CHSI's notable accomplishments within the last 5 years as it relates to the provision of the proposed program at its Fallbrook Family Health Center (FFHC) are expanding the Women's Health Clinic through the Integrated Women's Health Services Program (2018), hiring a Comprehensive Perinatal Health Worker (CPHW), and implementing the Spanish Women of Wellness Program (Funded in part by the Fallbrook Regional Health District 2019).

## **Agency Collaborations**

The COVID-19 pandemic has caused a significant disruption in the nation's health and wellness. However, this pandemic highlighted the importance of collaboration to strengthen community resilience. CHSI proposes to implement the Women's Health and Wellness Program (WHWP) focusing on health screenings, health prevention efforts, and promoting healthy behaviors. Through partnerships CHSI will mitigate the health disparities women and their families face in the Fallbrook area such as: diabetes, hypertension, obesity, and mental health.

CHSI will execute primary and secondary prevention activities to address the SDOH. According to the CDC, prevention increases an individual's life expectancy and reduces preventable healthcare expenses. Moreover, health disparities in chronic disease incidence and mortality are widespread among racial and ethnic minority populations, especially women who neglect their health due to taking care of family/household. Hence, to achieve health equity and sustain the proposed program, CHSI will continue collaborating and strengthening new relationships with Community-Based Organizations (CBOs) to execute primary and secondary prevention efforts among women. For instance, partnering with Alinea Medical Imaging and Michelle's Place to increase accessibility for breast exams and mammograms. CHSI's primary prevention activities consists of partnering with Expanded Food and Nutrition Education Program to provide free nutritional workshops; linking participants to Fallbrook Food Pantry and partaking in the North Inland Nutrition Committee to address nutrition insecurity; referring participants to the CBOs to optimize women's and their family's well-being. Secondary prevention efforts include screenings to identify non-communicable diseases, such as diabetes, in its earliest stages before signs and symptoms arise.

## **Target Population - Age**

	Percent of program participants
Children (infants to 12)	0
Young Adults (13-17)	0
Adults (18-60)	80
Seniors (60+)	20
We do not collect this data (indicate with 100%)*	

## **Target Population not collected - Age**

The proposed program will be serving women 18 years of age or older, with or without an established health history. CHSI anticipates that this age group of women will be empowered to share this information with the younger generation under 18 to recognize the importance of primary and preventive health care.

#### Gender

	Percent of program participants	
Female	30	
Male	0	
Non-binary	1	
Unknown*	69	

## \*Target Population - Gender

Since the proposed program will be serving women, male patients will not be participating in this program. Having an all-woman program and welcoming non-binary patients will help participants to be comfortable asking questions related to women's health.

#### Income Level

	Percent of program participants	
Extremely Low-Income Limits, ceiling of \$32,100	88	
Very Low (50%) Income Limits, ceiling of \$53,500	7	
Low (80%) Income Limits, ceiling of \$85,600	2.5	
Higher Than Listed Limits	2.5	
We do not collect this data (indicate with 100%)*		

## \*Target Population - Income Level

n/a

Projected number of residents that will directly benefit (participant/client) from this program. 200

## **Social Determinants of Health (SDOH)**

## **Program/Services Description - Social Determinants of Health**

Economic Stability (Employment, Food Insecurity, Housing Instability, Poverty)

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

## **Program/Services Description - FRHD Community Needs Assessment**

Health (Diabetes - prevention, management)

Health (Cholesterol, High Blood Pressure, Hypertension, Obesity)

Mental Health (Social Support - Youth or Families)

Mental Health (Screenings, Prevention)

Health (Mobility)

Health (Age Related Deficits)

Health (Healthy Food/Nutrition)

Social (Economic Security, Health Literacy, Family/Child Support, Legal/Advocacy)

## **Statement of Need/Problem**

Addressing SDOH is vital to strengthening the health of the diverse community and achieving health equity. Though Fallbrook demographics consist of a diverse population with an abundance of community resources, healthcare accessibility continues to challenge specific populations and geographical areas. Within the 92028 zip code, six of the eight census tracts have an average of healthy community conditions than 27.1% of all California's census tracts; 70% of all California's census tracts have healthier community conditions (https://map.healthyplaces.index.org). The six census tracts consists of approximately 30% uninsured adults between the ages of 18-64 indicating the need to increase accessibility to medical, behavioral, and health education services.

The ongoing COVID-19 pandemic has unmasked stark weaknesses in SDOH, exacerbating health differences between population groups, specifically those who are low-income, immigrant, from mixed-families, and predominantly Spanish-speaking communities, which challenge the provision of healthcare services and their accessibility. In the Fallbrook community, the majority of low-income and Spanish-speaking population depend on "word of mouth" to gather information, which made many individuals vulnerable in accepting rumors and misinformation about COVID-19 exposure at health centers. As a result, misinformation disseminated rapidly throughout the community and increased individuals' likelihood in delaying their health care needs. Consequently, FFHC experienced a dramatic decrease in patients' medical-dental care visits, as much as 50%, before and during the pandemic. Similar experiences were seen throughout the nation; approximately 4 in 10 adults avoided healthcare due to the COVID-19 pandemic (https://www.cdc.gov/mmwr/volumes/69/wr/mm6936ar.htm). Therefore, implementing a program that focuses on women's health is vital to initiate the reestablishment and trust for themselves and their families to a health center and CBOs.

The WHWP will directly address: 1) "healthcare access and quality" by increasing access to healthcare services and education; 2) "economic stability" by collaborating and partnering with CBOs to successfully refer patients to much-needed non-clinical resources.

#### Statement of Need/Problem - Others

Multiple organizations in the Fallbrook region continue to address the community's needs via their ongoing programs and services. However, the nearest FQHC providing similar women's health services is at minimum, thirteen miles away from FFHC (UDS Mapper), making access to care challenging.

CHSI's provisions of the proposed program are rooted in the organization's mission and the successful execution of the Spanish Women of Wellness Program (WOW), which was funded by FRHD. CHSI's proposed WHWP success is comprehensively dependent on collaborative partnership efforts to mitigate the prominent SDOH in the community. CHSI will collaborate with community members, non-profit organizations, CBOs, and governmental entities to successfully optimize the health of all Fallbrook's female residents. The WHWP aims to ameliorate the pandemic's unprecedented impact on the community by increasing access to healthcare services, enhancing the deliverable of primary and secondary prevention activities, and successfully linking women and their families to vital community resources.

## **Program/Services Description - Program Entry**

The WHWP is available to all women regardless of their inability to pay or whether they are FFHC's existing patients or not. To ensure a feasible and smooth enrollment process, all FFHC employees will receive the appropriate training and education for registering women into the program. During the initial contact, the employee will capture the participant's contact information and obtain consent for FFHC to send friendly reminders via secure text messages or phone calls about any upcoming workshops and/or health screening opportunities. Recipients will learn about the program via outreach and in-reach activities, inter-clinic referrals and linkages, flyers posted throughout the clinic and community, CBOs referrals, CHSI's website, and social media posts.

All participants will complete a pre-and-post/self-efficacy assessment, or A1C blood work, or PHQ to accurately measure the program's impact. The Health Education Coordinator (HEC) will meticulously review the responses to strategically create an effective referral work plan to meet the participant's needs. This includes linking participants to services and much-needed non-clinical resources. The HEC will conduct a 30-day follow-up from the referral date to confirm if the participant acquired the referred service. Then, the HEC and/or Women Health's Coordinator will follow up with participants every three months to provide women and their families linkages to additional comprehensive health and community resources. Appropriate follow up practices are key to strengthening the relationship between the health center, community members, and collaborative partners; increasing the utilization of health care services and community resources.

## **Program/Services Description - Program Activities**

The WHWP contains three main components delivered as interventions and/or services: 1) Health Education; 2) Access to Health Care; 3) Community Referrals.

Health Education: FFHC will provide 24 educational workshops, 12 English and 12 Spanish, during the project period; each workshop will take approximately one to two hours. Some topics that will be covered include Mental Health, Women's Preventative Health Services, and Chronic Care Management Education. CHSI will invite the appropriate CBOs to provide health educational presentations related to the scheduled health workshop topic and how participants may utilize the CBOs' services. Participants will gain trust, confidence, and comfortability in accessing community resources that will help maintain a whole person care. Moreover, the program will increase participants' self-efficacy to adopt healthy lifestyles and habits, which will reduce the risk of preventable non-communicable health-related complications. Participants will gain awareness, knowledge, skills, and tools needed to successfully implement and maintain a healthy lifestyle for themselves and their families.

Access to Health Care: The proposed program will increase access to health care and help address the uninsured gap prevalent in the low-income and mixed-families populations. Upon program enrollment, all participants will have the opportunity to schedule an appointment with a Patient Services Representative (PSR) for insurance eligibility and enrollment. PSRs are highly skilled bilingual employees trained to assist and educate patients and community members regarding the health insurance or health program application process and establishing a medical home at FFHC. Examples of health home programs enrollment at FFHC are: 1) Every Woman Counts, which provides free breast, cervical cancer screenings, and diagnostic services to medically underserved, low-income individuals; 2) Family Planning, Access, Care, and Treatment, which provides comprehensive family planning services; 3) Comprehensive Perinatal Services Program, which provides healthcare services for undocumented and/or low-income pregnant women. FFHC has partnered with Michelle's Place and Alinea Medical Imaging to increase the rate of breast cancer screenings for uninsured women living in the Fallbrook area. Ultimately, these activities will alleviate the health impact COVID-19 had on the community by restoring trust, improve health outcomes that were affected during and post the pandemic, and augmenting health care utilization with FFHC.

Community Referrals: The proposed program will implement a more robust community referral system to mitigate the dominant SDOH in the community. The HEC will enhance the relationship with participants by evaluating their needs and providing the most appropriate linkage/referral to meet the participants' needs. The HEC will utilize the FRHD's Community Resources Directory and 2-1-1 to retrieve information about any resources and services of interest. To maintain HIPAA compliance, CHSI will document the participant's self-attestation to confirm whether the participant accessed the resources referred to. The HEC would follow up with participants and document if the services were acquired from the directed resources. If patients were unable to connect with their recommended referrals, the HEC will collaborate with the participants to strategize in overcoming any barriers that limited their ability to acquire the much-needed community resources.

## **Program Goal #1**

The Women's Health and Wellness Program's goals are:

- 1) To address the top priority community needs in Fallbrook by increasing access to healthcare and community resources among women living in Fallbrook and surrounding communities.
- 2) To educate women living in the District's service area establishing a strong relationship between health center and community members, increasing awareness and confidence to enroll into a health insurance or health program, and reducing/preventing women's health related issues.

## **Program Objectives - Goal #1**

1

## Program Outcomes/Measurables - Goal & Objectives #1

Measures for Objective 1.1: CHSI will document the names of participants and their attendance rate. CHSI will report the total number of participants who participated in the WHWP.

Measure for Objective 1.2: During the one-month follow-up from the referral date, CHSI will contact participants to confirm that they received the needed services. If services were not obtained, CHSI will work with participants to mitigate challenges in acquiring the referred services.

Measure for Objective 1.3: CHSI will follow up with patients after three months to link them and their families to resources needed. CHSI will offer to schedule a women's health screening appointment and/or confirm if participants have had any women's health-related screenings.

Measure for Objective 2.1: During the program's post-assessment questionnaire, CHSI will capture the numbers of participants enrolled in a health insurance plan or health program.

Measures for Objectives 2.2 and 2.3: Participants will complete either a self-efficacy survey to determine the program's impact on participants' knowledge around women's health-related issues and chronic care management; or pre-and-post questionnaire specifically to the workshops provided and related healthcare coverage. CHSI will compare the results and report the findings to FRHD.

## **Anticipated Acknowledgment**

## **Anticipated Acknowledgment**

Social Media Postings

Print Materials to Service Recipients

Website Display

Other

## **Anticipated Acknowledgment**

If awarded, CHSI will promote the FRHD's name and/or logo via the methods selected in the previous question. For example, on CHSI's Instagram and Facebook page, CHSI will acknowledge FRHD in all social media posts related to this program in English and Spanish. In addition, CHSI will promote this program and acknowledge FRHD in CHSI's San Diego Monthly newsletter and CHSI's website under the educational workshop calendar. Lastly, CHSI anticipates advertising this program and recognizing FRHD in the Live Well San Diego online resources and upcoming calendar events page.

CHSI is aware that examples will be provided during quarterly reports.

## Community Health Contract Grant Application: Goals, Objectives, Measures For Fiscal Year 2022-2023

**Program Goal** - What is the program goal? Be clear in defining how the goal(s) relate to how the program addresses the need. - 150 word max

The Women's Health and Wellness Program's goals are:

- 1) To address the top priority community needs in Fallbrook by increasing access to healthcare and community resources among women living in Fallbrook and surrounding communities.
- 2) To educate women living in the District's service area establishing a strong relationship between health center and community members, increasing awareness and confidence to enroll into a health insurance or health program, and reducing/preventing women's health related issues.

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Program Objectives - Please describe the objectives of how this program's activities will meet the goal as described above. Please outline each objective in its own text box below. Your objectives should follow the SMART outline: Specific- provides the "who" and "what" of program activities. Measurable - "how much" change is expected, this should quantify the amount of change expected. Achievable — what is or should be attainable within a given time frame and with available program resources. Realistic - most useful when it accurately addresses the scope of the problem and programmatic steps that can be implemented. Time-phased - provide a time frame indicating when the objective will be measured or a time by which the objective will be met. \*a separate text box opens for each objective with a limited word count.

Objective 1.1: By June 30, 2023, CHSI will deliver this program to 200 women living in Fallbrook and surrounding communities.

Objective 1.2: By June 30 2023, 70% of participants will confirm that they received services they were referred to.

Objective 1.3: By June 30 2023, 75% of participants will have received one women's health screening through FFHC or its collaborative partners.

Objective 2.1: By June 30 2023, 80% of participants will have enrolled into a health insurance program.

Objective 2.2: By June 30 2023, 70% of participants will improve their knowledge on reducing their risk on or preventing common women health-related issues.

Objective 2.3: By June 30 2023, 60% of participants with a chronic condition will indicate that they are confident to effectively manage their health issues

**Program Outcomes/Measurables** – Provide the measured data of the success of the program's interventions or services for each objective. Be sure you define the measurable activities and/or outcomes the program generates for each objective stated above. This is the quantitative information will you be gathering and reporting as it relates to the impact of your program's activities and services. - 250 word max

Measures for Objective 1.1: CHSI will document the names of participants and their attendance rate. CHSI will report the total number of participants who participated in the WHWP.

Measure for Objective 1.2: During the one-month follow-up from the referral date, CHSI will contact participants to confirm that they received the needed services. If services were not obtained, CHSI will work with participants to mitigate challenges in acquiring the referred services.

Measure for Objective 1.3: CHSI will follow up with patients after three months to link them and their families to resources needed. CHSI will offer to schedule a women's health screening appointment and/or confirm if participants have had any women's health-related screenings.

Measure for Objective 2.1: During the program's post-assessment questionnaire, CHSI will capture the numbers of participants enrolled in a health insurance plan or health program.

Measure for Objective 2.2 and 2.3: Participants will complete either a self-efficacy survey to determine the program's impact on participants' knowledge around women's health-related issues and chronic care management; or pre-and-post questionnaire specifically to the workshops provided and related healthcare coverage. CHSI will compare the results and report the findings to FRHD. <188>



Agency Name: Community Health Systems, Inc.

Program Name: FFHC Women's Health and Wellness Program

#### **INSTRUCTIONS:**

- 1 List items from your PROJECT BUDGET FORM (Sections A and B) where an expense is indicated, that you are seeking FRHD support.
- 2 Provide a brief narrative description of each budget line item to be funded by the proposed grant.
- 3 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:

#### **B. PERSONNEL EXPENSES - PROGRAM SPECIFIC**

#	Name	Narrative:

Nume	Null dave.
Healthcare Coordinator, 0.20 FTE	Supports the clinic through development and implementation of community relationships, creating and aligning programs that promote health and wellness, serving as a community resource liaison, and educating the community about healthcare system navigation and social determinants of health.
0.20 FTE	Responsible for community outreach and in-reach activities, including health fairs, serves as a liaison for providers, clinical staff, partners, and community based organizations.
	Responsible for providing customer service while interviewing, screening, and assisting patients with issues and concerns with insurance eligibility and enrollment.
Medical Assistant II, 0.10 FTE	Performs duties under the supervision of the Registered Nurse,; prepares patients for medical office visits by charting in the E H R and preparing necessary paperwork as required.
Registered Nurse, 0.10 FTE	Responsible for providing general nursing care and leadership, working collaboratively with physicians and multi-disciplinary team members to promote and restore patient's health as they prescrive, provide, delegate, evaluate, and coordinate comprehensive nursing care.
Payroll Taxes	Costs for payroll taxes on the above staff.
Fringe Benefits	Costs for fringe benefits on the above staff.
	Healthcare Coordinator, 0.20 FTE  Community Relations Coordinator, 0.20 FTE  Patient Services Representative II, 0.10 FTE  Medical Assistant II, 0.10 FTE  Registered Nurse, 0.10 FTE  Payroll Taxes

## C. DIRECT PROGRAM EXPENSES

#	Name	Narrative:

H	Name	Natiouve.
C1	Program/Curriculum Training	Training for the Healthcare Coordinator on various workshop curriculums, and topics relating to social determinants of health.
C2	Medical supplies	Supplies used in the normal course of a medical visit, including but not limited to gloves, swabs, masks, etc.
C3	Office supplies	Supplies used in the normal course of an office, including but not limited to paper, pens, paper clips, etc.
C4	Mileage	Costs to support travel time to outreach events.
C5	Printing/Duplicating	Costs incurred for printing of flyers and workshop materials.
C6	Marketing and promotion	Costs incurred for marketing and promotion of the program including paid posts on social media platforms.
-		

#### FALLBROOK REGIONAL HEALTH DISTRICT

## FY2022-2023 COMMUNITY HEALTH CONTRACT GRANT APPLICATION

## **FUNDING HISTORY**

#### 2021-2022:

- 1. HRSA, Federal Community Health Center Funding \$4,200,651 (a portion allocated to FFHC)
  - As an FQHC, CHSI receives Public Health Service Act Section 330 funding under the Health Center Program to deliver comprehensive, culturally competent, high-quality primary health care services to the nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans. https://bphc.hrsa.gov/about/what-is-a-health-center/index.html
  - Services include integrated primary and preventive medical care, oral health care, vision care, and mental/behavioral health care to all underserved populations.
- 2. Essential Access Health, Title X Funding \$267,500 (a portion allocated to FFHC)
  - CHSI receives funding to provide family planning and related sexual and reproductive preventive health services under Title X of the Public Health Service Act. Services include screenings, family planning and birth control, and STD prevention and treatment.
  - https://www.essentialaccess.org/programs-and-services/about-title-x

# Community Health Systems, Inc. 2022 Board of Directors Roster

Name of Board Member	Elective Position	Occupation	Contact E-mail
Jonathan Barajas	Board Chair	Transportation	barajasjonnathan@gmail.com
Kimberly Ramos	Vice Chair	Teacher	Kjimenez737@gmail.com
Oscar. Ulric Jones	Treasurer	Retired (Background in Finance)	omjones322@yahoo.com
DeNeen Culberson	Immediate Past-Chair	County of Riverside- Program Development Manager	bellculb@aol.com
Jennifer Dobrowolsky	Secretary	Military Air-Force	jldobrowolsky@gmail.com
Allison Monterrosa	Member	Instructor	amont037@ucr.edu
Draymond Crawford	Member	Retired (Background in Finance)	derdcrawford1954@gmail.com
Edgar Montoya	Member	Transportation	edgarmontoya123@live.com
Veronica Hernandez	Member	Homemaker	v.ahernper@me.com
Veronica Kennedy	Member	Blue Shield of California- Outreach Manager	Veronica.Kennedy@blueshieldca.com

## EXTENDED TO NOVEMBER 15, 2021

Form **991** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Α	For the	2020 calendar year, or tax year beginning and ending		
В	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addres change	COMMUNITY HEALTH SYSTEMS, INC.		
	Name change		33-00565	51
	Initial return Final	Number and street (or P.0. box if mail is not delivered to street address)  21801 ALESSANDRO BLVD	uite E Telephone numbe 951-571-	
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	24,509,369.
	Amend return	MORENO VALLEY, CA 92553-8551	H(a) Is this a group re	eturn
	Applica tion		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE	<b>H(b)</b> Are all subordinates in	ncluded? Yes No
			527 If "No," attach a	list. See instructions
		e: ▶ WWW.CHSICA.ORG	H(c) Group exemption	
			$^{\prime}$ ear of formation: $1984$	State of legal domicile: CA
Р		Summary		
ø	1 1	Briefly describe the organization's mission or most significant activities: TO IMPRO	VE AND STRENG	THEN THE
and		HEALTH OF OUR DIVERSE COMMUNITIES BY PROVIDE		
Activities & Governance	2 (	Check this box if the organization discontinued its operations or disposed of n		
30V	1 8	Number of voting members of the governing body (Part VI, line 1a)		9
<u>«</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		9
ies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		338
Ĭ	6	Total number of volunteers (estimate if necessary)	6	9
Acı	7a ¹	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
ne	8 (	Contributions and grants (Part VIII, line 1h)	6,828,716.	9,002,113.
en	9 F	Program service revenue (Part VIII, line 2g)	19,273,098.	15,433,896.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	319.	107.
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,964.	73,253.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,146,097.	24,509,369.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,033,862.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
X	-   b	total full draining expenses (Fart 17), column (B), line 25)	6,860,537.	7,012,513.
_	1/ (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,894,399.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,251,698.	
		Revenue less expenses. Subtract line 18 from line 12	i	
Net Assets or			Beginning of Current Year 14,090,780.	End of Year 17,086,239.
SSe	일 <b>20</b> ]	Total assets (Part X, line 16)	9,180,316.	11,887,940.
let /	21	Total liabilities (Part X, line 26)	4,910,464.	5,198,299.
	22 ↑ Part II	Net assets or fund balances. Subtract line 21 from line 20	4,310,404.	3,130,233.
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	stements, and to the hest of m	v knowledge and helief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y knowledge and bellet, it is
uu	1	and complete. Declaration of preparer (earlier than officer) is based on an information of which prep	aror has any knowledge.	
Sig		Signature of officer	Date	
	ere	LORI HOLEMAN, CEO		
116	"	Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pa		LIOR TEMKIN LIOR TEMKIN	09/24/21 if self-employ	P00748170
	-	Firm's name SINGERLEWAK LLP	Firm's FIN	95-2302617
		Firm's address 2050 MAIN STREET, 7TH FLOOR	THIHSLIN	
	,	IRVINE, CA 92614	Phone no 94	9-261-8600
M:	av the IR	S discuss this return with the preparer shown above? See instructions	11 110110 110.5	X Yes No

Pa	Check if Schoolule O contains a response or note to any line in this Bort III
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
	TO IMPROVE AND STRENGTHEN THE HEALTH OF OUR DIVERSE COMMUNITIES BY
	PROVIDING COMPASSIONATE AND COMPREHENSIVE HEALTH SERVICES.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 18,302,301. including grants of \$ ) (Revenue \$ 15,507,149.)
	COMMUNITY HEALTH SYSTEMS PROVIDED OVER 84,920 MEDICAL AND DENTAL PRIMARY CARE SERVICES TO INDIVIDUALS IN THE TRI-COUNTY AREA OF SOUTHERN
	CALIFORNIA. APPROXIMATELY 20,569 PATIENTS WERE SERVED. A MAJORITY OF
	THOSE PATIENTS WERE LOW-INCOME AND UNDERINSURED WITH LIMITED MEANS FOR
	PAYMENT.
4b	(Code:         ) (Expenses \$         ) (Revenue \$         )
TU	(Code) (Expenses \$
4c	(Code:) (Expenses \$
	Other program services (Describe on Schedule O.)
4d	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 18,302,301.
	Form <b>990</b> (2020)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			3.7
	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	_		- V
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			- V
_	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,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		- 21
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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	-25	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		<del></del>
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		Х
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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			
	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,.
	1c and 8a? 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,"			77
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			_ v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form **990** (2020)

## Form 990 (2020) COMMUNITY HEALTH S Part IV | Checklist of Required Schedules (continued)

	The officer of frequency constants (Continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	056		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		22
20	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		Х
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		X
28	Was the organization a party to a business transaction with one of the following parties (see 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	00-		X
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II	32		Α.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			. v
27	If "Yes," complete Schedule R, Part V, line 2	36		X
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance		-	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14			
b	Effect the number of Forms wild included in line 1a. Effect to in flot applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(garrowing) Trainings to prize Trainings.	10		

# Form 990 (2020) COMMUNITY HEALTH SYSTEMS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 338			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	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?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
а	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)  Section 4047(a)(1) non-promote heritable truste le the organization filing Form 900 in liquid Form 10412	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del></del> -
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 10		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Eorm	990	(2020)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d 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 books and records			
	ANNIE NGUYEN - 951-571-2300			
	21801 ALESSANDRO BLVD, MORENO VALLEY, CA 92553			

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Form **990** (2020)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	١,,		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than	h an	compensation	compensation	amount of
	week	$\vdash$	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or director	e)			ated		organization	(W-2/1099-MISC)	from the
	related	ıstee	truste		a)	bens		(W-2/1099-MISC)		organization
	organizations below	Individual trustee	Institutional trustee		Key employee	Highest compensated employee				and related organizations
	line)	divid	stituti	Officer	sy em	ghesi	Former			organizations
(1) RODRIGO DOMINGUEZ-BELTRAN	1.50	드	트	5	포	王占	프			
CHAIR		X		X				0.	0.	0.
(2) JONNATHAN BARAJAS	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) OSCAR ULRIC JONES	1.00									
TREASURER		Х		X				0.	0.	0.
(4) VERONICA KENNEDY	1.00									
SECRETARY		Х		X				0.	0.	0.
(5) DENEEN CULBERSON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(6) DRAYMOND CRAWFORD	0.75									
BOARD MEMBER		Х						0.	0.	0.
(7) ALLISON MONTERROSA	0.50	_							_	
BOARD MEMBER		Х						0.	0.	0.
(8) EDGAR MONTOYA	0.00									
BOARD MEMBER	0.50	Х						0.	0.	0.
(9) KIMBERLY JIMENEZ	0.50	,,							0	_
BOARD MEMBER	10.00	Х						0.	0.	0.
(10) MAHDI HEMATIAN-ASHRAFIAN	40.00	-		37				211 000	0	00 415
CMO	40.00		_	Х	_	┝	_	211,009.	0.	28,415.
(11) LORI HOLEMAN	0.50	-		7.7				176 042	0.	20 551
CEO	40.00			Х			_	176,843.	0.	29,551.
(12) ANNIE NGUYEN	0.50	-		х				1/0 770	0.	28,415.
CFO (13) DENIS VEGA TAPIA	40.00			^	$\vdash$	┝	$\vdash$	148,778.	0.	20,413.
(13) DENIS VEGA TAPIA COO	40.00	1		х				132,576.	0.	0.
(14) DR. GEORGE SOLIMAN	40.00		$\vdash$	^	$\vdash$	┢	$\vdash$	132,370.	0.	· ·
FAMILY PRACTICE PHYSICIAN	40.00	$\cdot$				X		282,492.	0.	17,896.
(15) DR. CALVINE LAMBERT HALL	40.00				$\vdash$	122		202,472.	0.	17,050.
FAMILY PRACTICE PHYSICIAN	13.00	1				x		280,569.	0.	13,397.
(16) DR. SANJEEV PURI	40.00			$\vdash$		+	$\vdash$	200,000.		
PHYSICIAN		1				x		276,341.	0.	1,522.
(17) DR. GORAN CVIJANOVIC	40.00	$\vdash$	$\vdash$	$\vdash$	$\vdash$	+==	$\vdash$			
PHYSICIAN		1				х		265,228.	0.	5,802.
020007 10 02 00			_	_						Form <b>990</b> (2020)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st (	Compensated Employe	es (continued)				
(A) Name and title	(B) Average			(C Posi	<b>C)</b> ition			(D) Reportable	(E) Reportable		Es	(F)	d
	hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	·		ount c	of
	(list any	-						from the	from related organizations			other oensat	ion
	hours for	r direc				ted		organization	(W-2/1099-MIS			om the	
	related organizations	ustee c	trustee		an an	pensa		(W-2/1099-MISC)			_	anizatio I relate	
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	e					nizatio	
	line)	Indivi	Instit	Officer	Key e	Highe empl	Former						
(18) DR. MEGHA LALWANI	40.00					x		210 000					٥
PHYSICIAN		$\vdash$				┢		219,999.		0.			0.
										$\Box$			
		L								$\dashv$			
							K						
										$\dashv$			
										$\dashv$			
1b Subtotal								1,993,835.		0.	12	1,99	98. 0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								1,993,835.		0.	124	1,99	
Total number of individuals (including but n							no r		),000 of reportable	<u></u> -1		,	
compensation from the organization					7						I	Yes	9 <b>N</b> o
3 Did the organization list any former officer,			кеу с	empl	loye	e, oı	r hig	ghest compensated emp	oloyee on			100	
line 1a? If "Yes," complete Schedule J for s								har companation from			3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										- 1	4	х	
5 Did any person listed on line 1a receive or a										····			
rendered to the organization? If "Yes," com	plete Schedul	e J t	or su	uch <sub>i</sub>	pers	son .					5		X
Section B. Independent Contractors				_					<b>*</b>				
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										bensa	ation ii	OM	
(A)								(B)			(C		
Name and business	address	N	ONE	<u> </u>			$\dashv$	Description of s	services		omper	sation	1
_													
							$\dashv$						
							$\dashv$						
							_						
2 Total number of independent contractors (i \$100,000 of compensation from the organic	-	ot li	mite	d to		se lis	stec	d above) who received n	nore than				
+ 123,222 2. 22portsacion nom allo organi											Form \$	90 (2	020)

032008 12-23-20

Pa	rt VII	_				
		Check if Schedule O contains a response or note to any I	ine in this Part VIII <u></u> (A)	(B)	(C)	(D)
			Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	- -			
		Business Code				
e	2 a	PATIENT SERVICE REVENU 621990	15,433,896.	15,433,896.		
r vic	b					
Se	С					
am	d					
Program Service Revenue	е					
<u> </u>	f	All other program service revenue			<u> </u>	
	g	Total. Add lines 2a-2f	15,433,896.			
	3	Investment income (including dividends, interest, and other similar amounts)  Income from investment of tax-exempt bond proceeds	107.			107.
	5	Royalties				
		Gross rents (i) Real (ii) Personal 6a				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
		Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other	-			
	b	assets other than inventory Less: cost or other basis				
Revenue	•	and sales expenses 7b Gain or (loss) 7c				
Rev						
Other F		Gross income from fundraising events (not including \$ of				
		contributions reported on line 1c). See Part IV, line 18	_			
		Less: direct expenses				
		Gross income from gaming activities. See				
	9 a	Part IV, line 19 9a				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances 10a				
		Less: cost of goods sold10b				
	С	Net income or (loss) from sales of inventory				
sno	44 -	OTHER INCOME Business Code 621990	73,253.	73,253.		
nec	11 a b	021990	13,233.	15,255.		
ella	C		1			
Miscellaneous Revenue		All other revenue				
2		Total. Add lines 11a-11d	73,253.			
	12	Total revenue. See instructions	24,509,369.	15,507,149.	0.	107.

## Part IX | Statement of Functional Expenses

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	nplete all columns. All other onse or note to any line in			
Doı	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	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				
	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,	755 505		755 505	
	trustees, and key employees	755,587.		755,587.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	12 520 502	10 675 226	2 052 256	
7	Other salaries and wages	13,348,394.	10,675,236.	2,853,356.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	1,730,456.	1,403,217.	327,239.	
9	Other employee benefits	1,730,436.	958,527.	235,859.	
10	Payroll taxes	1,134,300.	JJ0, JZ / •	433,033.	
11	Fees for services (nonemployees):				
a	Management	10,213.		10,213.	
b	Legal	70,782.		70,782.	
C	Accounting	70,702.		70,702.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch 0.)	1,499,043.	997,979.	501,064.	
12	Advertising and promotion	2/133/0131	33173130	301,001.	
13	Office expenses	687,271.	454,342.	232,929.	
14	Information technology	350,216.	12,165.	338,051.	
15	Royalties			333,73323	
16	Occupancy	1,873,517.	1,643,375.	230,142.	
17	Travel	68,879.	31,021.	37,858.	
18	Payments of travel or entertainment expenses			•	
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36,202.	16,865.	19,337.	
20	Interest	330,650.	290,172.	40,478.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	557,345.	483,250.	74,095.	
23	Insurance	336,597.	208,226.	128,371.	
24	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 SUPPLIES	1,071,118.	1,070,654.	464.	
b	DUES AND SUBSCRIPTIONS	107,811.	44,528.	63,283.	
С	REPAIRS AND MAINTENANCE	12,869.	12,744.	125.	
d					
е	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	24,221,534.	18,302,301.	5,919,233.	0
26	<b>Joint costs.</b> 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)				Form <b>990</b> (202)

Form **990** (2020)

## Part X Balance Sheet

Га	IL A	Dalance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			777,463.	1	3,855,017.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			918,283.	3	1,897,554.
	4	Accounts receivable, net			1,297,497.	4	921,421
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit		1			
		under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net		ľ	180,000.	7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			1,047,550.	9	432,484.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,312,344.			
	b	Less: accumulated depreciation		7,459,442.	9,743,941.	10c	9,852,902.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			126,046.	15	126,861
	16	Total assets. Add lines 1 through 15 (must equa		14,090,780.	16	17,086,239	
	17	Accounts payable and accrued expenses			2,482,476.	17	2,321,268
	18	Grants payable				18	
	19	Deferred revenue		50,000.	19	0 -	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	er offic	cer, director,			
≣		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e pers	ons		22	
_	23	Secured mortgages and notes payable to unrela			6,637,419.	23	9,566,672
	24	Unsecured notes and loans payable to unrelated			10,421.	24	0.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24	. Complete Part X			
		of Schedule D			0 100 216	25	11 000 040
	26	Total liabilities. Add lines 17 through 25			9,180,316.	26	11,887,940.
S		Organizations that follow FASB ASC 958, che	ck her	e ▶ 🔼			
nce		and complete lines 27, 28, 32, and 33.			4 022 542		2 700 144
ala	27				4,033,542.	27	3,722,144.
d B	28	Net assets with donor restrictions			876,922.	28	1,476,155.
n L		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 📖			
P		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
1886	30	Paid-in or capital surplus, or land, building, or eq				30	
et A	31	Retained earnings, endowment, accumulated in			1 010 161	31	5 100 200
ž	32	Total net assets or fund balances			4,910,464. 14,090,780.	32	5,198,299. 17,086,239.
	33	Total liabilities and net assets/fund balances			14,030,/00.	33	17,000,439

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
_	Tabel revenue (revet acres   Dark VIII., achurer (A), line 10)		21	,50	<b>о</b> 2	69
1	Total revenue (must equal Part VIII, column (A), line 12)	2		,22		
2	Total expenses (must equal Part IX, column (A), line 25)		24		<del>1,3</del> 7,8	
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,91		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	- 4	, , , ,	0,4	04.
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,		_	4.0		^ ^
D -	column (B))	10	5	,19	8,2	99.
Ра	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	•			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,			
	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	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	edule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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

Open to Public Inspection

Name of the organization COMMUNITY HEALTH SYSTEMS TNC. Employer identification number 33-0056551

D-	l [	December Dublic		TIL BIBILIE,				3 0030331
	rt I	Reason for Public (						
he	organi	zation is not a private found	ation because it is: (	For lines 1 through 12, of	check only	one box.)		
1		A church, convention of chi	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organization						the hospital's name
		city, and state:	a operated co	. njan romon man a moopina				and modpital ornamo,
_		An organization operated for	or the benefit of a co	llogo or university evene	d or opera	tod by a a	overnmental unit describ	and in
5				niege of university owner	u or opera	teu by a g	overninental unit descrit	bed III
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov	vernment or governn	nental unit described in a	section 17	70(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g						
		university:	,				,,	,
10		An organization that normal	lly receives (1) more	than 33 1/20/ of its sun	port from	contributio	one momborship foos a	nd gross receipts from
10		activities related to its exem		•				•
			, ,		, ,			o .
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ilred by the organization	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Cor	. ,					
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported org	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organization	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must c			, ,			0
h		Type II. A supporting orga			tion with it	e eunnort	ed organization(s), by ha	ovina
D								
		control or management of			ame perso	ons mai co	ontrol of manage the sup	pported
		organization(s). You mus						
С		Type III functionally inte						ed with,
		its supported organization						
d		Type III non-functionally	<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	r the number of supported of		, , , , , , , , , , , , , , , , , , , ,				
а		ide the following information		ed organization(s).				
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
ota	ıl							

## 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	ction A. Public Support	7.1	•	,			
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	. ,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	6,896,731.	6,472,625.	6,701,325.	6,828,716.	9,002,113.	35,901,510.
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						
	Total. Add lines 1 through 3	6,896,731.	6,472,625.	6,701,325.	6,828,716.	9,002,113.	35,901,510.
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,					Y	
	column (f)						
	Public support. Subtract line 5 from line 4.						35,901,510.
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	6,896,731.	6,472,625.	6,701,325.	6,828,716.	9,002,113.	35,901,510.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	34,136.	34,616.	32,323.	4,819.	107.	106,001.
_	and income from similar sources	34,130.	34,010.	34,343.	4,019.	107.	100,001.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	312,359.	598,526.	16,894.	39,464.	73,253.	1,040,496.
11	Total support. Add lines 7 through 10	312/3331	33073201	10,031	33 / 10 10	7372331	37,048,007.
12	Gross receipts from related activities,	etc (see instruction	nne)			12 80	,050,320.
	First 5 years. If the Form 990 is for the						700070200
	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (I			column (f))		14	96.91 %
	Public support percentage from 2019					15	95.97 %
	33 1/3% support test - 2020. If the					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s

Schedule A (Form 990 or 990-EZ) 2020

## 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.)

Sec	ction A. Public Support	elow, please comp	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(0.) = 0.10	(5) = 5	(0) = 0 : 0	(4) 2010	(0) = 0 = 0	(1)
·	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,					1	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
0	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					<u> </u>	
6	Total. Add lines 1 through 5						
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						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources			1			
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 in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	Corganization's fi	iret socond third	fourth or fifth tax	voar as a soction	501(c)(3) organizat	ion
17	•	9	, , ,	•	•	( )( )	.iori,
Sec	check this box and stop here ction C. Computation of Publ						
	Public support percentage for 2020 (			column (fl)		15	9/
	Public support percentage from 2019					16	9/
	etion D. Computation of Investigation					10	
	Investment income percentage for 20					17	9
						18	9
	Investment income percentage from 2						
198	33 1/3% support tests - 2020. If the						I / IS NOT
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2019. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see ir	nstructions	

## 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.)

	Yes	No
1		
·		
2		
3a		
Ja		
3b		
3с		
30		
4a		
41.		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
0.0		
9с		
10a		
iua		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one 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.	2		
Sec	tion C. Type II Supporting Organizations			
	л 11 с с		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
	and the state of t		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	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			
2				
	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 in 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			
800	supported organizations played in this regard.	3	$\Box$	
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	<b>)-</b>		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	istructio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	$\Box$	
b	Did the activities described in 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.	2b	igsquare	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	За		
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.	3b		

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion 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	ion 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):					
a	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	Section 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	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 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
PART II, LINE 10:	
OTHER INCOME INCLUDES: INSURANCE REFUND, TAX REFUND, AND	PRIOR PAID
INVOICE CANCELLATION BY VENDOR.	
	•

#### Schedule B

(Form 990, 990-EZ or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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	\$ 5,245,686.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	US DEPARTMENT OF HEALTH AND HUMAN SERVICES  PO BOX 23489  WASHINGTON, DC 20026	\$ 766,198.	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	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
4	COMMUNITY HEALTH ASSOCIATION INLAND SOUTHER REGION  621 E CARNEGIE DRIVER SUITE 180  SAN BERNARDINO, CA 92408	\$ 400,000.	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	ESSENTIAL ACCESS HEALTH  3600 WILSHIRE BLVD #600  LOS ANGELES, CA 90010	\$ 288,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ROBERT JIMENEZ GRANT  7951 ARLINGTON AVE  RIVERSIDE, CA 92503	\$155,615.	Person X Payroll
023452 11-2		Cabadula D (Farms	990 990-F7 or 990-PF) (2020)

Name of organization **Employer identification number** 

#### COMMUNITY HEALTH SYSTEMS, INC. 33-0056551 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

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
		\$	

(b)

Description of noncash property given

023453 11-25-20

(a)

No.

from

Part I

(a)

(d)

**Date received** 

(c)

FMV (or estimate)

(See instructions.)

(c)

Employer identification number

Name of organization

COMMUN	NITY HEALTH SYSTEMS, IN	С.	33-0056	5551
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional	ions to organizations described in se through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more tha	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	ift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transf	eree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	ift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transf	eree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	ift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transf	eree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	ift is held
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee			

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COMMUNITY HEALTH SYSTEMS, INC.

**Employer identification number** 33-0056551

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring
			Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recreated	ation or education) Preservation of a h	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conser	vation easements during the year
-			an ann ann an Air air aide an Air an ann an
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
0	▶ \$  Does each conservation easement reported on line 2(d) abo	us satisfy the requirements of section 170(b)	(4)(D)(i)
8			
9	and section 170(h)(4)(B)(ii)?		
3	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	note to the organization a maneral statement	to that describes the
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 99		d balance sheet works
	of art, historical treasures, or other similar assets held for pu	•	
	service, provide in Part XIII the text of the footnote to its fina	, ,	
b	If the organization elected, as permitted under FASB ASC 98		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	•	•
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020

032051 12-01-20

			ITY HEAI							056551	
Pai	t III	Organizations Maintaining	Collections	of Ar	t, Hist	orical	Treasures,	or Oth	er Similar As	<b>sets</b> (continu	ed)
3	Using t	he organization's acquisition, acces	sion, and other	r record	s, check	any of tl	he following tha	at make	significant use of	its	
	collecti	on items (check all that apply):									
а	P	Public exhibition		d	L L	_oan or e	xchange progr	am			
b	s	Scholarly research		е		Other					
С	L P	Preservation for future generations									
4	Provide	e a description of the organization's	collections and	d explair	n how th	ey furthe	er the organizat	ion's exe	empt purpose in F	Part XIII.	
5	During	the year, did the organization solicit	or receive don	ations o	of art, his	storical tr	easures, or oth	er simila	r assets		
		old to raise funds rather than to be								Yes	L No
Pai		Escrow and Custodial Arra	_	Comple	ete if the	organiza	tion answered	"Yes" or	Form 990, Part	IV, line 9, or	
		reported an amount on Form 990, F									
1a		organization an agent, trustee, custo									
		n 990, Part X?							,	Yes	└── No
b	If "Yes,	explain the arrangement in Part XI	II and complete	e the fol	llowing t	able:					
										Amount	
	•	ing balance							1c		
d		ns during the year							1d		
е		utions during the year									
f		balance							1f		
		organization include an amount on								Yes	∐ No
Pai		explain the arrangement in Part XI Endowment Funds. Complete									
ı aı		Endowment Funds. Complete	(a) Current			rior year			(d) Three years ba	ck (a) Four v	pare hack
10	Rogina	ing of year balance	<del>_ ` ´</del>	year	(b) F	nor year	(C) Two yea	13 Dack	(a) Three years ba	ick (e) roury	cars back
b		outions estment earnings, gains, and losses	I								
d		or scholarships									
u Д		expenditures for facilities									
•	and pro	•		1							
f	•	strative expenses				_					
g g		year balance									
2		e the estimated percentage of the co		balanc	e (line 1	a. columr	n (a)) held as:				
a		designated or quasi-endowment	-	, saiai is	%	9, 00.0	. (4),				
b		nent endowment	%								
С	Term ei	ndowment >	%								
	The per	rcentages on lines 2a, 2b, and 2c sh	ould equal 100	0%.							
За	Are the	ere endowment funds not in the pos	session of the	organiza	ation tha	t are held	d and administe	ered for t	he organization		
	by:									Y	'es No
	(i) Uni	related organizations								3a(i)	
	(ii) Rel	ated organizations								3a(ii)	
b	If "Yes"	' on line 3a(ii), are the related organi	zations listed a	s requir	ed on S	chedule I	R?			3b	
4		be in Part XIII the intended uses of the		's endo	wment f	unds.					
Pai		Land, Buildings, and Equip									
	(	Complete if the organization answer	red "Yes" on Fo	orm 990	), Part IV	<sup>′</sup> , line 11a	a. See Form 990	), Part X	, line 10.		
		Description of property	' '	ost or of			ost or other	٠,	ccumulated	(d) Book	value
				(investn	nent)		sis (other)	de	preciation		000
							230,000.		050 400		,000.
		gs					49,720.		253,128.	3,296	
		old improvements					946,022.		376,034.	5,569	
		nent					93,003.		703,445.		,558.
							393,599.		126,835.		,764.
Total	. Add lin	nes 1a through 1e. (Column (d) must	equal Form 99	0, Part .	X, colur	nn (B), line	e 10c.)			9,852	,902.

Schedule D (Form 990) 2020

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020 COMMUNITY I	HEALTH SYSTEMS	, INC.	33-0056551 <sub>Page</sub>
Part VII Investments - Other Securities.		•	. 490
Complete if the organization answered "Yes	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(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	on Form 990, Part IV, line	11c. See Form 990, Part X, li	ine 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
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, li	ine 15.
	Description	· · · · ·	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 15 )		<b>•</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes	on Form 990. Part IV. line	11e or 11f. See Form 990. Pa	art X. line 25.
1. (a) Description of liability	5 555,1 41017,1110		(b) Book value
(1) Federal income taxes			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)			<u> </u>
(3)			<u> </u>
(4)			<u> </u>
(4)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Total expenses and losses per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) 2e e 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: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.)

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

c Add lines 4a and 4b

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.

Schedule D (Form 990) 2020

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

THERE ARE NO DEFERRED TAX ASSETS OR LIABILITIES AS OF DECEMBER 31, 2020.

THE EFFECTS OF CHANGES IN TAX LAWS AND RATES ON THE DATE OF ENACTMENT.

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, 2020, 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:

OPEN TAX YEAR JURISDICTION FEDERAL 2017 - 2020STATE 2016 - 2020

Schedule D (Form 990) 2020

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

COMMUNITY HEALTH SYSTEMS, INC. Employer identification number 33-0056551

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	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)			
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	1b		
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?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

33-0056551

Page 2

Schedule J (Form 990) 2020

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

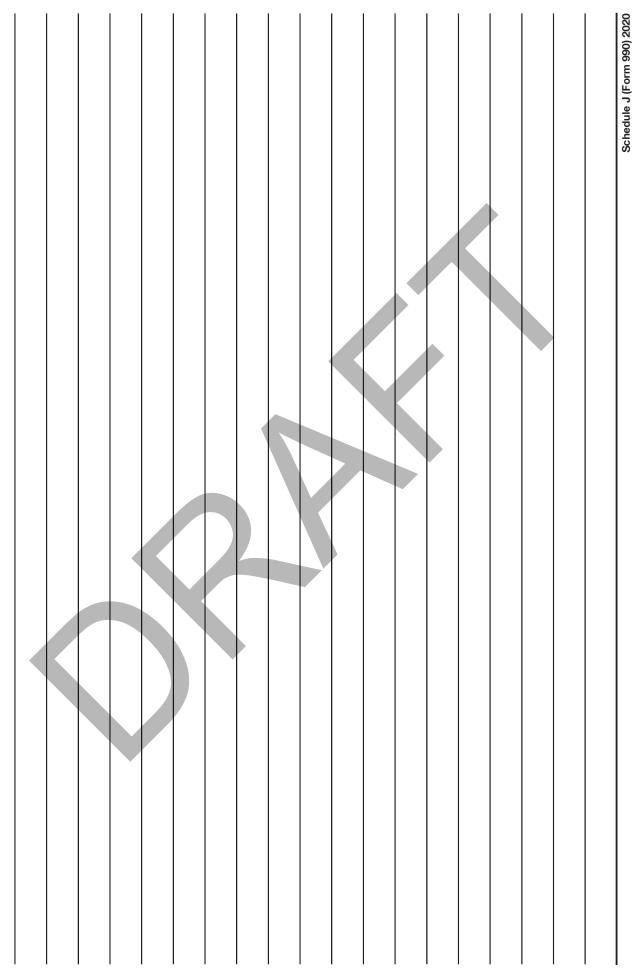
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2		SC compensation	(C) Retirement and	alqı	(E) Total of columns	E)
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred on prior Form 990
Ξ	211,009	0	0	0	28,415.	239,424.	0
		0	0	0	l	0.	0
ε	176,84	0.	0	• 0	29,551.	, 39	0
Ξ		0.	0	0			
Ξ	148,	0	0	0	-	-	0
≘		0	0	0	0	0	0
Ξ	282,	0	0	0	89,	300,388.	
≘			0	0		ı	
Ξ	280,	0	0	0	-	-	
≘		0	0	0	0	0	0
Ξ	276,34	0	0	0	1,522.	, 86	
≘			0	0	0		
Ξ	265,228.	0	0'	0	5,802.	271,030.	
Ξ			0	0	0		
Ξ	219,		0	0	• 0	١.	• 0
≘	0.	0 •	0	0	0 •	0 •	• 0
(i)							
Ξ	)						
Ξ							
Ξ							
Ξ				,			
Ξ							
Ξ							
Ξ							
Ξ							
Ξ							
Ξ							
<u>:</u>							
Ξ							
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			(i) Base compensation of U.2 (i) Base compensation of 176, 843.  176, 843.  176, 843.  0.  282, 492.  282, 492.  282, 492.  0.  276, 341.  0.  276, 341.  0.  219, 999.  0.  219, 999.	(i) Brakdown of W.2 and/or 1099.MISC compensation compensation compensation compensation 211,009.  211,009.  211,009.  0.  176,843.  0.  0.  148,778.  0.  280,569.  0.  280,569.  0.  280,699.  0.  265,228.  0.  0.  219,999.  0.  219,999.  0.  0.  219,999.	(ii) Breakdown of W.2 and/or 1089-MISC compensation 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(B) Breakdown of W2 and/or 10994MISC compensation compensation incentive compensation compensati	(B) Breakdown of Wt2 and/or 1099-MISC compensation (C) Retirent and (D) Nontaxable (E) Total of compensation (III) Other cemperation (III) Other cempe

33 - 0056551

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.



### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

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.

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

Name of the organization COMMUNITY HEALTH SYSTEMS, INC. Employer identification number 33-0056551

Par	ti i	pes of Property							
			(a) Check if	<b>(b)</b> Number of	(c) Noncash contribution	on	(d) Method of determi	ning	
			applicable	contributions or items contributed	amounts reported o Form 990, Part VIII, line	n l <sub>non</sub>	cash contribution a		.s
1	Art - Worl	ks of art			, ,				
2		prical treasures							
		tional interests				47			
4		d publications							
5		and household goods							
6		other vehicles							
7		d planes							
8		al property							
		s - Publicly traded							
		s - Closely held stock							
11		s - Partnership, LLC, or							
••		rests							
12		s - Miscellaneous							
13		conservation contribution -						-	
	•	tructures							
14		conservation contribution - Other							
15		te - Residential							
16		te - Commercial							
17		te - Other							
18		es							
19		entory							
20		d medical supplies	Х	34	74.26	2.FMV			
20 21				31	7 1 7 2 \	72 1111			
		y artifacts							
		specimens							
		gical artifacts							
25	Other								
26	Other	'							
27	Other	'							
28	Other								
<u> </u>		of Forms 8283 received by the organization	ration during	the tax year for c	ontributions	<del>T '</del>			
		the organization completed Form 828							
		and organization companies in the second	,,,, ., .					Yes	No
30a	During th	e year, did the organization receive by	/ contributio	n anv property rer	oorted in Part I. lines 1 t	hrough 28. th	at it	1.00	
		for at least three years from the date							
		urposes for the entire holding period?		,	•		30a		Х
b		describe the arrangement in Part II.					33.		
		organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard co	ntributions?	31		Х
		organization hire or use third parties					-	$\vdash$	
	contribut	· ·		_			32a		Х
b		describe in Part II.							
		anization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is	s checked,			
	describe	•							
НΔ	For Pa	perwork Reduction Act Notice see	the Instruc	tions for Form 99	n		Schedule M (For	m 990'	2020

032142 11-23-20

Schedule M (Form 990) 2020

## SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITY HEALTH SYSTEMS, INC.

Employer identification number 33-0056551

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

COMPREHENSIVE HEALTH SERVICES.

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

A DRAFT COPY OF FORM 990 (INCLUDING ALL PERTINENT SCHEDULES) WAS PROVIDED TO THE ORGANIZATION'S FINANCE COMMITTEE TO REVIEW AND APPROVE BEFORE IT WAS FILED WITH THE INTERNAL REVENUE SERVICE. A COPY WAS ALSO PROVIDED TO THE BOARD OF DIRECTORS.

FORM 990, 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 or 990-EZ) 2020

032211 11-20-20

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.

**SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

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

Schedule R (Form 990) 2020 (g) Section 512(b)(13) Employer identification number 33-0056551 Š controlled entity? Direct controlling Yes COMMUNITY HEALTH Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. entity SYSTEMS, INC. Direct controlling entity 0 End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) 0 Total income **Exempt Code** চ section Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>်</u> CALIFORNIA RENTAL BUILDING EXCLUSIVELY INC. Primary activity Primary activity FO COMMUNITY HEALTH COMMUNITY HEALTH SYSTEMS, <u>@</u> 9 SYSTEMS, INC. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity MORENO VALLEY, CA 92553 JLJ CONSOLIDATED, LLC 22675 ALESSANDRO BLVD Name of the organization Part I Part II

33-0056551

Page 2

COMMUNITY HEALTH SYSTEMS, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2020 Part III

General or Percentage managing ownership 3 Yes Code V-UBI amount in box no 20 of Schedule E-K-1 (Form 1065) **Disproportionate** Yes No allocations? Œ Share of end-of-year assets <u>(g</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **(e)** Direct controlling entity ਉ Legal domicile (state or foreign country) Primary activity <u>@</u> Name, address, and EIN of related organization

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. Part IV

(a)	(q)	(0)	(d)	(e)	( <del>L</del> )	(a)	(H)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	ΡÖ	Shar	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		(ienii lo		assets		Yes No
				>				
			,	<b>&gt;</b>				
032162 10-28-20		39				Sche	Schedule R (Form 990) 2020	990) 2020

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

990) 202(	(Form	Schedule R (Form 990) 2020		40	032163 10-28-20
				•	(9)
					(5)
					(4)
					(3)
					(2)
					(1)
	lved	(a) Method of determining amount involved	Amount involved	Transaction type (a-s)	(a) Name of related organization
		relationships and transaction thresholds.	this line, including covered	who must complete	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.
	18				(s)
	÷				r Other transfer of cash or property to related organization(s)
	19				
	1 <sub>0</sub>				p Reimbursement paid to related organization(s) for expenses
-	9				o Sharing of paid employees with related organization(s)
	무			ion(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
	투			anization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
	<b>∮</b> ∓			d organization(s)	Derformance of sentines or membership or fundisising solicitations for relate
	¥				(8)
	÷				j Lease of facilities, equipment, or other assets to related organization(s)
	<b>₽</b>				h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)
	19				
	#				f Dividends from related organization(s).
	<u>ə</u>				e Loans or loan guarantees by related organization(s)
	P P				d Loans or loan guarantees to or for related organization(s)
	10				c Gift, grant, or capital contribution from related organization(s)
	1b				<b>b</b> Gift, grant, or capital contribution to related organization(s)
	1a				a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
-		in Parts II-IV?	related organizations listed	s with one or more	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?
Yes No					Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(k)	centage nership					0) 2020
	al or Perging owl					orm 99
9	General or managing partner?					e R (F
(i)	Code amount of Sch (Forr					Schedule R (Form 990) 2020
(h)	Disproportionate allocations?					
(6)	of /ear :s					
(£)	R i					
(e)	Are all partners sec. 501(c)(3) orgs.?					
(D)	Predominant income (related, unrelated, excluded from tax under sections 512-514)					
(0)	Legal domicile (state or foreign country)					
(a)	Primary activity					
(a)	Name, address, and EIN of entity					

**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.



Date Accepted

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

FORM **8453-EC** 

20	Exempt Organizations	0433-EU
Exempt O	anization name	Identifying number
COMM	NITY HEALTH SYSTEMS, INC.	33-0056551
Part I	Electronic Return Information (whole dollars only)	
<b>1</b> To	l gross receipts (Form 199, line 4)	<sub></sub> 1 24,509,369
<b>2</b> To	I gross income (Form 199, line 8)	2 24,509,369
<b>3</b> To	l expenses and disbursements (Form 199, line 9)	3 24,221,534
Part II	Settle Your Account Electronically for Taxable Year 2020	
4	Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/	уууу)
Part III	Banking Information (Have you verified the exempt organization's banking information?)	
<b>5</b> Rou	ng number	
<b>6</b> Acc	unt number 7 Type of account: L Checkin	g Savings
Part IV	Declaration of Officer the exempt organization's account to be settled as designated in Part II. If I check Part II. Box 4. I authorize an electronic fu	
transmit Californi a balanc organiza statemer	alties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my el, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return at the transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization return authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.  Declaration of Electronic Return Originator (ERO) and Paid Preparer.	e exempt organization's 2020 ( the exempt organization is filing ization's fee liability, the exempt and accompanying schedules and
I declare am only accurate provided 1345, 20 the exen I declare	at I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and core intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I decreflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmittine organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requiped Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the retitorganization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the parat I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of the transfer of the paration of which I have knowledge.	lare, however, that form FTB 8453-EO ng this return to the FTB; I have lirements described in FTB Pub. urn or <b>four</b> years from the date id preparer, under penalties of perjury, of my knowledge and belief, they are
	ERO's- ignature  Date  Check if Check if also paid if self-	
<b>ERO</b>	SINGERLEWAK LLP preparer X empto	yed P00748170
Must	Firm's name (or yours SINGERLEWAK LLP	Firm's FEIN 95-2302617
Sign	f self-employed) and address  2050 MAIN STREET, 7TH FLOOR IRVINE, CA	ZIP code <b>92614</b>
Under po	alties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statemen	ts, and to the best of my knowledge

For Privacy Notice, get FTB 1131 ENG/SP.

Firm's name (or yours

if self-employed) and address

FTB 8453-EO 2020

Paid preparer's PTIN

Firm's FEIN

ZIP code

**Paid** 

Sign

Preparer Must Paid preparer's signature Check if selfemployed TAXABLE YEAR **2020** 

## California Exempt Organization Annual Information Return

028941 12-22-20 FORM

199

Community Health Systems, Inc.  Additional information. See instructions.  Street address (suite or room)  California corporation number  1246380  FEIN  33-0056551	
Additional information. See instructions. FEIN 33-0056551	
Additional information. See instructions. FEIN 33-0056551	
Additional information. See instructions. FEIN 33-0056551	
Timb no.	
21801 ALESSANDRO BLVD	
City State ZIP code	
MORENO VALLEY CA 92553-8551	
Foreign country name Foreign province/state/county Foreign postal code	
A First return Yes X No I Did the organization have any changes to its guidelines	
	7 No
	INO
	7 No.
■ Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt under R&TC Section 23701g? ■ Yes	<u>.</u> 1\10
Enter date: (mm/dd/yyyy) • If "Yes," enter the gross receipts from nonmember sources \$  E Check accounting method: (1) Cash (2) X Accrual (3) Other  L Is the organization a limited liability company? • Yes X	T
<u> </u>	N0
F Federal return filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization file Form 100 or Form 109 to	a
(4) X Other 990 series report taxable income? • Yes X	.」No
G Is this a group filing? See instructions  Yes X No N Is the organization under audit by the IRS or has the	a
H Is this organization in a group exemption  Yes X No IRS audited in a prior year?  Yes X	
If "Yes," what is the parent's name?	IJN0
Date filed with IRS	
Death Organist Death artists and a substitute for the first form One Organist Death	
Part I Complete Part I unless not required to file this form. See General Information B and C.	61
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	00
2 Gross dues and assessments from members and affiliates	00
3 Gross contributions, gifts, grants, and similar amounts received STMT 1 • 3 9,002,11	<u>3</u> 00
Receipts 4 Total gross receipts for filing requirement test. Add line 1 through line 3.	
and I his line must be completed. If the result is less than \$50,000, see General Information B 4 24,509,30	9 00
Pougation 5 Cost of goods sold 5 5	
6 Cost or other basis, and sales expenses of assets sold 6 00	
7 Total costs. Add line 5 and line 6 7	00
8 Total gross income. Subtract line 7 from line 4	
Expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 24, 221, 53	
10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 • 10 287, 83	5 00
11 Total payments 11	00
12 Use tax. See General Information K	00
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	00
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Sign Here    Title   Date   Telephone   Te	
Signature of officer CEO	
Date Check if   ◆ PTIN	
Preparer's signature ► LIOR TEMKIN 09/24/21 self-employed ► P00748170	
Paid Firm's name • Firm's FEIN	
Preparer's   (or yours, if self-   SINGERLEWAK   LLP   95-2302617	
Use Only employed 2050 MAIN STREET, 7TH FLOOR	
and address IRVINE, CA 92614 949-261-860	0
May the FTB discuss this return with the preparer shown above? See instructions	

### COMMUNITY HEALTH SYSTEMS, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of

	55	00	-		_	
ľ						
				0:	28951	12-22-20

	amou	int of gross receipts - complete	Part II o	or furnish substit	ute inform		חמאם	тт	CIID CMT MI	ıme	ATTACHMENT
	1 4	Ouese seles ou usesinte fuere ell	ha.!.a.a.a	a antivitina Can i						Τ.	
	1	Gross sales or receipts from all								1	00
	2	Interest								3	00
Receipts	3	Dividends								4	00
	4	Gross rents								5	00
from Other	٥	Gross royalties Gross amount received from sa								6	00
Sources	0									7	00
Julices	8	Total gross sales or receipts fro							●	8	00
	9	Contributions, gifts, grants, and				-				9	00
	10	Disbursements to or for member								10	00
	1	Compensation of officers, direct								11	0 00
		Other salaries and wages								12	00
Expenses		Interest								13	00
and	14	Taxes								14	00
Disburse-	1	Rents								15	00
ments	16	Depreciation and depletion (See	instruc	ctions)					•	16	00
		Other expenses and disburseme								17	00
		Total expenses and disburseme								18	00
Schedu					ing of taxa		.,.,,				cable year
Assets				(a)		(b)		17	(c)		(d)
1 Cash											•
2 Net ac	counts	s receivable									•
		ceivable									•
4 Invent	ories .										•
		state government obligations									•
6 Invest	ments	in other bonds									•
7 Invest	ments	in stock									•
8 Mortg	age lo	ans									•
9 Other											•
<b>10 a</b> Dep	reciab	le assets									
<b>b</b> Les	s accu	mulated depreciation	(		)			(		)	
<b>11</b> Land											•
											•
Liabilities								-		_	
		yable									•
		s, gifts, or grants payable									•
		otes payable									•
		ayable									•
18 Other											
		c or principal fund									•
		tal surplus. Attach reconciliation									•
		ties and net worth									•
		1-1 Reconciliation of income	ner ho	oke with income	ner retur	1					
Scriedo	iie iv	Do not complete this sche					nn (d), is le	ss thar	\$50,000.		
1 Net in	come	oer books		•		7 Inco	me recorde	d on bo	oks this year		
2 Federa	ıl inco	me tax		•		not ii	ncluded in t	this retu	ırn		•
		pital losses over capital gains		•		8 Dedu	ictions in th	nis retu	n not charged		
4 Incom	e not	recorded on books this year		•		agair	nst book ind	come th	is year		•
5 Expen	ses re	corded on books this year not	I			9 Total	. Add line 7	and lir	ne 8		

10 Net income per return.

Subtract line 9 from line 6

Side 2 Form 199 2020 022 3652204

deducted in this return

6 Total. Add line 1 through line 5

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S7	PATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
HRSA	5600 FISHERS LN ROCKVILLE, MD 20852	12/31/20	5,245,686.
US DEPARTMENT OF HEALTH AND HUMAN SERVICES	PO BOX 23489 WASHINGTON, DC 20026	12/31/20	766,198.
INLAND FACULTY MEDICAL GROUP	1860 COLORADO BLVD LOS ANGELES, CA 90041	12/31/20	600,000.
COMMUNITY HEALTH ASSOCIATION INLAND SOUTHER REGION	621 E CARNEGIE DRIVER SUITE 180 SAN BERNARDINO, CA 92408	12/31/20	400,000.
ESSENTIAL ACCESS HEALTH	3600 WILSHIRE BLVD #600 LOS ANGELES, CA 90010	12/31/20	288,750.
ROBERT JIMENEZ GRANT	7951 ARLINGTON AVE RIVERSIDE, CA 92503	12/31/20	155,615.
TOTAL INCLUDED ON LINE 3			7,456,249.

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA

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

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

WEBSITE ADDRESS: www.oag.ca.gov/charities

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

COMMUNITY HEALTH SYSTEMS, INC. Name of Organization									
List all DBAs and names the organization uses or has used									
21801 ALESSANDRO BLVD Address (Number and Street)	State Cha	rity Registration Number CT 056526							
MORENO VALLEY, CA 92553-8551	Corporation	on or Organization No. 1246380							
951-571-2300 A.NGUYEN@CHSICA.ORG	Federal Er	nployer ID No. 33-0056551							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice									
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	<u> </u>					
Less than \$25,000 0 Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$22	- 50 25					
PART A - ACTIVITIES									
For your most recent full accounting period (beginning $01/01/20$	20 endi	ng 12/31/2020 ) list:							
	74	7,262 Total Assets \$ 17,08 24,221,534	6,2	39					
PART A - ACTIVITIES  For your most recent full accounting period (beginning 01/01/2020 ending 12/31/2020 ) list:  Gross Annual Revenue\$ 24,509,369 Noncash Contributions\$ 74,262 Total Assets\$ 17,086,239 Program Expenses\$ 18,302,301 Total Expenses\$ 24,221,534  PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT  Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required. Yes No  1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had									
		-							
			Voc	No					
During this reporting period, were there any contracts, loans, leases or other fi and any officer, director or trustee thereof, either directly or with an entity in w	inancial tran	sactions between the organization	103	х					
	misuse of the	e organization's charitable property		х					
3. During this reporting period, were any organization funds used to pay any pen	nalty, fine or	judgment?		х					
4. During this reporting period, were the services of a commercial fundraiser, funcommercial coventurer used?	draising cou	insel for charitable purposes, or		х					
5. During this reporting period, did the organization receive any governmental full	nding?	SEE STATEMENT 2	х						
6. During this reporting period, did the organization hold a raffle for charitable pu	rposes?			Х					
7. Does the organization conduct a vehicle donation program?				Х					
8. Did the organization conduct an independent audit and prepare audited finan- generally accepted accounting principles for this reporting period?	cial stateme	nts in accordance with	Х						
9. At the end of this reporting period, did the organization hold restricted net ass	sets, while re	porting negative unrestricted net assets?		Х					
COMMUNITY HEALTH SYSTEMS, INC.    Change of Address   Amended report									
T.ORT HOT.EMAN	C	EΟ							

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

STATEMENT

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



## Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

filing of	this form, visit www.irs.gov/e-file-providers/e-file-for-char	rities-and-n	non-profits.			
Auton	natic 6-Month Extension of Time. Only subn	nit origin	al (no copies needed).			
All corp	orations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnerships, I	REMIC	s, and trusts	
must us	e Form 7004 to request an extension of time to file incon	ne tax retui	rns.			
Type or	Name of exempt organization or other filer, see instru	uctions.	Tax	kpayer	ridentification num	ber (TIN)
print						
File by the	COMMUNITY HEALTH SYSTEMS, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  21801 ALESSANDRO BLVD  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  MORENO VALLEY, CA 92553 - 8551  Inter the Return Code for the return that this application is for (file a separate application for each return)  Population  Return Replication  Return Application  Return Return Code for the return that this application is for Code  Is For Code  In Form 990-T (condition)  Return Application  Return Return Code for the return that this application is for Return R		51			
due date filing your return. See	or Number, street, and room or suite no. If a P.O. box, s	see instruc	tions.			
instruction	s. City, town or post office, state, and ZIP code. For a 1 MORENO VALLEY, CA 92553-8	551				
Enter th	e Return Code for the return that this application is for (fi	ile a separa	ate application for each return)			0 1
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	1 1			07
Form 99	90-BL	02	Form 1041-A			08
Form 47	'20 (individual)	03				09
					10	
					11	
Form 99		06	Form 8870			12
Telep	whone No. ► $951-571-2300$ The organization does not have an office or place of business is for a Group Return, enter the organization's four digit	ss in the Ur : Group Exe	Fax No.   ited States, check this box	s is fo	r the whole group,	
2 If	e organization named above. The extension is for the organization named above. The extension is for the organization of the organization of the case of the organization of the tax year beginning  the tax year entered in line 1 is for less than 12 months, organization of the organizatio	ganization's, an	s return for:  d ending  on:			urn for
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less			
_	*			3a	\$	0.
			•			•
				3b	\$	0.
	•	-				0
	ultromatic 6-Month Extension of Time. Only submit original (no copies needed).  Il corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts use Form 7004 to request an extension of time to file income tax returns.  Yee or Name of exempt organization or other filer, see instructions.  COMMUNITY HEALTH SYSTEMS, INC.  So deliver in year and the return of the return that this application is for file a separate application.  COMMUNITY HEALTH SYSTEMS, INC.  SOMETION OF SARDADRO BLUD  City, town or post office, state, and ZIP code, For a foreign address, see instructions.  MORENO VALLEY, CA 92553−8351  Inter the Return Code for the return that this application is for (file a separate application for each return)  For Code of Form 990-EZ  O1 Form 1041-A  O8 Form 990-BL  O2 Form 1041-A  O8 Form 990-F  O7 Form 990-F  O8 Form 990-F  O9 Form 990-F  O8 Form 990-F  O9 Form 990-F  O9 Form 990-F  O8 Form 990-F  O9 Form 99					
	• •	ıl (direct de	bit) with this Form 8868, see Form 8453	B-EO aı	nd Form 8879-EO fo	or payment
Ι ΗΔ	For Privacy Act and Paperwork Reduction Act Notice	see instr	uctions		Form <b>8868</b> (B	(av. 1-2020)

023841 04-01-20

## EXTENDED TO NOVEMBER 15, 2021

Form **991** 

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Α	For the	2020 calendar year, or tax year beginning and ending	ng		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
Г	Addres	COMMUNITY HEALTH SYSTEMS, INC.			
	Name change		-	33-00565	51
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room	/suite	E Telephone numbe	
L	Final return/ termin-	21801 ALESSANDRO BLVD		951-571-	
	ated Ameno return	☐ City or town, state or province, country, and ∠IP or foreign postal code		G Gross receipts \$	24,509,369.
F	return Application		-	H(a) Is this a group re	
	Ition pendin	SAME AS C ABOVE		for subordinates <b>H(b)</b> Are all subordinates in	
_	Tay aya	empt status: X 501(c)(3)	527		list. See instructions
		e: WWW.CHSICA.ORG	J 321	H(c) Group exemption	
			Year o		State of legal domicile: CA
		Summary	, nour c	or formation.	otato or logar dofficino,
	T	Briefly describe the organization's mission or most significant activities: TO IMPR	OVE	AND STRENG	THEN THE
Activities & Governance		HEALTH OF OUR DIVERSE COMMUNITIES BY PROVID	ING	COMPASSION	ATE AND
rna	2	Check this box   if the organization discontinued its operations or disposed of	f more	than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		' I	9
ত প্ৰ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			338
ΝŢ	6	Total number of volunteers (estimate if necessary)		6	9
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		•	0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)	_	6,828,716. 19,273,098.	9,002,113. 15,433,896.
Revenue		Program service revenue (Part VIII, line 2g)		319.	15,433,696.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43,964.	73,253.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,146,097.	24,509,369.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ŋ	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		18,033,862.	17,209,021.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,860,537.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,894,399.	
		Revenue less expenses. Subtract line 18 from line 12		1,251,698.	287,835.
Net Assets or Find Ralances	3			ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	.	14,090,780.	17,086,239.
et A	21	Total liabilities (Part X, line 26)	.	9,180,316. 4,910,464.	11,887,940. 5,198,299.
	2  22 art II	Net assets or fund balances. Subtract line 21 from line 20		4,910,404.	3,190,299.
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	etateme	ante and to the heet of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pr			y kilowieuge allu bellet, it is
uu	5, 001100	t, and complete. Declaration of property (other than officer) is based on all information of which pr	орагог	nas any knowledge.	
Sig	n	Signature of officer		Date	
He		LORI HOLEMAN, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	id	LIOR TEMKIN LIOR TEMKIN	0	9/24/21 if self-employ	ed P00748170
Pre	parer	Firm's name SINGERLEWAK LLP		Firm's EIN ▶	95-2302617
Use	e Only	Firm's address 2050 MAIN STREET, 7TH FLOOR			
_		IRVINE, CA 92614		Phone no. 94	9-261-8600
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

including grants of \$

18,302,301.

032002 12-23-20

Form **990** (2020)

Total program service expenses ▶

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			3.7
	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	_		- V
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			- V
_	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,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		- 21
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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	-25	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		<del></del>
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		Х
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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			
	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,.
	1c and 8a? 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,"			7.7
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			_ v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

## Part IV Checklist of Required Schedules (continued)

	<del></del>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		v	
	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	24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception:  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		X
00	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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			. v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	Х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	21	
34	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0  rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
га	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Greek if Scriedule O contains a response of note to any line in this Part V		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 14		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
		Гаша	aan	(0000)

## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 338			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	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?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2020

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.

	to line da, da, or real selecti, addenied the directioned, proceeded, or change or contended of			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed CA  Section 6104 requires an experiention to make its Forms 1032 (1034 or 1034 A. if applicable), 900, and 900 T (Section 501/c)(3)	\0 0;=1·	) c. (=!!	oble
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	is only	) avail	auie
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request  X Other (explain on Schedule O)			
10	·	ا الم	noie!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are statements evallable to the public during the tay year	u rinat	icial	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► ANNIE NGUYEN - 951-571-2300			
	21801 ALESSANDRO BLVD, MORENO VALLEY, CA 92553			
	,,,,,,,			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A) Name and title	(B) Average hours per	Position (do not check more than of box, unless person is both officer and a director/trust				than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RODRIGO DOMINGUEZ-BELTRAN CHAIR	1.50	x		X				0.	0.	0.
(2) JONNATHAN BARAJAS	1.00								9 1	
VICE CHAIR		Х		Х				0.	0.	0.
(3) OSCAR ULRIC JONES	1.00					4				
TREASURER		Х		X				0.	0.	0.
(4) VERONICA KENNEDY	1.00									
SECRETARY		Х		X				0.	0.	0.
(5) DENEEN CULBERSON	0.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(6) DRAYMOND CRAWFORD	0.75									
BOARD MEMBER	0.50	Х						0.	0.	0.
(7) ALLISON MONTERROSA	0.50									0
BOARD MEMBER	0.00	Х	_		_	_	_	0.	0.	0.
(8) EDGAR MONTOYA	0.00	Х						0.	0.	0
BOARD MEMBER  (9) KIMBERLY JIMENEZ	0.50	Δ	_	H	_	_	<u> </u>	0.	0.	0.
(9) KIMBERLY JIMENEZ BOARD MEMBER	0.30	X						0.	0.	0.
(10) MAHDI HEMATIAN-ASHRAFIAN	40.00	^	$\vdash$	$\vdash$		$\vdash$	$\vdash$	0.	0.	<u></u>
CMO	0.50	ł		х				211,009.	0.	28,415.
(11) LORI HOLEMAN	40.00							211/0030		20,1131
CEO	0.50	1		х				176,843.	0.	29,551.
(12) ANNIE NGUYEN	40.00							,		
CFO	0.50	İ		Х				148,778.	0.	28,415.
(13) DENIS VEGA TAPIA	40.00									
C00				Х				132,576.	0.	0.
(14) DR. GEORGE SOLIMAN	40.00									_
FAMILY PRACTICE PHYSICIAN						Х		282,492.	0.	17,896.
(15) DR. CALVINE LAMBERT HALL	40.00							000 - 55		40.00-
FAMILY PRACTICE PHYSICIAN	40.00	_				Х	_	280,569.	0.	13,397.
(16) DR. SANJEEV PURI	40.00					,,		076 244	_	1 500
PHYSICIAN	40.00	<u> </u>	_	$\vdash$	_	Х	<u> </u>	276,341.	0.	1,522.
(17) DR. GORAN CVIJANOVIC	40.00					х		265 220	0.	E 000
PHYSICIAN						Λ		265,228.	0.	5,802.

032007 12-23-20 Form **990** (2020)

Name and title  Average hours per week (list any hours for related organizations below line)  Name And Title  Average hours per week (list any hours for related organizations below line)  Name And Title  Average hours per week (list any hours for related organizations below line)  Name And Title  Average hours per week (list any hours for related organizations below line)  Name And Title  Average hours per week (list any hours for related organizations below line)  Name And Title  Average hours per week (list any hours for related organizations below line)  Name And Title  Average hours per week (list any hours for related organizations)  Name And Title  Average hours per week (list any hours for related organizations)  Name And Title  Average hours per week (list any hours for related organizations)  Name And Title  Name And Title  Average hours per week (list any hours for related organizations)  Name And Title  Name And Title  Average hours per week (list any hours for related organization)  Name And Title  Name And Tit	Part VII Section A. Officers, Directors, Trus (A)	(B)	Pios	ces	, and		gne	ol (	(D)	(E)	$\neg$	-	F)
Nour for the companish of the compani	` ,	1 ' '	Position						` '	` '			
Week (list arm)   New York   Part	Name and the	"	box	do not check more than one ox, unless person is both an					1	compensation			
11b Subtotal  11b Subtotal  11c Total from continuation sheets to Part VII, Section A  11c Total from continuation sheets to Part VII, Section B  11c Total from continuation sheets to Part VIII, Section S  11c Total from continuation sheets to Part VIII, Section S  11c Total from continuation sheets to Part VIII, Section S  11c Total from continuation sheets to Part VIII, Section S  11c Total from continuation sheets to Part VIII, Section S  11c Total from continuation sheets to Part VIII, Section S  11c Total from continuation sheets to Part VIII, Section S  11c Total from continuation sheets to Part VIII, Section S  11c Total from continuation sheets to Part VIII, Section S  11		1	$\vdash$	cer ar	nd a di	irecto	or/trus	tee)		from related			
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d Total (add lines 1b and 1c)												174	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual    4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual    5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person    Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  NONE Description of services    Compensation  Compensation  Compensation for the calendar year ending with or within the organization's tax year.  (A) Description of services    Compensation  Compensation for the calendar year ending with or within the organization's tax year.									• •			124	
compensation from the organization    3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive on accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  None and business address None Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Policy including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Policy including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.													,,,,,,,
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive on accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Bescription of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \( \bar{\text{N}} \)	-			-		-				-		3	X
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Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\bigsime\)										idual for services			
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the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation	Section B. Independent Contractors												
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\$100,000 of compensation from the organization   0	Name and business	address	N	ЛИТ	<u> </u>			_	Description of s	services		mpens	ation
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\$100,000 of compensation from the organization	· · · · · · · · · · · · · · · · · · ·	-			J 10		_	ردت	a abovo, who isosived if	.c.c man			
	\$ 100,000 of compensation from the organ	Lation					-					orm <b>Q</b> C	<b>30</b> (2020)

Pa	rt v	Ш			5			
			Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII (A)	(B)	(C)	[D]
					Total revenue	Related or exempt		Revenue excluded
						Turiction revenue	business revenue	sections 512 - 514
nts Its	1	a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
			Fundraising events 1c					
			Related organizations 1d					
	l		Government grants (contributions) 1e 5,	535,719.				
rion S			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f 3,	466,394.				
n d O		g	Noncash contributions included in lines 1a-1f	74,262.				
a C		h	Total. Add lines 1a-1f		9,002,113.			
				Business Code				
Program Service Revenue	2	а	PATIENT SERVICE REVENU	621990	15,433,896.	15,433,896.		
		b						
		С						
ar		d						
igo. H		е						
Ā		f	All other program service revenue					
		g	Total. Add lines 2a-2f		15,433,896.			
	3		Investment income (including dividends, intere	•				
			other similar amounts)		107.			107.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	_		(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Other				
	1	а	(/	(ii) Other				
		<b>L</b>	assets other than inventory Less: cost or other basis					
<u>e</u>		D	and sales expenses					
Revenue		_	Gain or (loss) 70					
3ev			Net gain or (loss)					
er			Gross income from fundraising events (not					
g	Ü	ч	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities	<b></b>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory						
2			OHUED THEOLE	Business Code	72.052	72 050		
ne n	11	a	OTHER INCOME	621990	73,253.	73,253.		
llan		b						
Miscellaneous Revenue		C						
Ξ			All other revenue		73,253.			
		е	Total Add lines 11a-11d	<b>&gt;</b>		15 507 140	0.	107.
	12		Total revenue. See instructions	<u> </u>	24,509,369.	15,507,149.	L 0 •	_ <u>+</u> 0/•

## Part IX Statement of Functional Expenses

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	nse or note to any line in	this Part IX		
Doı	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	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				
	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,	755 505		755 505	
	trustees, and key employees	755,587.		755,587.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	12 520 502	10 675 226	2 052 256	
7	Other salaries and wages	13,348,394.	10,675,236.	2,853,356.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	1,730,456.	1,403,217.	327,239.	
9	Other employee benefits	1,730,436.	958,527.	235,859.	
10	Payroll taxes	1,134,300.	JJ0, JZ / •	433,033.	
11	Fees for services (nonemployees):				
a	Management	10,213.		10,213.	
b	Legal	70,782.		70,782.	
C	Accounting	70,702.		70,702.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch 0.)	1,499,043.	997,979.	501,064.	
12	Advertising and promotion	2/133/0131	33173130	301,001.	
13	Office expenses	687,271.	454,342.	232,929.	
14	Information technology	350,216.	12,165.	338,051.	
15	Royalties			333,73323	
16	Occupancy	1,873,517.	1,643,375.	230,142.	
17	Travel	68,879.	31,021.	37,858.	
18	Payments of travel or entertainment expenses			•	
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36,202.	16,865.	19,337.	
20	Interest	330,650.	290,172.	40,478.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	557,345.	483,250.	74,095.	
23	Insurance	336,597.	208,226.	128,371.	
24	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 SUPPLIES	1,071,118.	1,070,654.	464.	
b	DUES AND SUBSCRIPTIONS	107,811.	44,528.	63,283.	
С	REPAIRS AND MAINTENANCE	12,869.	12,744.	125.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	24,221,534.	18,302,301.	5,919,233.	0
26	<b>Joint costs</b> . 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)				

Га	ILΛ	balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			<u></u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			777,463.	1	3,855,017.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			918,283.	3	1,897,554.
	4	Accounts receivable, net			1,297,497.	4	921,421.
	5	Loans and other receivables from any current or former officer, director,				-	
	-	trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined					
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
S	7	Notes and loans receivable, net			180,000.	7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			1,047,550.	9	432,484.
	1	Land, buildings, and equipment: cost or other	 			Ť	101/101/
	104	basis. Complete Part VI of Schedule D	102	17,312,344.			
	h	Less: accumulated depreciation			9,743,941.	10c	9,852,902.
	11	Investments - publicly traded securities			5 / . 10 / 5 1 1 1	11	2700270020
	12					12	
	13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11				13	
	14					14	
	15	Intangible assets Other assets. See Part IV, line 11			126,046.	15	126,861.
	16	Total assets. Add lines 1 through 15 (must equal			14,090,780.	16	17,086,239.
	17				2,482,476.	17	2,321,268.
	18	Accounts payable and accrued expenses  Grants payable			2/102/1700	18	2,022,2000
	19				50,000.	19	0.
	20	Deferred revenue			30/0001	20	
	21	Tax-exempt bond liabilities				21	
m	22	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
Liabilities	~~	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
iliq						22	
Lia	23	controlled entity or family member of any of these persons  Secured mortgages and notes payable to unrelated third parties			6,637,419.	23	9,566,672.
	24	Unsecured notes and loans payable to unrelated third parties			10,421.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			10/1210	24	
	23	other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X					
		of Schedule D	17-24	J. Complete Fart X		25	
	26	Total liabilities. Add lines 17 through 25			9,180,316.	26	11,887,940.
	20	Organizations that follow FASB ASC 958, che			3/100/3100	20	11/00//3100
es		and complete lines 27, 28, 32, and 33.	CK HE	6 P 122			
auc	27				4,033,542.	27	3,722,144.
Net Assets or Fund Balances	27	Net assets with donor restrictions			876,922.	28	1,476,155.
	20	Organizations that do not follow FASB ASC 9			01013221	20	1/1/0/1330
		and complete lines 29 through 33.	36, CII	eck fiere			
	20	Capital stock or trust principal, or current funds				29	
	29					30	
	30	Paid-in or capital surplus, or land, building, or equipment fund			31		
	31	Retained earnings, endowment, accumulated income, or other funds			4,910,464.	32	5,198,299.
	32				14,090,780.	33	17,086,239.
	33	TOTAL HADINITES AND HEL ASSELS/TUND DAIANCES			T-100011000	აა	1 1,000,200.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,50		
2	Total expenses (must equal Part IX, column (A), line 25)	2	24	, 22	1,5	34.
3	Revenue less expenses. Subtract line 2 from line 1	3		28	7,8	35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  4					64.
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	5	,19	8,2	99.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	consolidated basis, or both:					
	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 2						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle A	udit		х	
Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				37	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

Open to Public Inspection

Employer identification number

COMMUNITY HEALTH SYSTEMS, INC. 33-0056551 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of numbered organizations

t Enter the number of supported	organizations							
g Provide the following information	g Provide the following information about the supported organization(s).							
(i) Name of supported	13.7 St							
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
		, also to (see a locado do locado)						
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

#### 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	ction A. Public Support	7.1	•	,				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Gifts, grants, contributions, and	. ,	, ,	, ,	, ,	` ,	.,	
	membership fees received. (Do not							
	include any "unusual grants.")	6,896,731.	6,472,625.	6,701,325.	6,828,716.	9,002,113.	35,901,510.	
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							
	Total. Add lines 1 through 3	6,896,731.	6,472,625.	6,701,325.	6,828,716.	9,002,113.	35,901,510.	
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,					Y		
	column (f)							
	Public support. Subtract line 5 from line 4.						35,901,510.	
	ction B. Total Support					1		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	6,896,731.	6,472,625.	6,701,325.	6,828,716.	9,002,113.	35,901,510.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	34,136.	34,616.	32,323.	4,819.	107.	106,001.	
_	and income from similar sources	34,130.	34,010.	34,343.	4,019.	107.	100,001.	
9	Net income from unrelated business							
	activities, whether or not the							
10	business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)	312,359.	598,526.	16,894.	39,464.	73,253.	1,040,496.	
11	Total support. Add lines 7 through 10	312/3331	33073201	10,031	33 / 10 10	7372331	37,048,007.	
12	Gross receipts from related activities,	etc (see instruction	nne)			12 80	,050,320.	
	First 5 years. If the Form 990 is for the						700070200	
	organization, check this box and <b>stor</b>							
Sec	ction C. Computation of Publ							
	Public support percentage for 2020 (I			column (f))		14	96.91 %	
	Public support percentage from 2019					15	95.97 %	
	33 1/3% support test - 2020. If the					nore, check this bo	x and	
	stop here. The organization qualifies							
b	33 1/3% support test - 2019. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the		
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶∐	
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2020

# 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.)

Sec	ction A. Public Support	elow, please comp	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(0.) = 0.10	(5) = 5	(0) = 0 : 0	(4,2010	(0) = 0 = 0	(1)
·	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,					1	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
0	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					<u> </u>	
6	Total. Add lines 1 through 5						
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						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources			1			
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 in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	Corganization's fi	iret socond third	fourth or fifth tax	voar as a soction	501(c)(3) organizat	ion
17	•	9	, , ,	•	•	( )( )	.iori,
Sec	check this box and stop here ction C. Computation of Publ						
	Public support percentage for 2020 (			column (fl)		15	9/
	Public support percentage from 2019					16	9/
	etion D. Computation of Investigation					10	
	Investment income percentage for 20					17	9
						18	9
	Investment income percentage from 2						
198	33 1/3% support tests - 2020. If the						I / IS NOT
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2019. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see ir	nstructions	

# 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
ъa		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
30		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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? If "No," describe in <b>Part VI</b> how the supported organization(s) 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). etion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	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 in line 2, above, did the organization's supported organizations have a			
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a	$oxed{oxed}$	
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion 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	ion 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	ion 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-functionally	integr	ated Type III supporting orga	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations <sub>(continu</sub>	ed)	
Secti	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	ns	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-			$\overline{}$	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
_	Evance from 2000				

Schedule A (Form 990 or 990-EZ) 2020

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.

#### Schedule B

(Form 990, 990-EZ or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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 \_\_\_\_\_\_ 🕨 \$ \_

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

literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HRSA		Person X Payroll
	ROCKVILLE, MD 20852	\$ 5,245,686.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	US DEPARTMENT OF HEALTH AND HUMAN SERVICES		Person X
	PO BOX 23489	\$ 766,198.	Payroll Noncash  (Complete Part II for
	WASHINGTON, DC 20026		noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4  INLAND FACULTY MEDICAL GROUP	Total contributions	Type of contribution  Person X
	1860 COLORADO BLVD	\$ 600,000.	Payroll Noncash
	LOS ANGELES, CA 90041		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	COMMUNITY HEALTH ASSOCIATION INLAND SOUTHER REGION		Person X Payroll
	621 E CARNEGIE DRIVER SUITE 180 SAN BERNARDINO, CA 92408	\$ 400,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ESSENTIAL ACCESS HEALTH		Person X
	3600 WILSHIRE BLVD #600	\$\$	Payroll Noncash
	LOS ANGELES, CA 90010		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ROBERT JIMENEZ GRANT		Person X
	7951 ARLINGTON AVE	\$155,615.	Payroll Noncash
002450 11.0	RIVERSIDE, CA 92503	Schodule P./Ferre	(Complete Part II for noncash contributions.)

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

## COMMUNITY HEALTH SYSTEMS, INC.

33-0056551

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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	
		\$		

**Employer identification number** 

Name of organization

33-0056551 COMMUNITY HEALTH SYSTEMS, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COMMUNITY HEALTH SYSTEMS, INC.

**Employer identification number** 33-0056551

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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)		<u> </u>
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Da	impermissible private benefit?		Yes No
Pai			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		
2	listed in the National Register		2d
3	year	leased, extinguished, or terminated by tr	ne organization during the tax
4	Number of states where property subject to conservation ea	soment is located	
5	Does the organization have a written policy regarding the pe		- f
3	violations, and enforcement of the conservation easements i		V N-
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	but and volunteer floure devoted to floring, inspecting,	Thanding of Violations, and emorning out	riservation easements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year
	<b>\\$</b>	3	3 ,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stater	ments that describes the
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	-	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2020

	t III Organizations Maintaining C	ollections of Art, H		reasures, c	or Other S	Similar Asse	ts(continu	ed)
3	Using the organization's acquisition, accession						•	
	collection items (check all that apply):	,,	·· <b>,</b> ···					
а	Public exhibition	d $\square$	Loan or ex	change progra	ım			
b	Scholarly research	е 🗀	Other	0.0				
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain how	thev further	the organization	on's exempt	purpose in Par	t XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV Escrow and Custodial Arrang						line 9, or	
	reported an amount on Form 990, Par		_					
1a	Is the organization an agent, trustee, custodia	an or other intermediary f	or contributio	ns or other as	sets not inc	luded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the followin	g table:					
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance			,		1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21, fo	or escrow or o	custodial acco	unt liability?		Yes	L No
	If "Yes," explain the arrangement in Part XIII.					······		
Pai	t V Endowment Funds. Complete if	the organization answere	ed "Yes" on F	orm 990, Part	IV, line 10.			
		(a) Current year (b)	) Prior year	(c) Two year	s back (d)	Three years back	(e) Four y	ears back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships				·			
е	Other expenditures for facilities			The state of the s				
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent year end balance (line	e 1g, column	(a)) held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment	%						
С	Term endowment ▶	6						
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organization	that are held	and administe	red for the c	organization	_	
	by:						Y	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as required or	n Schedule R	?			3b	
4	Describe in Part XIII the intended uses of the		nt funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	1		1		1		
	Description of property	(a) Cost or other	' '	t or other	(c) Accui		(d) Book	value
		basis (investment)		(other)	depred	iation	020	0.00
	Land			30,000.	1 05	1 2 0		,000.
	Buildings			19,720.		3,128.	3,296	
	Leasehold improvements			16,022.	5,3/	6,034.	5,569	<u>,                                    </u>
	Equipment			93,003.	1 10	3,445.		,558.
	Other			3,599.		6,835.		764.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X, co	lumn (B), line	10c.)			9,852	,90⊿.

Schedule D (Form 990) 2020

	EALTH SYSTEMS	, INC.	33-0056551 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)			
(2)			
(3)			•
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
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.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X Other Liabilities.		11a av 11f Caa Farm 000 Dart V li	25.25
Complete if the organization answered "Yes" (a) Description of liability	on rollinggo, Part IV, line	THE OF THE SEE FORM 990, Part X, III	(b) Book value
" ', ', ', ', ', ', ', ', ', ', ', ', ',			(b) Dook value
(1) Federal income taxes			
(2)			
(3)			
(4)			1

(7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X Schedule D (Form 990) 2020

(5) (6)

	Complete if the organization answered Tes Official 1990, Fait IV, line 12a	•		
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		
	Other (Describe in Part XIII.)	2d		
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		 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses 2c		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

#### Part 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, 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.

Schedule D (Form 990) 2020

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, 2020.

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, 2020, 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:

OPEN TAX YEAR JURISDICTION FEDERAL 2017 - 2020STATE 2016 - 2020

Schedule D (Form 990) 2020

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

COMMUNITY HEALTH SYSTEMS, INC. Employer identification number 33-0056551

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	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)			
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	1b		<u> </u>
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?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
а	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	ש		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i); (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	Ī							
		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred on prior Form 990
(1) MAHDI HEMATIAN-ASHRAFIAN	(2)	211,009	0	• 0	0	28,415.	239,424.	0
СМО	<b>E</b>	0	0	0	0	0	0	0
(2) LORI HOLEMAN	ε	176,843.	0.	• 0	0	29,551.	206,394.	0
CEO	€		0.	0	0			0
(3) ANNIE NGUYEN	Ξ	148,778.	0	• 0	0	28,415.	177,193.	0
CFO	€	0	0.	0	0	l	l	0
(4) DR. GEORGE SOLIMAN	Ξ	282,492.	0.	0	0	17,896.	300,388.	0
FAMILY PRACTICE PHYSICIAN	€	0	0	• 0	0	0	0	0
(5) DR. CALVINE LAMBERT HALL	Ξ	280,569.	0	0	0	13,397.	293,966.	0
FAMILY PRACTICE PHYSICIAN	€	0	0	• 0	0	0	l	0
(6) DR. SANJEEV PURI	Ξ	276,341.	0	0	0	1,522.	277,863.	0
PHYSICIAN	≘	0	0	0	0	0	0	0
(7) DR. GORAN CVIJANOVIC	Ξ	265,228.	0	0'	0	5,802.	271,030.	0
PHYSICIAN	€	ı	0		0	0	ı	0
(8) DR. MEGHA LALWANI	(i)	219,999.	0.		0	0.	219,999.	• 0
PHYSICIAN	(ii)	0	• 0	• 0	0	0	0	0
	(i)							
	(ii)							
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Schedule J (Form 990) 2020

33-0056551

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

									Schedule J (Form 990) 2020
				4					

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

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.

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

Name of the organization COMMUNITY HEALTH SYSTEMS, INC. Employer identification number 33-0056551

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of dete noncash contributi		ts
	·		items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
10	trust interests Securities - Miscellaneous						
12 13	Qualified conservation contribution -						
13							
14	Historic structures  Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies	X	34	74,262.	FMV		
21	Taxidermy			,			
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	7					
25	Other ()						
26	Other (						
27	Other \(\bigs\)						
28	Other • (						
29	Number of Forms 8283 received by the organize	zation durin	g the tax year for c	ontributions			
	for which the organization completed Form 828						
						Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date						
	exempt 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 p	oolicy that re	equires the review	of any nonstandard contribu	ıtions?	31	X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash	Γ		
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2020

032142 11-23-20

Schedule M (Form 990) 2020

# SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ . Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

COMMUNITY HEALTH SYSTEMS, INC. **Employer identification number** 33-0056551

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

COMPREHENSIVE HEALTH SERVICES.

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

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 ARE ADDRESSED AT THE LOWEST LEVEL POSSIBLE AND ISSUES POLICIES. 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 THE HUMAN RESOURCES DEPARTMENT RESEARCHES COMPARABILITY DATA FOR OFFICER, 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 or 990-EZ) 2020

032211 11-20-20

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 ADI	OITION, 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.
	_

# **SCHEDULE R** (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

OMB No. 1545-0047

INC.

COMMUNITY HEALTH SYSTEMS,

Name of the organization Department of the Treasury Internal Revenue Service

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 33-0056551Go to www.irs.gov/Form990 for instructions and the latest information.

Schedule R (Form 990) 2020 (g) Section 512(b)(13) Š controlled entity? Direct controlling Yes COMMUNITY HEALTH Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. entity SYSTEMS, INC. Direct controlling entity 0 End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) 0 Total income **Exempt Code** চ section Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>်</u> CALIFORNIA RENTAL BUILDING EXCLUSIVELY Primary activity Primary activity FO COMMUNITY HEALTH <u>@</u> 9 SYSTEMS, INC. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity MORENO VALLEY, CA 92553 JLJ CONSOLIDATED, LLC 22675 ALESSANDRO BLVD Part II

33-0056551

Page 2

COMMUNITY HEALTH SYSTEMS, INC.

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(k)	General or Percentage managing ownership partner?									
(j)	General or managing partner?	Yes No								
(!)	Code V-UBI amount in box not Schedule	K-1 (Form 1065)								
(h)	Disproportionate allocations?	Yes No								
(6)	Share of end-of-year									
(t)	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(c)	domicile (state or	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

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. Part IV

(Q)
Primary activity

Schedule R (Form 990) 2020

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
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?	ıs with one or more related o	rganizations listed	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	×			1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	
c Gift, grant, or capital contribution from related organization(s)				10	
				10	
e Loans or loan guarantees by related organization(s)				1e	
f Dividends from related organization(s)				#	
g Sale of assets to related organization(s)				19	
Purchase of assets from related organization(s)				부	
i Exchange of assets with related organization(s)				;=	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	
k I assant facilities an inment or other assate from related organization(s)				÷	
	anization(s)			=	-
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			ᄪ	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1 L	
o Sharing of paid employees with related organization(s)				9	
				9	
				19	
r Other transfer of cash or property to related organization(s)				÷	
				15	
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 this line,	including covered	relationships and transaction thresholds.		
<b>(a)</b> Name of related organization	(b) Transaction Amtype (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					
032163 10-28-20			Schedule R (Form 990) 2020	(Form	990) 2020

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(K)	ercentage wnership					90) 2020
(i)	General or Penanaging partner?	8				{Form §
(9)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					Schedule R (Form 990) 2020
(h)						
(b)	of /ear :s					
<b>(£)</b>	S t i					
(e)	Are all partners sec. 501(c)(3) orgs.?					
(D)	t incom related, tax und 2-514)					
(c)	micile oreign y)					
(q)	Primary activity					
(a)	Name, address, and EIN of entity					