

Organization Information

Legal Name

Community Health Systems, Inc.

DBA (if Applicable)

Fallbrook Family Health Center

Organization's Mission Statement

Community Health Systems, Inc. improves and strengthens the health of our diverse communities by providing compassionate and comprehensive health services.

Organization's Vision Statement

Community Health Systems, Inc. will be the provider of choice and trusted community partner in improving the health of the people we serve.

Organization History & Accomplishments

Community Health Systems, Inc. (CHSI) is a non-profit, 501(c)(3), Federally Qualified Health Center (FQHC), operating six stand-alone community health centers, one School Based Health Center, one pharmacy, and two mobile medical units in the tri-county areas of San Bernardino, Riverside, and North Inland San Diego. CHSI has provided uninterrupted primary and preventative health care services since 1984 and has grown from an average of 1,900 patients to more than 25,000 patients in 2023. In 2019, CHSI implemented the Health Homes Program, now known as Enhanced Care Management (ECM) Program to provide long-term services and support to members experiencing chronic health conditions, severe mental illness, substance use disorder, and homelessness. CHSI's health centers provide primary and preventative medical care, women's health services, behavioral health, dental care, vision care, chiropractic care, health education services, and community outreach programs to all community residents regardless of their ability to pay.

The Diabetes Empowerment Education Program has allowed CHSI to help patients better their health through reading, sharing, and subsequently implementing what they have learned relating to obesity & diabetes education into their lifestyle. CHSI has provided DEEP classes at Fallbrook Family Health Center (FFHC) since November of 2017, however, there have been breaks conducting the classes due to staffing shortages. Since the addition of the Community Health Educator, the demand of the program continues to expand, and providers and staff have expressed positive feedback on the impact of patients who decided to attend and/or complete DEEP. By addressing community members' needs, which includes expanding the availability of additional Spanish-led DEEP cohorts, CHSI's goal is to continue to provide these educational classes and empower participants with confidence and the necessary tools required to maintain controlled A1C levels.

Program Name/Title

Diabetes Empowerment Education Program (DEEP)

Brief Program Description

The Diabetes Empowerment Education Program (DEEP), a diabetes self-management education curriculum developed by the University of Illinois, Chicago provides communities with tools to better manage diabetes through principles of empowerment and adult education. DEEP has been shown to help participants reduce their risk of complications associated with diabetes.

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

Established Program

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

NO

Describe the impact of the program to date. Briefly explain how the service/intervention has worked - include cumulative metrics from the Q1 and Q2 Impact reports.

The DEEP program has demonstrated its efficacy in transforming the lives of individuals facing the complexities of diabetes and the ability to bridge knowledge gaps, foster cultural competence, and empower participants to take control of their health. Many participants, English and Spanish-speaking alike, start the program without a comprehensive understanding of the disease and struggle with self-management. Key issues include irregular blood sugar levels, limited knowledge of when and why to monitor levels post-meals, a lack of awareness regarding nutritional impacts relating to diabetes, inconsistent medication adherence, and struggles incorporating physical activity into lifestyles. These challenges leave patients feeling overwhelmed, restricted in their diet, and unmotivated. Patients' trajectory often takes a positive turn after joining DEEP. The culturally competent curriculum and visual aids play a pivotal role in building trust and breaking down the complexities of diabetes. The program focuses on empowering participants with knowledge about how diabetes affects the body, unraveling complexities of nutrition, and instilling effective self-management strategies. Patients discover realistic ways to incorporate physical activity into their daily routine and receive informed, balanced, and sustainable nutritional perspectives. Success of the DEEP program is best exemplified by participants' positive change in behavior and attitude and improvements in patients' A1C levels. This tangible reduction not only signifies an improvement in physiological markers but also reflects a newfound understanding and empowerment.

Funding Amount Being Requested 15000

Program Information - Type

Ongoing

48

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

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)	0	0
Young Adults (13-17)	0	0
Adults (18-60)	50	24
Seniors (60+)	50	24
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age

N/A

Target Population - Gender

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

*Target Population - Gender

N/A

Target Population - Income Level

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

*Target Population - Income Level

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

What language(s) can this program accommodate:

English

Spanish

What demographic group does this program predominately serve:

Community - Health & Fitness

Social Determinants of Health (SDOH)

The Fallbrook Regional Health District has identified several Social Determinants of Health that demonstrate a significant impact on the long term health and well being of our community. The following questions address how your program and/or services address these concerns.

Program/Services Description - Social Determinants of Health

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

Social Determinants of Health - Healthcare Access and Quality

DEEP addresses the SDOH of Healthcare Access and Quality by providing the classes in multiple languages, English and Spanish. Fallbrook Family Health Center is located in the unincorporated area of Fallbrook, in which over half of its population identifies as Hispanic/Latino, a figure greatly reflected in CHSI's FFHC patient population of approximately 73%. It is important to offer health education classes in the

predominant languages spoken by members of the community to ensure that they have access to attain the tools they need to successfully maintain their health. Furthermore, DEEP classes are free of cost and available to all community members year-round, further confirming the availability of access to quality healthcare.

Statement of Need/Problem

Residents of Fallbrook, and the North Inland Region of San Diego County in general, face multiple social determinants of health that directly affect their access to health care, primary care, and health literacy. As of 2022, approximately 15% of persons in Fallbrook are living in poverty, and 14% of people under age 65 do not have health insurance, according to the U.S. Census Bureau. The Fallbrook community has a majority Latino population of approximately 54% according to the U.S. Census Bureau, which is reflected in CHSI's Fallbrook clinic patient population as a majority of patients identify as Hispanic/Latino (73%). Additionally, approximately 1 in 5 patients at the Fallbrook clinic live at or below 200% of the federal poverty line. All of these factors play a key role in determining the above mentioned social determinants of health. Individuals who live in poverty, do not have health insurance, and/or belong to historically disadvantaged racial and ethnic minorities often face challenges when seeking quality healthcare and comprehending their healthcare and making decisions for their health. Furthermore, there is a need for Spanish-led diabetes education classes in the community. It is important to curate this approach to educate individuals who need it most in the language they are most comfortable with and can easily digest the information that is being shared. This makes it all the more important to make available free educational health classes such as DEEP in Spanish, and connect community members to resources to address their needs.

According to the California Health Interview Survey, 10.4% of the residents in the North Inland Region of San Diego County, reported they were ever diagnosed with diabetes in 2022. In addition, 23.4% of North Inland Region residents reported they had ever been told they have pre- or borderline diabetes in 2022, higher than the state average of 21.4%. Furthermore in 2023, the Fallbrook clinic had 70 patients who were pre-diabetic and 464 patients who had a diabetic diagnosis. DEEP is best suited for the populations that CHSI serves in Fallbrook, as it was developed to assist populations who are low-income, and individuals who identify as belonging to historically disadvantaged racial and/or ethnic minorities. In a 2022 Statistics About Diabetes report by the American Diabetes Association, the rates of diagnosed diabetes in adults was 11.8% for Hispanic individuals, compared to 7.4% of non-Hispanic white individuals. Latino populations have higher rates of diabetes often due to language barriers and lack of resources to gain control and self-manage their disease. CHSI's Diabetes Empowerment Education Program will increase the quality of outreach and provide patients with the education, tools, and supplies needed to help gain control of their disease. Patients will be confident in managing their disease and be able to apply learned knowledge from the classes into their everyday lives. Patients' A1C levels will improve as a result of adjusting to healthier eating habits, incorporating physical activity into their daily routines, as well as staying consistent with their medications and medical care.

How are other organizations addressing this need in the community?

The FRHD offers Diabetes classes at the Community Health & Wellness Center and the Fallbrook Food Pantry has a Diabetes course facilitated by CSU San Marcos Public Health Nursing students. Both programs educate & support individuals' lifestyle changes to prevent and/or reverse type 2 diabetes. CHSI's DEEP classes offer comprehensive educational curriculum to equip adults with a diabetes diagnosis and pre-/borderline diabetics who need the education and tools to confidently control their A1C levels. Participants have the opportunity to connect with a provider during and after they complete DEEP classes in order to maintain and/or continue to reduce their blood sugar levels. Furthermore, the other programs are not available in Spanish. CHSI's DEEP classes accommodate English & Spanish speakers, with six cohorts alternating availability between Spanish & English. Access to education in Spanish is important, as Latinos are among those who are effected by diabetes at highly disproportionate rates.

Program/Services Description - Program Entry & Follow Up

The Diabetes Empowerment Education Program operates in cohorts with approximately eight participants per cohort. CHSI's Fallbrook Family Health Center typically holds six cohorts in a year's time. CHSI's Community Relations Team spreads awareness of the program by engaging with community members

during community events, engaging with clinic patients, and through dispersement of flyers, social media postings, and other printed materials made to inform the public about one of the most prominent health concerns in the community. If individuals express interest in joining the program, the Community Relations Coordinator or Community Health Educator will assist the individual with enrolling into the next available cohort. Participants are also enrolled or connected to DEEP by referral of their provider. During the course of the program, participants are assisted with scheduling a follow-up appointment with a provider and an A1C test at the three-month mark post-program. This ensures that participants have the resources and accountability needed to help them continue to lower or maintain their blood sugar levels moving forward. This 3-month check in also allows for the patient to connect with the provider to assess their progress with self-managing their disease, address any concerns the patient may have, and re-evaluate other health-related concerns such as comorbidities that may be effecting the patient's progress. The impact of the patient's participation in DEEP may then be assessed based on the patient's progress and application of the habits and lifestyle changes they learned during the course of the program.

Program/Services Description - Program Activities

CHSI will provide its Diabetes Empowerment Education Program (DEEP) to community members in need in the unincorporated are of Fallbrook. DEEP is a diabetes self-management education (DSME) curriculum developed by the University of Illinois, Chicago. The program was developed to provide communities with tools to better manage diabetes and is based on principles of empowerment and adult education. DEEP has been shown to help participants reduce their risk of complications associated with diabetes. The program operates in cohorts, alternating between English and Spanish. Each cohort lasts six weeks with a two week break in between. Each class is two hours. There are eight modules: Understanding the Human Body; Risk Factors; Blood Glucose Monitoring; Physical Activity; Management Through Meal Planning; Complications; Medications and Medical Care; and Mobilizing Your Family and Friends. Topics such as body anatomy, risk factors and complications of diabetes, nutrition, physical activity, medication adherence, comorbidities (obesity, high cholesterol, heart disease), and more are discussed within the modules. These discussions enable patients to understand how these topics affect their health. Patients also learn how to track their meals and are encouraged to discuss with their provider the best level of physical activity to engage in based on their health. Each module is accompanied by hands-on activities and visual aids including models that exemplify the effects of Type II Diabetes, vascular effects due to diabetes, and blood vessel effects relating to high cholesterol. Patients are also assisted with creating SMART goals in efforts to see improvements in their weight and A1C/blood sugar levels by the end of six weeks. In addition to education, CHSI's program provides patients with take-home tools to help them self-manage their disease. For example, pill organizers, light resistant bands to promote physical exercise, portable magnifying glasses to help patients assess their feet, medication folders for organization of medication instructions, and notebooks to document what they learn in the classes, their progress and/or changes that they may observe within themselves.

Along with acquiring program supplies that are beneficial to participants' self-management success, awarded funds will be used to renew CHSI's organizational licensure as a DEEP Facilitator for the next five years and train staff to become certified facilitators. Upon completion of renewing the organization's licensure, CHSI will receive updated educational curriculum for DEEP that will allow for program facilitators to share the most updated medical practices for diabetes self-management with the program participants.

Program Goal

DEEP will empower participants to be effective at managing diabetes on their own, play a key role in early detection of comorbidities such as hypertension, high blood pressure, obesity, and therefore increase the overall health of the diabetic population in Fallbrook.

Program Objectives & Measurable Outcomes

Objective 1: By June 30, 2025, 48 participants will have completed the Diabetes Empowerment Education Program.

Measurable Outcome: The Community Health Educator will ensure attendance count for each cohort by

utilizing sign-in sheets collected during each class.

Success of the program's intervention will be measured through this objective by the overall attendance and completion rate.

Objective 2: By the third month post-completion of each cohort, participants with A1C levels above 9 at the initial test will have a 1.5 point-drop in their A1C level.

Measurable Outcome #1: Participants will test their A1C levels at the start of the cohort.

Measurable Outcome #2: The participants will have their weight, blood pressure, and BMI assessed at the start and end of the cohort.

Measurable Outcome #3: The program facilitators will ensure each participant schedules a follow-up A1C test three months post DEEP participation.

Success of the program's intervention will be measured through this objective by assessing how many participants were able to lower their A1C levels and make significant progress towards controlling their blood sugar levels.

Objective 3: By the end of each cohort, the participants' knowledge and confidence in their diabetes self-management will increase.

Measurable Outcome: The participants will complete pre- and post-program questionnaires that assess their confidence in self-managing their condition.

Success of the program's intervention will be measured through this objective by assessing how participants' confidence and health literacy increased as result of participating in DEEP.

Organization Collaborations

To ensure that the patients and community members have the necessary tools needed to prevent and/or manage their diabetes and other co-existent health issues, CHSI actively collaborates with other local organizations in Fallbrook. CHSI works with organizations that provide services relevant to the social needs of DEEP participants, as well as the health need that extend beyond CHSI's cope of practice. This includes referrals to and from Fallbrook Food Pantry, FRHD Community Health and Wellness Center, and Michelle's Place to name a few. In addition, CHSI connects and refers DEEP participants to the Supplemental Nutrition Assistance Program (SNAP) as needed. An established relationship with these entities allows CHSI to ensure participants' social determinants of health are addressed.

Anticipated Acknowledgment

Please describe how the Fallbrook Regional Health District's investment in this program will be acknowledged. This includes all print and electronic materials, press releases, website references, and any other form of written and verbal publicity that relates to the funded program.

Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Anticipated Acknowledgment

CHSI will include the Fallbrook Regional Health District's name and/or logo on all collateral materials associated with the Diabetes Empowerment & Education Program (DEEP). All collateral materials will be provided and shared in English and Spanish. This includes social media postings (including Facebook, Instagram, and Constant Connect), signage at the service site, and printed materials related to the DEEP

that are given to the participants.

Financial Reporting & Budget

Funding History NO

Terms and Conditions Accepted

Authorized Signature

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Community Health Systems, Inc. 2024 Board of Directors Roster

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

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

Reporting Book: ACCRUAL As of Date: 12/31/2023

	Year To Date 12/31/2023
	Actual
Net Income	
Income	
Grant Revenue	
Federal Grant Revenue	
American Rescue Plan (H8H)	1,695,678.11
Federal 330 Grant Revenue	4,367,651.00
HRSA - HIV Grant	330,714.52
HRSA - Covid 19 Vaccine (ECV)	242,468.00
HRSA - Hypertension Grant	51,124.53
FCC Covid-19 Telehealth	(500.00)
HRSA -National Ambulatory Medical Care Survey	10,000.00
Total Federal Grant Revenue	6,697,136.16
State Grant Revenue	
DHCS - PATH CITED	230,053.00
State Grants	135,019.50
Total State Grant Revenue	365,072.50
Foundation & Private Grant Revenue	
California Health Foundation	20,000.00
CVS Grant	8,334.00
First Five OHI	68,766.00
IEHP	10,000.00
CHAISR-Community Health Assoc.	10,000.00
Fallbrook HealthCare District	30,000.00
Total Foundation & Private Grant Revenue	147,100.00
Total Grant Revenue	7,209,308.66
Investments Income	
Investment Income	51,788.21
Total Investments Income	51,788.21
Other Types of Income	
Interest Income	88,673.30
Donations	963,544.91
Other Income	2,114,369.91
Rent Income	4,617.77
Medical records	5,142.75
Incentive	1,526,233.84
Total Other Types of Income	4,702,582.48
Patient Revenue	
Medicare	2,821,279.40
Private	983,183.64
Medical Fee For Service	7,049,189.53
Medical Managed Care	24,742,844.09
Pact	239,827.62
Presumptive Eligibility	57,997.74

Sliding Fee Schedule	620,123.90
Total Patient Revenue	36,514,445.92
Other Program Revenue	
ECM Program	1,293,441.24
340B Program	2,812,101.14
CCM Program	107,517.10
Pharmacy	9,431.71
Total Other Program Revenue	4,222,491.19
PY Reconciliation Adj	
PY Medi-Cal Recon Adj	202,361.36
PY Medicare Recon Adj	62,893.00
Total PY Reconciliation Adj	265,254.36
Total Income	52,965,870.82
Expense	
Rent	
Facility Rent	1,983,909.76
Storage	127,977.79
Total Rent	2,111,887.55
Community Outreach	
Community Outreach	50,291.97
Total Community Outreach	50,291.97
Business Expenses	
Banking Service Fees	49,926.55
Total Business Expenses	49,926.55
Contract Services	
Accounting Fees	82,947.29
Professional Services	467,770.14
340B Service Fees	422,760.41
Legal & Professional Fees	3,015.00
Outside Services	536,958.56
Security	340,196.88
Infectious Waste	29,309.83
Janitorial	418,223.03
Lab Fees	244,284.54
Pest Control	34,140.50
Recycling Services	33,489.68
Uniform & Lab Coats Services	9,467.83
Equipment Maintenance	40,031.90
Total Contract Services	2,662,595.59
Facilities & Equipment	
Medical Equipment Purchase	182,781.67
Building Repairs & Improvements	125,498.43
Equip Rental	172,584.46
Office Equipment Purchase	124,401.28
Auto Repair and Maintenance	1,335.99
Equipment Repair	30,305.41
Total Facilities & Equipment	636,907.24
Computer Expense	
Computer Software	564,855.55
Computer Hardware	45,822.79
Computer Maintenance	343,758.18
Total Computer Expense	954,436.52
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Operations	
Books, Subscriptions, Reference	1,783.15
Postage, Mailing Service	26,945.79
Printing & Copying	15,042.74
Utilities	437,928.01
Telephone, Telecommunications	495,172.84
Total Operations	976,872.53
Other Types of Expenses	
Depreciation Expense	779,715.47
Interest Expense	239,992.38
Dues, License, Renewals	174,517.66
Bad Debt	134,126.80
Staff Recruitment	221,919.77
Continuing Education	64,020.56
Staff Training	6,682.43
Total Other Types of Expenses	1,620,975.07
Insurance	.,==,=:
General Liability Insurance	127,495.91
Directors & Officers Insurance	77,143.67
Workers Comp	350,246.25
Auto Insurance	11,671.89
Property Insurance	56,338.79
Total Insurance	622,896.51
County & Other Taxes	,
County & Other Taxes	51,948.78
Total County & Other Taxes	51,948.78
Payroll Expense	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Salaries (Clinic)	18,323,061.71
Administrative Salaries	5,877,757.30
Employer Payroll Taxes	2,027,483.34
Fringe Benefits	2,384,766.82
Payroll Service Fees	77,040.42
Bonus	1,194,980.00
Retirement Benefits	1,790,039.31
Total Payroll Expense	31,675,128.90
Supplies	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Medical / Dental Supplies	590,056.90
Vaccine / Injectable Supplies	968,806.21
Pharmacy Supplies	542,998.50
PPE Supplies	2,734.52
Office Supplies	125,594.88
Janitorial Supplies	39,175.67
Total Supplies	2,269,366.68
Travel	2,200,000.00
Conference, Convention, Meeting	44,729.00
Travel	8,279.73
Transportation	13,655.84
Mileage	74,339.15
Lodging / Hotel	32,314.48
Meals	24,661.42
Total Travel	197,979.62
	131,313.02
Meetings & Corporate Events	

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

Community Health Systems, Inc. Profit & Loss

January through December 2022

	Jan - Dec 22
Ordinary Income/Expense	
Income 42000 · Grant Revenue	
42160 · First Five OHI	65,460.00
42209 · American Rescue Plan (H8H)	2,291,188.27
42210 · Federal 330 Grant Revenue	5,088,865.95
42215 · HRSA - Covid 19 Vaccine (ECV)	41,446.00
42217 · US Dep of Health & Human Servic	150,312.98
42231 · CVS Grant	41,666.00
42235 · FCC Covid-19 Telehealth	33,820.00
42260 · Title X	197,500.00
42270 · VA58 Neighborhood Partnership	5,000.00
42300 · State Grant 42330 · CECO Award	126,269.50 1,962.00
42375 · IEHP	380,000.00
42375 · ICHP 42385 · UCLA Grant	5,000.00
42459 · California Health Foundation	5,000.00
42463 · Community Health Group	7,098.00
42465 · Inland Faculty Medical Group	300,000.00
42466 · Health Center Partners of SC	4,000.00
42999 · Grant Holding Revenue	0.00
Total 42000 · Grant Revenue	8,744,588.70
45000 · Investments	, ,
45030 · Investment Income	1,535.55
Total 45000 · Investments	1,535.55
46000 · Other Types of Income	
46100 · Interest Income	164.28
46200 · Donations	57,388.87
46300 · Other Income	10,205.67
46500 · Medical records	6,413.80
46600 · Incentive	674,361.36
Total 46000 · Other Types of Income	748,533.98
48000 · Revenue	4 705 005 40
48100 · Medi-Cal Fee For Service	4,725,385.40
48150 · Medi-Cal Managed Care 48200 · Medicare	15,226,750.27 1,796,020.67
48300 · Sliding Fee Schedule	686,068.81
48400 · Private	301.785.21
48600 · Capitation	0.00
48930 · PACT	242,385.72
48940 · PE	37,728.58
48945 · ECM Program	1,058,478.59
48946 · 340B Program	1,597,497.94
48947 · CCM Program	90,887.99
48993 · PY Medi-Cal Recon Adj	76,690.00
48994 · PY Medicare Recon Adj	104,382.00
Total 48000 · Revenue	25,944,061.18
49100 · Rev Holding account 49150 · Clinic Rev Holding account	0.00 0.00
Total Income	35,438,719.41
Gross Profit	35,438,719.41
Expense	
55000 · Rent	
55010 · Facility Rent 55020 · Storage	1,752,623.53 84,738.37
Total 55000 · Rent	1,837,361.90
60320 · Community Outreach 60900 · Business Expenses	49,042.51
60940 · Banking Service Fees	41,904.16

Community Health Systems, Inc. Profit & Loss

January through December 2022

	Jan - Dec 22
Total 60900 · Business Expenses	41,904.16
62100 · Contract Services 62110 · Accounting Fees	72,910.06
62120 · Professional Services 62130 · 340B Service Fees	291,803.46 363,174.51
62140 · Legal & Professional Fees	9,339.37
62150 · Outside Services	333,795.54
62160 · Security 62170 · Infectious Waste	270,393.50
62180 · Janitorial	18,364.06 411,412.89
62190 · Lab Fees	212,206.89
62195 · Pest Control	7,668.69
62200 · Recycling Services 62210 · Uniform & Lab Coats Services	27,552.37 14,409.87
62220 · Equipment Maintenance	29,197.77
Total 62100 · Contract Services	2,062,228.98
62800 · Facilities & Equipment	, ,
62820 · Medical Equipment Purchase	103,518.74
62830 Building Repairs & Improvements	98,448.02
62840 · Equip Rental 62845 · Office Equipment Purchase	170,946.77 58,350.87
62860 · Equipment Repair	27,483.38
Total 62800 Facilities & Equipment	458,747.78
64000 · Computer	
64100 · Computer Software	369,458.23
64110 · Computer Hardware	36,420.44
64120 · Computer Maintenance	300,964.41
Total 64000 · Computer	706,843.08
65000 · Operations	006.04
65010 · Books, Subscriptions, Reference 65020 · Postage, Mailing Service	986.84 18,143.54
65030 · Printing & Copying	12,642.05
65040 · Utilities	352,819.41
65050 · Telephone, Telecommunications	477,018.20
Total 65000 · Operations	861,610.04
65100 · Other Types of Expenses 65130 · Depreciation Expense	635,611.57
65140 Interest Expense	286,265.03
65150 · Dues, License, Renewals	137,341.38
65155 · Bad Debt	20,000.00
65165 · Cash Short & Over 65180 · Staff Recruitment	-31.43 66,514.77
65200 · Continuing Education	71,368.21
65210 · Staff Training	18,091.17
Total 65100 · Other Types of Expenses	1,235,160.70
65120 · Insurance	
65121 · General Liability 65122 · Directors & Officers	83,591.08 51,646.91
65123 · Workers Comp	297,880.94
65124 · Auto	4,925.54
65125 · Property	53,679.67
Total 65120 · Insurance	491,724.14
65300 · County & Other Taxes 66000 · Payroll Expenses	40,744.92
66001 · Third Party Sick Pay	0.00
66010 · Salaries (Clinic) 66020 · Administrative Salaries	16,990,413.17 4,904,741.81
66030 · Employer Payroll Taxes	1,704,181.16
66040 · Fringe Benefits	2,348,267.90

9:32 AM 02/28/23 Accrual Basis

Community Health Systems, Inc. Profit & Loss

January through December 2022

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

Community Health Systems, Inc. Balance Sheet

As of Date: 12/31/2023

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

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

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

Created on: 02/28/2024 10:39 AM PST

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

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V	
-	

For calendar year 2022, or fiscal year beginning

. 2022, and ending

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of lifer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

COMMUNITY HEALTH SYSTEMS, INC. 33-0056551

Name and title of officer or person subject to tax LORI HOLEMAN

CEO

Part 1 Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	x	ь	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	32,270,645,		
2a	Form 990-EZ check here		b	Total revenue, if any (Form 990-EZ, line 9)	2b			
3a	Form 1120-POL check here		b	Total tax (Form 1120-POL, line 22)	3b			
4a	Form 990-PF check here		Ь	Tax based on investment income (Form 990-PF, Part V, line 5)	4b			
5a	Form 8868 check here		b	Balance due (Form 8868, line 3c)	5b			
6a	Form 990-T check here		b	Total tax (Form 990-T, Part III, line 4)	6b			
7a	Form 4720 check here		b	Total tax (Form 4720, Part III, line 1)	7b			
8a	Form 5227 check here		b	FMV of assets at end of tax year (Form 5227, Item D)	8b			
9a	Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)	9þ			
	Form 8038-CP check here			Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b			
Partilla Declaration and Signature Authorization of Officer or Person Subject to Tax								
Under	Under penalties of perjury, I declare that 🗓 I am an officer of the above entity or 📋 I am a person subject to tax with respect to (name							

PIN: check one box	only			
X I authorize	SINGERLEWAK LLP		to enter my PIN	
		ERO firm name		Enter five numbers, b

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022-electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, will enter my PIN on the return's disclosure consent screen.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Certification and Authentication

96606102617 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub, 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SIN

SINGERLEWAK LLP

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

do not enter all zeros

Part III

ハつつ		

Date Accepted

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR 2022		fornia e-file npt Organi:	Return Autho	rizati	ion f	or				FORM 8453-EO
Exempt Organization name			**************************************						ldenti	ying number
COMMUNITY HEALTH	i system	s, INC.							33	-0056551
Part I Electronic	Return in	formation (whole do	oliars oniv)							
1 Total gross recei		t								1 32,270,645
2 Total gross incom	me (Form									2 32,270,645
3 Total expenses a	and disbur	sements (Form 199,								3 34,893,976
Part II Settle You	r Account	Electronically for T	axable Year 2022							
4 Electronic f					4b Wi	thdrawal c	Jate (mr	ı/dd/yy	/yy)	
Part III Banking in	formation	(Have you verified t	he exempt organization's	banking i	nformati	on?)				
Routing number									_	
6 Account number				7 T	γ pe of ac	count:	Che	cking	_ [Savings
Part IV Declaration										
I authorize the exempt of on line 4a.	rganization'	s account to be settled	as designated in Part II. If I c	heck Part	II, box 4,	authorize	an electro	nic fun	iw ab	thdrawal for the amount listed
California electronic retu a balance due return, i u organization will remain statements be transmitte	rn. To the b nderstand to liable for the ed to the FTI	est of my knowledge a hat if the Franchise Tax e fee liability and all ap B by the ERO, transmiti	nts in Part I above agree with nd bellef, the exempt organiza; Board (FTB) does not receive plicable interest and penalties ter, or intermediate service provider the service pro	ition's retu e full and t . I authoriz ovider. If t	irn is truc imely pay ze the exe the proces	, correct, a ment of the mpt organi saing of the	nd comple exempt of zation reti	ete. If th organiza urn and	ne exe atlon' l'acco	empt organization is filing s fee llability, the exempt impanying schedules and
Here Signatu/o	of afficer		Data	Titlo						
declare that I have revie am only an intermediate accurately reflects the da provided the organization 1345, 2022 Handbook to the exempt organization declare that I have exan	ewed the ab service pro- ata on the re- n officer with or Authorized return is file nined the ab- ate. I make t	ove exempt organizatio vider, I understand that sturn.) I have obtained to h a copy of all forms ar de copy of all sterns ar do, whichever is later, a pove exempt organizatio	t I am not responsible for revi the organization officer's sign nd information that I will file v keep form FTB 8453-EO on f	s on form lewing the ature on fo with the FT lie for fou to the FT g schedule	exempt on orm FTB 8 B, and I have years fr B upon ressand state	rganization 1453-EO be ave follower om the due aguest. If i	's return. fore trans d all othe date of t am also ti	l declar mitting r requir he retur he paid	e, ho this i emer rn or prepi ny kr	ats described in FTB Pub. four years from the date arer, under penalties of perjury,
Must Firm's name (or y		SINGERLEWAK LLI	3			, , , , , , , , , , , , , , , , , , , ,				eréin 95-2302617
Sign K solf-employed) and address	▶	2010 MAIN ST.,							***************************************	
<u> </u>		IRVINE, CA							Z(P c	ode 92614
Inder penalties of perjury and belief, they are true	y, I declare correct, and	that I have examined the	ne above organization's return declaration based on all infor	and acco	mpanying which I h	schedules ave knowle	and state	ments,	and 1	o the best of my knowledge
Paid Paid Preparer signature)				Dote		Check if solf- employed	ı]	Paid preparer's PTIN
	te (or yours	\							Firm	a FEIN
Sign it solf-omp										
									ZJÞ c	ada
	· · · · · · · · · · · · · · · · · · ·									FTB 8453-EO 2022

229021 11-10-22

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO:
Regishy of Charitable Trusta
P.O. Box 803447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916)210-8400
WEBSITE ADDRESS;
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

Failure to submit this report enhually no later than four months and fifteen days effer the end of the organization's accounting period may result in the lose of tax exemption and the assessment of a minimum tax of \$600, plus interest, and/or fines or filing penetities. Revenue & Yaxation Gode section 23703; Government Code section 12586, 1, IRS extensions will be hencred.

DEPARTMENT OF JUSTICE
(For Registry Use Only)

	Check if					
CONDITION WITH CONTROL THE	Change of address					
COMMUNITY HEALTH SYSTEMS, INC. Name of Organization	Ar L	nended report				
Line II DOA						
List all DBAs and names the organization uses or has used 21801 ALESSANDRO BLVD						
Addross (Number and Street)	State Ch	arity Registration Number CT056526				
MORENO VALLEY, CA 92553-8551 City or Town, State, and ZIP Code Corporation or Organization No. 1246380						
951-571-2300 A.NGUYENGCHSICA.ORG						
Yelephone Number E-mail Address	Employer ID No. 33-0056551					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Gode Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice						
Total Revenue Fee Total Revenue	Fee	Total Revenue	Fe	e		
Less than \$50,000 \$25 Between \$250,001 and \$1 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million	\$100 \$200	Between \$20,000,001 and \$100 million		300		
Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million		Between \$100,000,001 and \$500 million Greater than \$500 million		1,000 1,200		
PART A - ACTIVITIES						
For your most recent full accounting period (beginning 01/01/2022	enc	ling 12/31/2022) list:				
Total Revenue (Including Approximation Contributions) \$ 32,270,645 Noncash Contributions \$		O Total Assats \$ 34	129	628		
(Including noncash contributions) \$ 32,270,645 Nancash Contributions \$ Program Expenses \$ 26,460,817	Total Expe	enses \$ 34,893,976				
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O						
Note: All questions must be answered. If you answer "yes" to any of the question and details for each "yes" response. Please re	tions belov	v. you must attach a separate page				
1. During this reporting period, were there any contracts, loans, leases or other fir and any officer, director or trustee thereof, either directly or with an entity in wh any financial interest?	nancial tran	sactions between the organization	Yes	No		
2. During this reporting period, was there any theft, embezzlement, diversion or m or funds?	isuse of the	e organization's charitable property		x		
3. During this reporting period, were any organization funds used to pay any pena	ılty, fine or j	udgment?		x		
 During this reporting period, were the services of a commercial fundraiser, fund commercial coventurer used? 	Iraising cou	nsel for charitable purposes, or		х		
5. During this reporting period, did the organization receive any governmental fund	ding?	SEE STATEMENT 2	x			
6. During this reporting period, did the organization hold a raffle for charitable purp	ooses?			х		
7. Does the organization conduct a vehicle donation program?				x		
8. Did the organization conduct an independent audit and prepare audited financial generally accepted accounting principles for this reporting period?	al statemen	ts in accordance with	×			
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?						
I declare under penalty of perjury that I have examined this report, including acc and belief the content is true, correct and complete, and I am authorized to sign	ompanying n.		ledge	,		
Joseph Leman LORI HOLEMAN	CE	Lari Haleman 1101	/4/2	23		
Stinature of Authorized Agent Printed Name	Tite	Dala		***************************************		

STATEMENT 2

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING PART B, LINE 5

NAME OF AGENCY: HRSA 330 FEDERAL GRANT

MAILING ADDRESS: 5600 FISHERS LANE, ROCKVILLE, MD 20852

CONTACT PERSON: CHRISTIE WILLIAMS, PROJECT OFFICER

TELEPHONE NUMBER: 301-594-4314

NAME OF AGENCY: ESSENTIAL ACCESS HEALTH - TITLE X GRANT

MAILING ADDRESS: 3600 WILSHIRE BLVD #600, LOS ANGELES, CA 90010

CONTACT PERSON: JON DUQUE/AMPARO RUANO

TELEPHONE NUMBER: 213-386-5614



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

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

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

CALIFORNIA FORM 199 RETURN:

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

No payment is required.

CALIFORNIA FORM RRF-1:

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

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

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

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

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

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

Very truly yours,

LIOR TEMKIN, CPA

Form 8879-TE

IRS e-file Signature Authorization OMB No. 1545-0047 for a Tax Exempt Entity For calendar year 2022, or flacal year beginning 2022, and ending 2022

Departm	ient of the Treasury			Do not send to the IRS. Keep for your r			ZUZZ
	Revenue Service		Go t	o www.irs.gov/Form8879TE for the lates	t information.	T"-11." "	
Name						EIN or SSI	N 056551
		HEALTH SYS				J 33**UL	, 30331
Name :	and title of officer or pe	rson subject to ta	CEC IX TOP	I HOLEMAN			
Par	Type of I	Paturn and i		Information			
Form : or 10s which	5330 filers may enter below, and the amo ever is applicable, bli	dollars and cer ount on that line	nts. For a for the r	ig this Form 8879-TE and enter the applical ill other forms, enter whole dollars only. If y eturn being filed with this form was blank, t it, if you entered -0- on the return, then ente	ou check the box on I then leave line 1b, 2b	ne 1a, 2a, 3b, 4b, 5t	, 3a, 4a, 5a, 6a, 7e, 8a, 9a >, 6b, 7b, 8b, 9b, or 10b,
-, -,	ine line in Part I. Form 990 check h	oro br	<u> </u>	Total revenue, if any (Form 990, Part VIII,	column (A) line 12)		ab 32 270 645
1a 25				Total revenue, if any (Form 990-EZ, line 9)	colonia (a), and is) "		2b
2a	Form 990-EZ che Form 1120-POL c	=		Total tax (Form 1120-POL, line 22)			
3a		_		Tax based on investment income (Form			
4a	Form 990-PF check		<u> </u>	•			
5a		_		Balance due (Form 8868, line 3c)			
6a	Form 990-T check						
7a	Form 4720 check			Total tax (Form 4720, Part III, line 1)			
8a	Form 5227 check			FMV of assets at end of tax year (Form 5	227, item U)		8b
9a	Form 5330 check	_	PO-MAIN-NY	Tax due (Form 5330, Part II, line 19)			9b
10a Pari	Form 8038-CP ch		nature	Amount of credit payment requested (For Authorization of Officer or Personal Persona	orm 6036-CP, Part III, I	iue %%)	10b
				an officer of the above entity or I am			and to land
of enti		i deciare that į		Lan officer of the above entity of 1 art			
payme persor PIN: <u>c</u>	ent of taxes to receive all identification num heck one box only	e confidential in ber (PIN) as my	nformatio y signatu	ttlement) date. I also authorize the financia n necessary to answer inquiries and resolv e for the electronic return and, if applicable	e issues related to the e, the consent to elect	payment, i ronic funds	l have selected a s withdrawal,
L	X lauthorize SINC	SERLEWAK LLE	P		tc	enter my l	
				ERO firm name			Enter five numbers, but do not enter all zeros
	with a state agen on the return's di As an officer or p return. If I have in	cy(ies) regulatir sclosure conse erson subject t ndicated within	ng charit ent scree to tax wit this retu	ctronically filed return. If I have indicated we as as part of the IRS Fed/State program, Inc. The respect to the entity, I will enter my PIN and that a the pay of the return is being filed with the return is being filed with any the return is designed.	also authorize the afor as my signature on the th a state agency(ies)	ementione tax year 2	d ERO to enter my PIN 022 electronically filed
Signature	of officer or person subjec	t to tex				Dat	0
Part		ion and Aut	thentic	ation U			
ERO's	EFIN/PIN. Enter you	ur six-digit elect	tronic fili	g identification			
numbe	er (EFIN) followed by	your five-digit s	elf-select	ed PIN.	96606102617 Do not enter all zeros		
submit				ich is my signature on the 2022 electronica rements of Pub. 4163 , Modernized e-File (I			
ERO's s	ignature SINGE	RLEWAK LLP			Date09/0	1/23	

		25 - 57 - 5		Must Retain This Form - See In:			
				t This Form to the IRS Unless Re	equested to Do	50	form 8879-TE (2022)
MΔ	-or Privacy Act and	PADALWOLK HA	eduction	Act Notice, see instructions.			FULLIK OOT 6-1 E (2022)

202521 12-16-22

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	e 2022 calendar year, or tax year beginning	and	ending					
	Check if applicat	C Name of organization			D Employer id	lentific	cation number		
["	Addr ohan								
	Name				33-005	6551			
<u> </u>	Initial			Room/suite	E Telephone r	umbei	r		
<u> </u>	Final			1100111100110	951-571-				
ш	interiori Popta	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$		32,270,645,		
	····· Amer	ded MORENO VALLEY CA 92553-8551	•		H(a) Is this a gr		eturn		
-				1.111			? Yes X No		
_	pend	SAME AS C ABOVE			H(b) Are all subcre		7000		
<u> </u>	Tax-ex	empt status: 🗶 501(c)(3) 501(c)() (insert no.) 4947	(a)(1)	or 527	1 ' '		list. See instructions		
****	Webs		15111 17		H(c) Group exe				
		organization; X Corporation Trust Association Other		L Year	of formation; 198		A State of legal domicile; CA		
		Summary					· · · · · · · · · · · · · · · · · · ·		
1	1	Briefly describe the organization's mission or most significant activities: TO	IMP	ROVE AND	STRENGTHEN T	HE			
Governance	1	HEALTH OF OUR DIVERSE COMMUNITIES BY PROVIDING COMPASSIO							
13	2	Check this box if the organization discontinued its operations or	dispos	sed of more	than 25% of its r	et ass	sets.		
, Ye	3	Number of voting members of the governing body (Part VI, line 1a)				, ,	9		
ß	4	Number of independent voting members of the governing body (Part VI, line					9		
بن من	5	Total number of individuals employed in calendar year 2022 (Part V. line 2a)					439		
iji	6	Total number of volunteers (estimate if necessary)					9		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12					0.		
₹	Ь	Net unrelated business taxable income from Form 990-T, Part I, line 11				7b	0.		
		100 100 100 100 100 100 100 100 100 100			Prìor Year		Current Year		
	8	Contributions and grants (Part VIII, line 1h)			17,507,	114.	6,308,263.		
E E	9	Program service revenue (Part VIII, line 2g)			22,669,	171.	25,950,476.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				373.	1,700.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			227,	128.	10,206.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line			40,403,786.		32,270,645,		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0.	Ō.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.			
w	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	· · · · · · · · · · · · · · · · · · ·						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.	0,		
ā	ь	Total fundraising expenses (Part IX, column (D), line 25)		0. 388					
ű	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			В,423,	758.	8,790,966.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			31,302,	127.	34,893,976.		
	19	Revenue less expenses. Subtract line 18 from line 12	-1149,		9,101,	659.	-2,623,331.		
ъž				Be	ginning of Current		End of Year		
뚌	20	Total assets (Part X, line 16)			24,146,		34,129,628.		
50	21	Total liabilities (Part X, line 26)	,,		9,847,		22,453,001,		
Met Assets Find Balance 72 72 72 72 72 72 72 72 72 72 72 72 72 7		Net assets or fund balances. Subtract line 21 from line 20	14,299,	958.	11,676,627.				
		Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying sof					knowledge and bellef, it is		
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information	n of wh	ich preparer	has any knowledge				
Sign	n	Signature of officer			Date				
Her	ę	LORI HOLEMAN, CÈS							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature				heck	PTIN		
Paid		LIOR TEMKIN LIOR TEMKIN		0		lf-employ			
Prep		Firm's name SINGERLEWAK LLP			Firm's E	IN	95-2302617		
Use	Only	Firm's address 2010 MAIN ST., STE 300					054 0504		
***************************************		IRVINE, CA 92614			Phone n	D.949	-261-8600		
May	the li	IS discuss this return with the preparer shown above? See instructions					X Yes No		

Forr	n 990 (2022) COMMUNITY HEALTH SYSTEMS, INC.	33-005655	1 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check If Schedule O contains a response or note to any line in this Part III	***************	
1	Briefly describe the organization's mission:		
·	TO IMPROVE AND STRENGTHEN THE HEALTH OF OUR DIVERSE COMMUNITIES BY		
	PROVIDING COMPASSIONATE AND COMPREHENSIVE HEALTH SERVICES,		
			,
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Γ	Von X No
	If "Yes," describe these new services on Schedule O.	٠ د	THE PARTITION
		Г	Var Var
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Tes (A) No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	-	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expe	enses, and
	revenue, if any, for each program service reported.		
4 a	(Code:) (Expanses \$26,460,817. including grants of \$) (Advances	i	25,960,682
	COMMUNITY HEALTH SYSTEMS PROVIDED 124,273 MEDICAL, DENTAL, VISION,		
	VISITS, TO INDIVIDUALS IN THE TRI-COUNTY AREA OF SOUTHERN CALIFORNIA.		
	APPROXIMATELY 24,556 PATIENTS WERE SERVED. A MAJORITY OF THOSE		
	PATIENTS WERE LOW-INCOME AND UNDERINSURED WITH LIMITED MEANS FOR		
	PAYMENT,		
4b	(Code:) (Expenses \$) (Revolue (·	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses 5 including grants of 5) (Advance 5	;	`
70	Cons. The first of		
4d	Other program services (Describe on Schedule O.)		
	(Expanses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 26,460,817.		
			Form 990 (2022)
			, - /

Form 990 (2022) COMMUNITY HEALTH S
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		Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
	similar amounts as defined in Rev. Proc. 98-197 // "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
₿	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete			ж
_	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		**-
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x,
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10		10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	(83,690)	x254365	95944644
11	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	HICEPANI.	(0.000).420	prevented
а	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		х
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ď	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	110	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	-
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? /f "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_
	investment, and program service activities outside the United States, or aggregate foreign Investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	146		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	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		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_	-	44
	domestic government on Part IX, column (A), line 17 /f "Yes," complete Schedule I, Parts I and II	21	000	<u> </u>
32003	12-13-22	Form	990 (2022)

	AND	22 ABECEE1		
Form	990 (2022) COMMUNITY HEALTH SYSTEMS, INC. 1 IV Checklist of Required Schedules (continued)	33-0056551		age 4
	Site of the dame a doried alles (continued)		V	T N
		Γ	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		×
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	x	
24a	Schedule J			***************************************
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comple	1		
	Schedule K. If "No," go to line 25a	9		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<u> </u>	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defe			
_	any tax-exempt bonds?	24c	ŀ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	!		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7 // "Yes," comp	elete	İ	
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key empl	oyee,		
	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, F	Part III , 27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part I	√. ∰		
	instructions for applicable filing thresholds, conditions, and exceptions):			100 E
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			
	"Yes," complete Schedule L, Part IV	28a		ж
b	A family member of any Individual described In line 28a? If "Yes," complete Schedule L, Part IV	28b		х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	ļ		
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservations	na		
	contributions? If "Yes," complete Schedule M			х
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			
	Schedule N, Part II	32		X,
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	[]		l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, a			
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled e			l
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related org			,
	If "Yes," complete Schedule R, Part V, line 2	36		Х
	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
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			l
Par	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance		Х	L
, r ; G I ,	The state of the s			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> I	····	السسا
		16	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
	Enter the number of Forms W-2G included on line 1a. Enter-0- if not applicable		90245575 9005255	
C	During ordenization combin with provide annurological tries for tehorizone having its relicons and rehorizone day.	9 [050055]	www.ice	1500/1656

232004 12-13-22

Form **990** (2022)

(gambling) winnings to prize winners?

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		12000	1941,000 AV
	filed for the calendar year ending with or within the year covered by this return 2a 435			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	35		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ľ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		ж
b	If "Yes," enter the name of the foreign country		1000 A 10	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			: 35.50%
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T7	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ľ
	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	1		
	were not tax deductible?	6b	1.00.0000	1 1/10/01/2011
7	Organizations that may receive deductible contributions under section 170(c).	0.680		
ä	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?	7 <u>a</u>	—	X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>	—	
Ċ	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	ZZNELINEZ.	X
q	If "Yes," indicate the number of Forms 8282 filed during the year	2000 C	(420,000	4925A
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <u>e</u>		
ŧ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
, h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<u>7h</u>	768757475	NOSTINIANIA
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2000	099000	909WFW
	sponsoring organization have excess business holdings at any time during the year?	B	101451,024	Shapategold
9	Sponsoring organizations maintaining donor advised funds.	GOD SOVAC		
3	Did the sponsoring organization make any taxable distributions under section 4966?	9a		\vdash
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	96	4408 <i>668</i> 48	indial (in)
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
8	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			52.6
11	Section 501(c)(12) organizations. Enter:		2000	8.50
, i			7,205,030 -8,758/95	
	Gross income from members or shareholders 113 Gross income from other sources. (Do not net amounts due or paid to other sources against			2×3
	amounts due or received from them.)			
129	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	SAME SAME SA	rogovinos
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	(6920)	(4080) (4080)	200
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.	0/2001	Ways:	yeş xalkı.
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			32 35
_	organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	146		
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		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	87945		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	<i>2007</i>	i New York	020/N294
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		Vertini idi.	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	30000		
232005	12-13-22	Form	990	(2022)

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Form 990 (2022) COMMUNITY HEALTH SYSTEMS, INC. 33-0056551 Page
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		4 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Х
Sec	tion A. Governing Body and Management			
		Cita	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	0.0000		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	0000000		
b	Enter the number of voting members included on line 1s, above, who are independent 1b			\$ \$
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	3525743 545543		
	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		[
	more members of the governing body?	7a		х
b				
•	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:	WEST-108	aniné	(88,94%)
	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			
•	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.)		h	
	This Section B requests information about bolicles not reduced by the internal nevertee codes.		Yes	No
10~	Did the organization have local chapters, branches, or affiliates?	10a	1,00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1,00		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	105	ł	
11.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	x	
ь		4800 CVC	100000	95000
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	130 AUG 74
12a	And the second of the second o	12b	x	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1.20		
C	• • • • • • • • • • • • • • • • • • • •	12c	х	
13	on Schedule O how this was done	13	х	
		14	x	
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	300000	30000	######################################
15	•			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	450	X	SENSTIN
ä	<u>-</u>	15a 15b	х	
ь	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	30507	0.0000	A Committee of the Comm
		1996396		
TBa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	90090000	COSSIGNATION CO.	X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	(/////////////////////////////////////	. 10000
6				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	30256335 466	700000000	WEEKA 600
Cas	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filled Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	t only		alo.
18		- orny)	avanal	AIC.
	for public inspection, Indicate how you made these available, Check all that apply.			
4.5	Own website Another's website X Upon request X Other (explain on Schedule O)	d 5000	sin I	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	- manc	Hal	
00	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			

Form **990** (2022)

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if notifier the organization	nor any related	<u> </u>	11122	LIUI	COL	וטעו	oatt	any canem onicer, di	ISOLOT, OF HOSTOR.	
(A)	(8)				C)			(D)	(E)	(F)
Name and title	Average	(de	nete	Pos heck	nore more	l than :	one	Reportable	Reportable	Estimated
	hours per	bex	, unio por ar	aa pa	raon I	is both	ገጫጠ	compensation	compensation	amount of
	week		1	Ī	1	Ī	T	from	from related	other
	(list any hours for	ig i]	_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	E OI	8	Ī		SZIBN		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	i iii	1 2		<u> </u>			1099-NEC)	1000 1100,	and related
	below	ार्गिनंदिय इपडारह or ब्रास्ट्राज	nalketional Justee	, ka	醬	5 5	뇬			organizations
	line)	量	뺼		Key englayer	Kignesi compensatesi empiases	Former			_
(1) DR. SANJEEV PURI (FROM 8/22)	40,00					Г				
CMO (FROM 8/22)				х			١.	306,858.	0.	2,188.
(2) LORI HOLEMAN	40.00									
CEO				х	Ĺ			261,382.	0.	31,098.
(3) ANNIE NGUYEN	40.00									
CFO				x				207,309.	0.	30,047.
(4) DENIS VEGA TAPIA	40.00									,
COD				x				192,750.	0.	28,940.
(5) MAHDI HEMATIAN-ASHRAFIAN	40.00					!				
CMO (UNTIL 8/22)				x				176,373.	0.	20,028.
(6) DR. GEORGE SOLIMAN	40,00	ļ								
FAMILY PRACTICE PHYSICIAN						Х		295,658.	0.	28,009.
(7) DR. CALVIN LAMBERT HALL	40.00									
FAMILY PRACTICE PHYSICIAN						Х	<u> </u>	289,000.	0,	27,903.
(8) DR. GORAN CVIJANOVIC	40,00									
PHYSICIAN		_	<u></u>	L	L	X		292,053.	0.	16,475.
(9) DR. SHEILA LOHARUKA	40.00									
INTERNAL MEDICINE PHYSICIA						Х		243,379.	0.	13,928.
(10) STANLEY YU	40.00									
PEDIATRICIAN		ļ.,	<u> </u>		L	Х		229,885.	0,	9,519.
(11) JONNATHAN BARAJAS	1.50	ļ								
CHAIR		Х		Х				0,	0.	0.
(12) KIMBERLY JIMENEZ	1.00									
VICE CHAIR		Х		х	<u> </u>			a.	0,	0.
(13) OSCAR ULRIC JONES	1,00									
TREASURER		Х		X	L.			0.	a.	G .
(14) JENNIFER DOBROWOLSKY	1,00								:	
SECRETARY		X		x				0.	0.	0.
(15) DRAYMOND CRAWFORD	0.75								1	
BOARD MEMBER		х						0,	0.	0.
(16) DENISE CULBERSON	0.50								_	
BOARD MEMBER		х						0.	0.	0,
(17) AMIR SADEGHIAN	0,75								. 1	
BOARD MEMBER	1	ж	1			1 1		0.	ø.	0.

232007 12-13-22

Form 990 (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	loy	ees,	and	Hi:	ghes	t C	ompensated Employee	s (continued)				
(A)	(C)						(D)	(⋿)		(F)			
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Estimated		
	hours per	box	, unfo	ss pe	reon i	s both	n en	compensation	compensation	. 1			
	week (list any			er and a director/trustoe)				from	from related		other		
	hours for	edinidual Oustae de Ainecea				L		the organization	organizations (W-2/1099-MISC	,	compensation from the		
	related	121	93			अक्ष		(W-2/1099-MISC/	1099-NEC)	'	organization		
	organizations	T ISS	ज्ञाहा		<u> </u>	JE di		1099-NEC)	1 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ì	and related		
	below	륟	भ्यात्री दिव्याचित्रक	ь	iey empayee	12 25	20	,		Ì	organizations		
MBD 111 M	line)	듄	135	OFFE	1	Highest compansated employee	Бостив						
(18) ALLISON MONTERROSA	0,50					1							
BOARD MEMBER		Х	_			L		0.		٥.	0,		
(19) VERONICA HERNANDEZ	0.50									ا ۱			
BOARD MEMBER		Х			_	\vdash		0.		<u>, c</u>	0.		
***					\vdash		\vdash			-			
							ĺ						
									1.0.00	-			
					ŀ								
					-					_			
						1				- [
									11.1.11111111				
							İ						
1b Subtotal								2,494,646.		0,	208,135.		
c Total from continuation sheets to Part VII	, Section A							0.		0.	٥.		
d Total (add lines 1b and 1c)								2,494,546.		0.	208,135,		
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	eldatroger to 000				
compensation from the organization											24		
										г	Yes No		
3 Did the organization list any former officer,			•		•		-	, ,	•	- 1			
line 1a? If "Yes," complete Schedule J for su										- 1	3 X		
4 For any individual listed on line 1a, is the su	-							-	•				
and related organizations greater than \$150										·-	4 X		
5 Did any person listed on line 1a receive or a					-			-	ngi for services	ŀ	5 Х		
rendered to the organization? // "Yes." com Section B. Independent Contractors	olete Scheduje	JI	or su	co r	2 <i>ers</i>	on .				<u></u>	9 1 1 1 -		
Complete this table for your five highest cor	nnensated ind	ener	nder	t cc	ntre	etor	e th	nat received more than \$	100 000 of compet	asat	loo from		
the organization. Report compensation for t													
(A)							T	(B)			(C)		
Name and business	address	NOI	NE					Description of s	ervices	Compensation			
							-						
Catal manufacture of traffic and and and and and and	معامدان المسالمان	A Per	ulan e	• •	hee	a H	L	ahaya) wha seesiyes?	es these	doguja	ova ganesi oktorovania iki		
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	_	e nn	111.80	io t	nos C		EG	above, who received mo	TO CHACL				
a roo, soo or conjipanisation from the organiz	adon								1,0000	<u>1</u>	Form 990 (2022)		
											(EUEE)		

			Check if Schedule O	conta	ains a r	esponse	or note to any lin	e in this Part VIII			
				11 11 11 11 11 11	441,144 44 1		o	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
22.9	,	1 a	Federated campaigns			1a			Buy of Wat (4-77)		
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
3 8			Fundraising events			1c					
S A			Related organizations			10					
9.5			Government grants (contr			1e	5,288,328.				
8.2			All other contributions, gifts,								
E E			similar amounts not included			1,019,935.					
돌		g	Noncash contributions included in			1g \$					
SE		h Total. Add lines 1a-1f				6,30B,263.					
						Business Code					
g ₂	2	2 a	PATIENT SERVICE REVENU				621990	25,950,476.	25,950,476.		
Program Service Revenue		ь									
S E		¢									
ams		d									
₽,		e							***************************************		
۳.		f	All other program service	rever	nue						
	L	9	Total, Add lines 2a-2f					25,950,476.			
	3	3	Investment income (includ	ling (divlden	ds, intere	st, and				
								1,700.			1,700.
	4	1	Income from investment of tax-exempt bond p								
	5	,	Royalties			***************************************	(144-141-141-141-141-141-141-141-141-141	anak san Talini kalinannaha da si akasa kun	ning bulga balan kalan kan ang at til balan kalan kan da ka	ukanti makantuwa 17 ta walanti	Kandakin visiosi iš earlini ir maistavi ir ili
					(1)	Real	(ii) Personal				
	e	ā	Gross rents	6a							
			Less: rental expenses	6b					22222		
			Rental income or (loss)	6c							
	_		Net rental income or (loss)					CAN SAN SAN SAN SAN SAN SAN SAN SAN SAN S	55000540000000000000000000000000000000	Naka wwa sanan najaliwa na wakani na wajasa ka	and the second s
	7	a	Gross amount from sales of		(i) \$=	curities	(ii) Other				
			assets other than Inventory	7a			1				
-		b	Less: cost or other basis	_							
ž			and sales expenses								
ě.			Gain or (loss)					The first that are transfer of the free free free free free free free fr	SALI ANGGARAN ANGGARAN ANGGARAN	21/20/00/20/00/2/20/00/20/00/20/20/20/20/2	enegatorologica.
Other Revenue	_		Net gain or (loss)				I	CALLEGO MERCALES COLO POR ASSESSORA EN ESCADA CONTRA VSet Nikeria Annie Carrose (1780/1881) V		Caracter between the residence of the re-	
華	В	ь	Gross Income from fundralsin	_	-						
0			including \$ontributions reported on	lium 1	10\ 00	of					
		<u>.</u>		,,							
			Net income or (loss) from t	,				1 4 - 100 10 - 11 - 12 - 12 - 12 - 13 - 13 - 13 - 13	30.43.43.43.43.43.43.43.43.43.43.43.43.43.		Brotherine to the property of the silver or property
	9		Gross income from gaming						NO SELECTION OF THE	(:000000000000000000000000000000000000	
	ď	-	Part IV, line 19				1				
		h				1					
			, , , , , , , , , , , , , , , , , , , ,								
	10		Net income or (loss) from gaming activities				ing statistics consissed to				
			and allowances			108					
		ь	Less: cost of goods sold 10t								
			Net income or (loss) from s								
,,							Business Code	Principal Communication			
Miscellaneous Revenue	11	a	OTHER INCOME				621990	10,206.	10,206.		
ane		þ	A11112								• 111
8 8		¢									
ξ		q	All other revenue						Carriers, Mary No. Account of the O. of Street	100mman 1 n 1 n 1 n 1 n 1 n 1 n 1 n 1 n 1 n 1	AND THE RESERVE AND ADDRESS OF THE
			Total. Add lines 11a-11d		,			10,206.		75557540074557655	
	12	<u>;</u>	Total revenue. See instruction	ns .	,			32,270,645.	25,960,682.	0.	1,700.
232009	12	-13-	22								Form 990 (2022)

Part X 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 response or note to any line in this Part IX (D) Fundraising expenses (A) Totel expenses Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 1,256,971. 505,446. 751,525. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4.098.702. 20,652,484. 16,553,782. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,489,374, 1,774,500 714.874. Other employee benefits 371,407. 1,704,181. 1,332,774. 10 Payroll taxes Fees for services (nonemployees): a Management 9,339. 9,339. 72,910. 72,910. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, 231,701 1,979,980, 1,748,279 column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 663,325 475,842. 1,139,167 Office expenses 13 687,059. Information technology 706.B43. 19.784. 14 15 Royalties 2,134,495, 1,655,596. 478,899. 16 Occupancy 92,646, 25,870 66,776. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 102,560. 18,422 84,138, Conferences, conventions, and meetings 19 286,265. 286,265. 20 Interest Payments to affiliates 21 452,627 182,985. 635,612, Depreciation, depletion, and amortization 22 122,316, 264,082 386,398, 23 Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) MEDICAL SUPPLIES 1,078,940 1,078,702 238 138,328. 54,073. 84,255. DUES AND SUBSCRIPTIONS REPAIRS AND MAINTENANCE 27,483. 27,290. 193, Ċ đ All other expenses 34,893,976. 26,460,817. 8,433,159, 0. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here _____ if following SQP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

					(A) Beginning of year		(B) End of year
П	1	Cash - non-interest-bearing	• • • • •		4,137,361.	1	1,920,864.
	2	Savings and temporary cash investments			, ,	2	
	3	Pledges and grants receivable, net			6,657,295.	3	3,565,324
	4	Accounts receivable, net			2,379,110.	4	1,426,091
Ì	5	Loans and other receivables from any current or				(A) (A)	
	-	trustee, key employee, creator or founder, substa		1		ā	
		controlled entity or family member of any of these			physical Carlos Callor Colorados (1574 by 1782) in hit	30/03/2 5	The desired printed from the Delivery of the Section of the Sectio
1	6	Loans and other receivables from other disqualifie		177			
	J	under section 4958(f)(1)), and persons described		: 4050(-)(0)(0)	on and the strained a permitted for the sector with	6	TEACHER CONTRACTOR OF STREET S
.	7	Notes and loans receivable, net				7	
2000	В	Inventories for sale or use			1 11 1	8	
i I	9				324,693.	9	893,600
		Land, buildings, and equipment: cost or other					
	I (/ G	basis. Complete Part VI of Schedule D	10a	19,186,032.		7. K	
- 1	ь	Less: accumulated depreciation		8,756,930.	10,528,801.	10c	10,429,102
1	11	Investments - publicly traded securities				11	//
Ì	12	Investments - other securities. See Part IV, line 11				12	1,201,536
	13	Investments - program-related. See Part IV, line 1				13	1 /
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			119,712.	15	14,685,031
	16	Total assets. Add lines 1 through 15 (must equa			24,146,972.	16	34,129,628
	17	Accounts payable and accrued expenses		N .	3,909,235.	17	2,578,349
1	18	Grants payable				18	, , , ,
1	19	Deferred revenue				19	
	20	Tax-exempt bond ilabilities				20	
- [21	Escrow or custodial account liability. Complete P		4 O - L Lui - D		21	
		Loans and other payables to any current or forme				58/850	
		trustee, key employee, creator or founder, substa		1/		Ø 8.	
		controlled entity or family member of any of these		T I	CONTRACTOR SECTIONS AND SECTION OF SECURIOR SECTION SE	22	I EDWARD ROOM PER LOOM PER ROOM DE LE PORTO
	23	Secured mortgages and notes payable to unrelate	•		5,865,773.	23	5,446,912
١		Unsecured notes and loans payable to unrelated				24	
		Other liabilities (including federal Income tax, pay-					
		parties, and other liabilities not included on lines					
		Market Control of the		·	72,006.	25	14,427,740
	26	Total liabilities. Add lines 17 through 25			9,847,014.		22,453,001
+	<u> </u>	Organizations that follow FASB ASC 958, chec	k hora	x		Services Services	
		and complete lines 27, 28, 32, and 33.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Warmer!		592754 592754	
	27				8,148,130.	27	8,692,875
		Net assets with donor restrictions	6,151,828.	28	2,983,752		
		Organizations that do not follow FASB ASC 95		22000			
		and complete lines 29 through 33.	J, 5/10			53	
		Capital stock or trust principal, or current funds		ļ	onen en	29	Constitution of the co
		Paid in or capital surplus, or land, building, or equ				30	
		Retained earnings, endowment, accumulated income				31	
1		Total net assets or fund balances			14,299,958.	32	11,676,627
					,,		,,

Forn	990 (2022) COMMUNITY HEALTH SYSTEMS, INC.	33-005655	1	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	······································			THE PERSON NAMED IN
1	Total revenue (must equal Part VIII, column (A), line 12)	1	***************************************	,270,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,893,	
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,623,	331.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,299,	958.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B)) rt XIII Financial Statements and Reporting	10	11	,676,	627.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				х
				Yes	Nο
7	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2а	Were the organization's financial statements compiled or reviewed by an independent accountant?	-11177-7771	2a		Х
	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			1888	3922323 3224334
ь	Were the organization's financial statements audited by an independent accountant?	******	2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				2004
	Separate basis X Consolidated basis Both consolidated and separate basis		7460	VESTA.	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			ĺ
	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 Scho	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				ĺ
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	<u> </u>
			Enro	990	/2022\

SCHEDULE A

(Form 990)

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.

DM8 No. 1545-0047

2022

Open to Public Inspection

Employer identification number

COMMUNITY HEALTH SYSTEMS, INC. 33-0056551 Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type 1. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organizálión lislett in your govording document? (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (II) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC. 33-005655

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	Section A. Public Support								
Calc	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	Include any "unusual grants.")	6,701,325.	6,828,716.	9,002,113.	17,507,114.	6,308,263.	46,347,531.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to	•							
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	6,701,325,	6,828,716.	9,002,113.	17,507,114.	6,308,263.	46,347,531.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4.		(48)000 / 800				46,347,531.		
Sec	ction B, Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	6,701,325.	6,828,716.	9,002,113.	17,507,114.	6,308,263.	46,347,531.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	32,323.	4,819.	107.	373,	1,700.	39,322.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	16,894.	39,464.	73,253.	227,128.	10,206.	366,945.		
11	Total support. Add lines 7 through 10						46,753,798.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	100,979,454.		
13	First 5 years. If the Form 990 is for th	ie organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	D1(c)(3)			
	organization, check this box and stor								
Sec	tion C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2022 (ii	• • • • • • • • • • • • • • • • • • • •	•			14	99,13 %		
15	Public support percentage from 2021	Schedule A, Part I	II, line 14	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	97,84 %		
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box			
	stop here. The organization qualifies								
þ	33 1/3% support test - 2021. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization quali								
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	ınd line 14 is 10% (or more.		
	and if the organization meets the facts		•	•	•	VI how the organiz	ation		
	meets the facts-and-circumstances to	•		, ,,	#				
þ	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets th								
	organization meets the facts-and-circu								
18	Private foundation. If the organization	<u>n did not check a t</u>	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box a				
						Schedule A	(Form 990) 2022		

Schedule A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.

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 t
muslify under the tests listed below, please complete Part II \

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities		•				
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5	<u> </u>					
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons		ļ				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(a) 2021	(e) 2022	(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		·				
ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses				}		
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					<u> </u>	
	Total support, (Add lines 9, 10c, 11, and 12.)				1	1	
14	First 5 years. If the Form 990 is for th	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	n,
.	check this box and stop here	- 0					<u> L</u> ,
	tion C. Computation of Publi					T I	
	Public support percentage for 2022 (I			column (f))		15	<u> %</u>
	Public support percentage from 2021				<u></u>	16	96
	tion D. Computation of Inves					T I	
	Investment Income percentage for 20					18	
	Investment income percentage from : 33 1/3% support tests - 2022. If the			on line 14 and line			le not
							12 AQ(
	more than 33 1/3%, check this box at	· · · •	_		• •		,
	33 1/3% support tests - 2021. If the	_					***************************************
	line 18 is not more than 33 1/3%, che Private foundation, if the organization						
	3 12-09-22	17 GIG TIOT GIRCK B	55X 6/1 III 6 14, 19	er er tan, ettene t			(Form 990) 2022
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing. 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.
- 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) ourooses.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Sched

	dule A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.	33-0056551	P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	13.88		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		1505	248.
	11c below, the governing body of a supported organization?	11a	ļ	
	A family member of a person described on line 11a above?	11b	0.50.00.00	orași de 157
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			MEA
^	detall in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		T.,	I
		Total Annual Control	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	Leis,		\$05
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	the Common	100000	mager was ENCLASED
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Anii in Anii i	s Singalities	Secretary
2	Did the organization operate for the benefit of any supported organization other than the supported			(66/65)
	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,		100000	Min
<u> </u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
oec	non C. Type it supporting Organizations		1.,	T
		www.hereste.de	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		级装	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			250000 750000
	or management of the supporting organization was vested in the same persons that controlled or managed	WEEKE19508	(Garas	15602560
Sac	the supported organization(s). tion D. All Type III Supporting Organizations		1	
56 6	tion b. All type in Supporting Organizations		TV	
_	First the assembled to mental to seek of the supported assembled by the last day of the fifth month of the	(VANAAGANA)	Yes	No
3	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	121,7210		2128
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	0.0964.0542.7588	Sections	5950503-960
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	9909900004	56034/436	\$5000A)
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	V2 27 A		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1000000000	KWESKAAN
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	STATE OF THE PARTY	MARKETS	GANGAN.
	significant voice in the organization's investment policies and in directing the use of the organization's	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	The Court State	W-0000000
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	ty (see instruction	<u>s</u>]	
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			6.4
	that these activities constituted substantially all of its activities.			
ь	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	<u>2</u> 5	2.000.000	770 111 2.55
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			250000 250000
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	207/12/12		ale ale
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3 a	SS Zalvanes.	New STS HS
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		reactives.	Year 150
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Schedule A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.			3~0056551	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations		
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in P	art VI). See instr	uctions.
All other Type III non-functionally integrated supporting organizations mu				
Section A - Adjusted Net Income		(A) Prior Year	(B) Current (options	
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			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
Aggregate fair market value of all non-exempt-use assets (see	//-24/2//////// ////////////////////////			
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			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors	1951/195			German Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah S
(explain in detail in Part VI):	V(0.00)			
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			
Section C - Distributable Amount			Current Y	ear
Adjusted net income for prior year (from Section A, line 8, column A)	1			
2 Enter 0.85 of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting organ	zation (see	
instructions).				

Schedule A (Form 990) 2022

COMMUNITY HEALTH SYSTEMS, INC. 33-0056551 Schedule A (Form 990) 2022 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions, 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (ii) (111) Underdistributions Distributable Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D. fine 7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount 6,49,59,49,5,40,5,5 c Remainder, Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018 b Excess from 2019

Schedule A (Form 990) 2022

c Excess from 2020d Excess from 2021e Excess from 2022

Schedule B

(Form 990)

Department of the Treesury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Employer identification number Name of the organization 33-0056551 COMMUNITY HEALTH SYSTEMS, INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ \times 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions, Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Page 2 Schedule B (Form 990) (2022) 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 space is needed, (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution HRSA - H8H Person Payroll 5600 FISHERS LN 2,291,188. Noncash (Complete Part II for noncash contributions.) ROCKVILLE, MD 20852 (c) (d) (a) Nα, Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 IEHP Х Person Payroll 10801 SIXTH ST 607,500. Noncash (Complete Part II for RANCHO CUCAMONGA, CA 91730 noncash contributions.) (a) (c) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution 3 HRSA - HIV Person Payroll 5600 FISHERS LN Noncash 442,735. (Complete Part II for noncash contributions.) ROCKVILLE, MD 20852 (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. IEHP - OTHERS Х Person Payroll 303,200. Noncash 10801 SIXTH ST (Complete Part II for noncash contributions.) RANCHO CUCAMONGA, CA 91730 (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Payroll 5600 FISHERS LN 224,874. Noncash (Complete Part II for noncash contributions.) ROCKVILLE, MD 20852

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(a)

No.

б

Х

Person Payroll

Noncash (Complete Part II for

Person

noncash contributions.)

(d)

Type of contribution

TITLE X - ESSENTIAL HEALTH SERVICES

(b)

Name, address, and ZIP + 4

3600 WILSHIRE BLVD #600

LOS ANGELES, CA 91730

HRSA - ARPC

(c)

Total contributions

247,500,

223452 11-15-22

Name, address, and ZIP + 4

Total contributions

Type of contribution

Person
Payroli
Noncash
(Complete Part II for noncash contributions.)
Schedule B (Form 990) (2022)

No.

Employer identification number

COMMUNITY HEALTH SYSTEMS INC

33-0056551

COMMUNIT	I READIR SISTERS, INC.		33-0030331
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 noncesh 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 noncesh 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
		\$	Manufacture of the second of t
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15-2	2		Schedule B (Form 990) (2022)

(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 nspection

Name of the organization

COMMUNITY HEALTH SYSTEMS, INC

Employer identification number 33~0056551

Pa	rtil		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)		
4	Aggregate value at end of year		1.111.1111
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d 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		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	onferring
	Impermissible private benefit?		Yes No
Pa	Till Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreated)		a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	.,.,,,,,,	2a
b		,,,	
C	Number of conservation easements on a certified historic stru	,	26
d	Number of conservation easements included in (c) acquired a	ifter July 25,2006, and not on a	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing const	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	line of violations, and enforcing concentati	on essements during the year
'	Amount of expenses mounted in morntoning, inspecting, name	ming or violations, and emoleting conservati	on easements welling the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	\(4\)(B\)(0
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
-	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ier Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	B, not to report in its revenue statement ar	id balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finance		
þ	If the organization elected, as permitted under FASB ASC 950		
	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		\$
	(ii) Assets Included in Form 990, Part X		
2	If the organization received or held works of art, historical tres		
	the following amounts required to be reported under FASB AS		
Æ	Revenue included on Form 990, Part VIII, line 1		\$
_ b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

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Sche		HEALTH SYSTEMS,					056551	Page 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historica	Treasures, or	r Other S	imilar Asse	ets (contin	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of	the following that	make signi	ficant use of l	ts	
	collection items (check all that apply):							
a	Public exhibition		a 🛄 Loan d	r exchange progra	ım			
ь	Scholarly research	6	e 🔲 Other					
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they furt	her the organizatio	n's exempt	purpose in Pa	art XIII.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be m						Yes	No
Pa	∰IV Escrow and Custodial Arran		ete if the organ	" berewena noitasi	'Yes" on Fo	rm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contrib	utions or other ass	ets not incl	luded		
	on Form 990, Part X?		*******		,,,		Yes	No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amoun	t
¢	Beginning balance					10		
d	Additions during the year			***************************************		1d		
ę	Distributions during the year					1e		
f	Ending balance					11	Province III	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow	or custodial accou	unt liability?	<i>,,</i>	Yes	U No
	If "Yes," explain the arrangement in Part XIII.							
Per	t V Endowment Funds. Complete			· · · · · · · · · · · · · · · · · · ·				
		(a) Current year	(b) Prior ye	ar (c) Two year	s back (d)	Three years ba	ck (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr		e (lin e 1g, colur	nn (a)) held as:				
a	Board designated or quasi-endowment		%					
ь	Permanent endowment	%						
C		%						
	The percentages on lines 2a, 2b, and 2c sho	•						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are he	ald and administer	ed for the		ſ	W 1 A1-
	organization by:							Yes No
	(i) Unrelated organizations							
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza			9 R?		*******	<u>3b</u>]	
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment lunds.					
Lai			Doubly line t	to Doc Form ODO	Dart V line	- 10		
	Complete if the organization answere		1			·		
	Description of property	(a) Cost or o	,,	Cost or other		umulated	(d) Book	(value
		basis (investr	nent) t	pasis (other)	depre	ciation		030 000
1a	Land			230,000.	45.41.4343.7343.4347.43	420 020		230,000.
b	Buildings			4,549,720.		,479,820.		069,900.
C	Leasehold improvements	ſ		9,979,659.		,893,117.		086,542.
d	Equipment			2,474,624.		,015,025.		459,599.
	Other		<u> </u>	1,952,029.	ı	,368,968.		583,061.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X column (B) l	ine 10c.)			TO,	429,102.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	•	1.00	i digital
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-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, Ilne	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-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	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) SECURITY DEPOSITS			365,712.
(2) RIGHT-OF-USE ASSETS			14,319,319.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		14,685,031.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal Income taxes			
(2) RIGHT-OF-USE LIABILITIES			14,427,740.
(3)			
(4)			
(5)			
(6)			
(7)			
(B)			
(9)			
Fotal. (Column (b) must equal Form 990. Part X, col. (B) line	25.)	(41)	14,427,740.
Liability for uncertain tax positions. In Part XIII, provide:	•		et reports the

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.			33-005	6551 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	A.			3E 49E 01E
1	Total revenue, gains, and other support per audited financial statements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,	7/4/25/A2/E3	35,426,815.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
8	Net unrealized gains (losses) on investments			(CSAVA) (CSAVA)	
Þ	Donated services and use of facilities				
Ç	Recoveries of prior year grants		3 160 076		
¢			3,168,076.	9881/1999	3 160 076
	Add lines 2a through 2d			2e	3,168,076.
3	Subtract line 2e from line 1	**************		-3888884	JE, 200, 107,
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;	1 - 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b		11,906.	79550000	
þ				22/20/20/	11,906.
	Add lines 4a and 4b			4c 5	32,270,645.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:				
1	Total expenses and losses per audited financial statements			1	34,607,711.
2	Amounts Included on line 1 but not on Form 990, Part IX, line 25:		***************************************	14.48x	
- 3	Donated services and use of facilities	2a		1818	
b	Prior year adjustments				
c	Other losses				
d					
_	Add lines 2a through 2d		1.1.01	2e	0.
3	Subtract line 2e from line 1			3	34,607,711.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			4848	
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		286,265.		
	Add lines 4a and 4b			4c	286,265.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	34,893,976.
	t XIII Supplemental Information.				
rovi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	nt IV, lines 1b a	nd 2b; Fart V, line 4	; Part X, lir	ie 2; Part XI,
กอร	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inform	ation.		
חמגו	v rthic 3.				1
WYT	X, LINE 2:				
ur.	ORGANIZATION HAS BEEN DESIGNATED AS TAX-EXEMPT UNDER INTERNAL	REVENUE			
****	Opposition and the second seco	W 1410 - 1141 - 114			
ODE	SECTION 501(C)(3) AND IS ALSO EXEMPT FROM STATE FRANCHISE TA	AXES UNDER			
ECT	ION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND	IS NOT			
ENE	RALLY SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE				
ROA	NIZATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS	S DERIVED			
ROM	A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTH	ERANCE OF			
HE	PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PR	ROVISION			
'AG	BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED T	TRADE OR			
.nu	DEEN CHARACTER (IN THE STATE STOCKING, 42 TELL, 12001 TELL OCCURRENCE ST	INDB VI			
USI	NESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE BA	ASIC			
INA	NCIAL STATEMENTS TAKEN AS A WHOLE,				

Schedule D (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.	33-0056551	Page 5							
Part XIII Supplemental Information (continued)									
DEFERRED TAXES ARE PROVIDED ON A LIABILITY METHOD WHEREBY DEFERRED TAX									
ASSETS ARE RECOGNIZED FOR DEDUCTIBLE TEMPORARY DIFFERENCES AND DEFERRED									
TAX LIABILITIES ARE RECOGNIZED FOR TAXABLE TEMPORARY DIFFERENCES.									
TEMPORARY DIFFERENCES ARE THE DIFFERENCES BETWEEN THE REPORTED AMOUNTS OF									
ASSETS AND LIABILITIES AND THEIR TAX BASES. DEFERRED TAX ASSETS ARE									
REDUCED BY A VALUATION ALLOWANCE WHEN, IN THE OPINION OF MANAGEMENT, IT IS	REDUCED BY A VALUATION ALLOWANCE WHEN, IN THE OPINION OF MANAGEMENT, IT IS								
MORE LIKELY THAN NOT THAT SOME PORTION OF ALL OF THE DEFERRED TAX ASSETS									
WILL NOT BE REALIZED, DEFERRED TAX ASSETS AND LIABILITIES ARE ADJUSTED FOR									
THE EFFECTS OF CHANGES IN TAX LAWS AND RATES ON THE DATE OF ENACTMENT.									
THERE ARE NO DEFERRED TAX ASSETS OR LIABILITIES AS OF DECEMBER 31, 2022.									
THE ORGANIZATION WILL RECOGNIZE THE IMPACT OF TAX POSITIONS IN THE									
FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING									
SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO									
DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS.									

THE ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES									
RELATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR									
ENDED DECEMBER 31, 2022, THE ORGANIZATION DID NOT RECOGNIZE ANY AMOUNT IN									
POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.	10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.								
THE FOLLOWING TABLE SUMMARIZES THE OPEN TAX YEARS FOR EACH MAJOR									
JURISDICTION:	118001188-8-1								
JURISDICTION OPEN TAX YEAR									
	1311 113 13 13 13 13 13 13 13 13 13 13 1								
FEDERAL 2019 - 2022									
STATE 2018 - 2022									

Schedule D (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC	₽.	33-0056551	Page 5
Schedule D (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC Part XIII Supplemental Information (continued)			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS	3,168,076.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
OTHER INCOME	10,206.		
RENTAL INCOME			
INTEREST INCOME	164.		
INVESTMENT INCOME	1,536.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	11,906.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
INTEREST EXPENSE	286,265.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	,
			112.00
		Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual Manual	
		Schedule D (Form	990) 2022

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

Department of the Treasury Internal Revenue Service

Name of the organization

Part | Questions Regarding Compensation

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

			Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	X75//X		HASSA
	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		24.45	92145
	Discretionary spending account Personal services (such as mald, chauffeur, chef)	5888		
		7/8/N/8		
h	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	1 b	WOOD/INCIDE	iiinacaan
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2526003	000005	S229013
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	00-95841560	90000000
	trastees, and officers, including the Ocorexectaive pirector, regarding the items checked on line 183	38898	obtachersier George	250000
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	107		
	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			2.5
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
			328	
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:	356	192033	Sand
Ħ	Receive a severance payment or change-of-control payment?	4a		Х
þ	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
¢	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.			
				357723
	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:			
a	The organization?	5a		x.
	Any related organization?	5b		X.
	If "Yes" on line 5a or 5b, describe in Part III.	386377* 386378		(35/11/2) (35/11/2)
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
	Any related organization?	6b		×
-	If "Yes" on line 6a or 6b, describe in Part III.	(Mary)	A45-78	SOCERA
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	177640166	X
Ř	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	2000 M	indenika. Kajankan	F988533
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8 8	2.55-67576	X
a	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	678728	Majiling)	August (1984)
		9	HISTORY CHICA	MERCHANICAL CO.
	Regulations section 53.4958-6(c)?			· · · · · · · · · · · · · · · · · · ·

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

Schedule J (Form 990) 2022

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Schedule J (Form 990) 2022 COMMUNITY REALTH SYSTEMS, INC.

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 (BA) fill 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 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	3 and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. SANJEEV PURI (FROM 8/22)		306,858.	0.	.0	0.	2,188.	309,046.	.0
CMO (FROM 8/22)		۵,	-0	0.	0.	0	0.	0
(2) LORI HOLZMAN	=	261,382,	0.	0.	0,	31,098.	292,480.	0.
CEO	(III)	٥.	0.	0	`0	0.	.0	0
(3) ANPIE NGUYER	(1)	207,308.	*0	0	*0	30,047.	237,355.	9
CFO		0.	0.	.0	0.	0.	.0	0.
(4) DENIS VEGA TAPIA	2	192,750.	0,	0	٥.	28,940.	221,690.	0.
COO	Ш	0.	0.	0.	0.	10	0.	.0
(5) MAHDI HEMATIAM-ASHRAFIAN	Ξ	176,373.	0	0.	*D	20,028.	196,401.	.0
CMO (UNTIL B/22)		0	0.	-0	0.	0	.0	0
(6) DR. GEORGE SOLIMAN	(ii)	295,658.	υ.	0.	.0	28,009.	323,667.	0.
PAMILY PRACTICE PHYSICIAN	1	0	0.	0	0.	.0	·0	0
(7) DR. CALVIN LANBERT HALL	(0)	289,000.	· 0	.0	0.	27,903.	316,903.	0
PAMILY PRACTICE PHYSICIAN	m	0	0.	6.	0.	0.	0.	0.
(8) DR. GORAN CVIJANOVIC	H	292,053.	0	.0	.0	16,475.	308,528.	.0
PHYSICIAN	m	.0	9.	.0	0	0	•0	0
(9) DR. SHEILA LOHARUKA	8	243,379.	0.	.0	0.	13,928.	257,307.	' 0
INTERNAL MEDICINE PHYSICIA	00	0	0	.0	0	.0	0.	0.
(10) STANEEY YU	(1)	229,885.	0.	.0	.0	9,519.	239,464.	.0
PEDIATRICIAN	Ξ	0	9.	0		.0	٠0	°0.
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Schedule J (Form 990) 2022

232112 10-19-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

COMMUNITY HEALTH SYSTEMS, INC.	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	11 (11 (11 (11 (11 (11 (11 (11 (11 (11
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.	
	4.4.4.4
FORM 990, PART VI, SECTION B, LINE 15:	
TO DETERMINE THE COMPENSATION OF THE ORGANIZATION'S CHIEF EXECUTIVE	LO LINEA A MINIMA ANNA ANNA ANNA ANNA ANNA ANNA
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:	
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

232211 10-28-22

232212 10-28-22

022 Date A	ccepted				DO N	OT MAIL	. THIS FORI	M ТО ТНЕ FTB
	LE YEAR)22	California e-file R Exempt Organiza		rization 1	for			FORM 8453-EC
Examp! O	rganization name						Identifying numi	par
СОММИЛ	NITY HEALTI	SYSTEMS INC.					33-0056	551
Part I		Return Information (whole dollars	s anly)					
					•		1	32,270,64
	-							*** ***
	_	nd disbursements (Form 199, line						
Part II	Settle You	Account Electronically for Taxa	ble Year 2022					
4		inds withdrawal 4a Amount		4b V	Vithdrawal d	ate (mm/dc	1/7777)	
Part III		ormation (Have you verified the e	exempt organization's					
5 Roo	uting number							
в Асс	count number			7 Type of	account: [Checki	ng Say	inga
Part IV	Declaratio	of Officer						
l authori		ganization's account to be settled as d	esignated in Part II. If Fo	check Part II, box 4	l, l authorize a	n electronic	funds withdrawa	for the amount listed
organiza statemer delayed, Sign	tion will remain its be transmitt , I authorize the	nderstand that if the Franchise Tax Boa iable for the fee liability and all applica d to the FTB by the ERO, transmitter, o FTB to disclose to the ERO or interme	ble interest and penalties or intermediate service pr ediate service provider t	s. I authorize the exprovider. If the proc the reason(s) for the	kempt organizes	ation return	and accompanyir	ng schedules and
Here	Signaturi		Date	Title				
Part V		of Electronic Return Originator wed the above exempt organization's r			S-EO are con	no bac etalar	rrant to the hoof	Of my knowledge (If I
am only accurate provided 1345, 20 the exem I declare	an intermediate ly reflects the da I the organizatio 122 Handbook fo apt organization that I have exal	ervice provider, I understand that I an a on the return.) I have obtained the officer with a copy of all forms and in Authorized e-file Providers. I will keep eturn is filed, whichever is later, and I ined the above exempt organization's te. I make this declaration based on all	n not responsible for rev organization officer's sign offormation that I will file to p form FTB 6453-EO on will make a copy availab return and accompanyin	lewing the exempt nature on form FTB with the FTB, and I file for four years ile to the FTB upon up schedules and s	organization' 8453-EO bet have followe from the due request, if its	s return. I de ore transmit d all other re date of the r am also the p	clare, however, ti ting this return to quirements desci eturn or four yea pald preparer, und	hat form FTB 8453-EQ the FTB; I have libed in FTB Pub. Irs from the date ier penalties of perjury
	ERO's			Date	Chack if	Che		D'8 PTIN
ERO	signature	SINGERLEWAK LLP			proparer proparer		ployed P00	748170
Must	Firm's name (or y	SINGERLEWAK LLP					Firm's FEIN	95-2302617
Sign	if self-einployed) and address	2010 MAIN ST., STI	E 300					
		IRVINE, CA					ZIP code 926	
Under pe and belie	malties of perjuing, they are true,	r, I declare that I have examined the absorrect, and complete. I make this decl	oove organization's retur: laration based on all info	n and accompanyi rmation of which I	ng schedules have knowle	and stateme: ige.	nts, and to the be	st of my knowledge

FTB 8453-EO 2022

Paid preparer's PTIN

Firm's FEIN

ZIP code

Paid

Must

Sign

Preparer

Check if solf-employed

Deta

Paid proparer's signature

Firm's name (or yours if self-employed) and address

TAXABLE YEAR

California Exempt Organization Annual Information Return

	226941	01-10-3
	FORM	Λ

2022

199

_								
Ca	lendar Yea	r 2022 or fiscal year beginning (mm/dd/yyyy) , and ending (nim/dd/yyy	′y)				
Co	poration/Org	entation nume	Call	tornia corporation i	numbar			
		HEALTH SYSTEMS, INC.		1246380				
Add	ditional infors	nation, See Instructions.	FE		- 1			
 E 144		Andrews		33-005655 PMB no.)			
		sulie of (vom)		FIVID IIV.				
City		GANADRO DAVID	Stato	ZIP code				
	RENO VA	TTEA	ĊA	92553-855 1				
_	oign acuntry			Foreign postal co	da			
Α	First retu	rn Yes 🗶 No I Did the organization hav	e any chang	es to its guidel	ines			
В	Amender	return • Yes X No not reported to the FTB?				No		
C		ion 4947(a)(1) trust Yes X No J If exempt under R&TC S	ection 2370	old, has the org	anization			
D	Final info			s? See instructions • Yes 🕱 No				
	•	Dissolved Surrendered (Withdrawn) Mergod/Reorganized K is the organization exem				_ No		
		(mm/dd/yyyy) • If "Yes," enter the gross i	,		10 ⁷¹⁰			
E Check accounting method: (1) Cosh (2) X Acorvol (3) Other L Is the organization a limit					- Yes X	No		
F Federal return filed? (1) — 990r (2) — 990PF (3) — Son H (990) M Did the organization				ir Form 109 to	- I' 1 van 17	J		
		Other 990 series report taxable income? group filing? See instructions Yes X No N Is the organization under		na 100 ar baa th	•	_i No		
G		ganization in a group exemption Yes X No IRS audited in a prior ye				T No		
Н		what is the parent's name? O Is federal Form 1023/103			·····	=		
	11 100, 1	Date filed with IRS						
P	arti (omplete Part I unless not required to file this form, See General Information B and C.						
		1 Gross sales or receipts from other sources, From Side 2, Part II, line 8		• 1	25,962,38	2 00		
		Gross dues and assessments from members and affiliates				00		
		3 Gross contributions, gifts, grants, and similar amounts received	STMT 1	• 3	5,308,26	3 00		
F	Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		- 5/0800P	30.000	02000000		
	and	This line must be completed. If the result is less than \$50,000, see General Information B			32,270,64	19 00		
R	evenues	5 Cost of goods sold 5 6 Cost or other basis, and sales expenses of assets sold 6		00				
		a sand of strict senses and senses of senses and senses se			api pirilah Masari karamatan pelah Masari Histori Masari Masari	00		
		7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4		• B	32,270,64			
		9 Total expenses and disbursements. From Side 2, Part II, line 18			34,693,97			
ε	xpenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			-2,623,33			
		11 Total payments				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		
F	ling 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				00		
		16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, receive that thave examined the receiving accompanying achedules and statement it is true, correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which prop	nts. and to the	Dogst of my know	edge and belief.	100		
Sig	n	it is true, correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which prep		knowledge.				
Hei		Signature of officer	Onte		■ Talephona	j		
		of officer Date			• PTIN			
		Propagator's LIOR TEMKIN 09/01/23	Check	ir nployed b.	P00748170			
Pai	, 1	31(110td o	1 2	,	• Firm's FEIN			
	parer's	fin's name (or yours, SINGERLEWAK LLP			95-2302617			
	Only	amployad) 2010 MAIN ST., STE 300		'	Telephone			
	7,117	and address IRVINE, CA 92614			949-261-8500	Ì		
		May the FTB discuss this return with the preparer shown above? See instructions		• X YRE	No.			

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

220951 01-10-23

	amo	unt of grass receipts - complete	Part II or furnish substitute in		UBSTITUTE ATTACHME	NT	
	1	Gross sales or receipts from all	business activities. See instru			1	00
	2					2	00
	3					3	00
Receipts	_	Gross rents				4	00
from	5	ate and a second				5	00
Other	6		de of assets (See instructions)			6	00
Sources	7	August 1	10 01 2020to (000 mon 201011)		_	7	00
COMITTE	8	Total gross sales or receipts fro				В	00
	9	Contributions, gifts, grants, and		_	-	9	00
	10	Disbursements to or for member				10	00
	11	Compensation of officers, direc	tore and tructees		······· -		
	12		tors, and irustees			12	00
Expense						13	00
and	14					14	00
Disburse		***************************************				15	00
	16	Rents Depreciation and depletion (See	inetructions\	.,,	······ <u> </u>	16	00
ments	17					17	00
		Other expenses and disburseme Total expenses and disburseme	anto Add line O through line 1	7 Enter here and an Side 1 Da	art I line Q	18	00
Sched	lule I	Balance Sheet		f taxable year		taxable year	UU.
Assets		- Dallance Ontes	(a)	(b)	(c)	(d)	
1 Casi			1950 (20 Am 20 05 05 05 05 05 Am 20 05	10)		000 A	
	11-114	s receivable				(Aug.)	
			Particularly in the Construction of the Constr		#3# #30################################	····	
		celvable				×	
		state government obligations	t peranten i protono en estra propia con estra la considera de la considera de la considera de la considera de Constituen de Branco de la considera de la considera de la considera de la considera de la considera de la cons			· ·	_
			and the second s			70 .	—
5 inve	sijiigijis otmanta	in other bonds				//	—
		in stock				VAN	_
		ans				We will be a second of the sec	
9 Othe	r mvest	ments	period to a minimal residence of the first of the commentation of	statuleletri silakaki kiristania meksimisi letaka 22	, and the second		050505
10 # 0	spreciau	le assets mulated depreciation	7	est broken blev om er krek besk blev broken blev blev blev blev blev blev blev blev	1	1	\$1600 A
			Note April 1944 Anni 1971 - Anni 1971 - Anni 1971 - Anni 1971 - Anni 1971 - Anni 1971 - Anni 1971 - Anni 1971				
					na sayyang nasayang salah saya saya sayasi ang da na saya saya saya saya saya saya saya sa	700 A	
			t de la completa del la completa del la completa del la completa de la completa de la completa del la completa de la completa del la completa del la completa del la completa del la completa del la completa del la completa del la completa del la completa del la			994	
				Nasladot ekuntelen ittilaturka nasilkelelefik tilatura	7-20-20-20-20-20-20-20-20-20-20-20-20-20-	eng. Takan yawa kalan mengiliki banyakan pakan pengangan.	10/27/15
Liabilitie							Managari
		yable	TO SECTION AND THE SECTION OF THE SE				
		s, gifts, or grants payable	#CDF#FELEERERERERERERERERERERERERERERERERERER			<u> </u>	
		otes payable ,,,,,	(Tegra (Allahari San Carlos Carlos (Allahari San Carlos Ca				
17 Mor			TO CONTRACTOR OF CONTRACTOR CONTR			300	
		es	Alleg George (Statement of Statement of Stat			V00	
		or principal fund	n programme prog		 Interpretation to the control of the c	(A) •	—
		tal surplus. Attach reconciliation	 Applies Sept. (Sept. Applies Sept.				
		nings or income fund	- Paragraphia (Paragraphia) (P		ANGER BARREST STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL S		
		ies and net worth	Victor in program of the control of	-		W.	
Sched	uie w	I-T Reconciliation of Income	per books with income per re	sturn			

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	7	Income recorded on books this year	
2	Federal income tax	•		not included in this return. Attach schedule	•
3	Excess of capital losses over capital gains	•	8	Deductions in this return not charged	
4	Income not recorded on books this year.			against book income this year.	
	Attach schedule	•		Attach schedule	•
5	Expenses recorded on books this year not		9	Total. Add line 7 and line 8	
	deducted in this return. Attach schedule	•	10	Net income per return.	
6	Total, Add line 1 through line 5			Subtract line 9 from line 6	

Side 2 Form 199 2022

022

3652224

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

Failure to submit this report enoughly no later than four months and litteen 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 tines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12566.1, IRS extensions will be honored.

DEPARTMENT OF JUSTICE (For Registry Use Only)

WESSITE ADDRESS: minimum tax of \$800, plus interest, and/or fines or filing penaltiles. Revenue & Taxation Code section www.ong.ca.gov/cherities 23703; Government Code section 12566, 1, IRS extensions will be hancred.							
Check if: Change of address Community Health Systems, Inc. Name of Organization Check if: Amended report							
List alf DRAs and names the organization uses or has used							
21801 ALESSANDRO BLVD State Charity Registration Number CT 056526							
Address (Number and Street)							
MORENO VALLEY, CA 92553-8551 Corporation or Organization No. 1246380							
951-571-2300 A.NGUYEN®CHSICA.ORG Federal Employer ID No. 33~0056551							
Telephona Number E-meil Audress							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice							
Total Revenue Fee Total Revenue Fee Total Revenue Less than \$50,000 \$25 Between \$250,001 and \$1 million \$100 Between \$20,000,001 and \$100 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million \$200 Between \$100,000,001 and \$500 million Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million \$400 Greater than \$500 million		_					
PART A - ACTIVITIES For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list:							
Total Revenue (including noncash contributions) \$ 32,270,645 Noncash Contributions \$ 0 Total Assets \$ 34,129,62 Program Expenses \$ 26,460,817 Total Expenses \$ 34,893,976							
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.							
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 any financial interest?							
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		x,					
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		x,					
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		ж					
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 2	x						
6. During this reporting period, did the organization hold a raffle for charitable purposes?		x,					
7. Does the organization conduct a vehicle donation program?		х					
Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	x						
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		х					
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and campifere, and I am authorized to sign. LORI HOLEMAN CEO Signature of Authorized Agence Printed Name Date							

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021)

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-8400

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Secremento, CA 94203-4470

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

NAME OF AGENCY: HRSA 330 FEDERAL GRANT

MAILING ADDRESS: 5600 FISHERS LANE, ROCKVILLE, MD 20852

CONTACT PERSON: CHRISTIE WILLIAMS, PROJECT OFFICER

TELEPHONE NUMBER: 301-594-4314

NAME OF AGENCY: ESSENTIAL ACCESS HEALTH - TITLE X GRANT

MAILING ADDRESS: 3600 WILSHIRE BLVD #600, LOS ANGELES, CA 90010

CONTACT PERSON: JON DUQUE/AMPARO RUANO

TELEPHONE NUMBER: 213-386-5614

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending						
B Check if applicable		C Name of organization		D Employer identific	ation number	
	Addre	COMMUNITY HEALTH SYSTEMS, INC.				
Name				33-0056551		
	Initial		Room/suite	E Telephone number		
	Finet	21801 ALESSANDRO BLUD	1100111,00110	951-571-2300		
	leturn ternii bata	/		G Gross receipts \$	32,270,645.	
Г	Amen	ded MODENO VALLEY CA 9253-8551		H(a) Is this a group re		
-	lreturn ``l∂pplk			for subordinates		
	l tíbh pandi	SAME AS C ABOVE		H(b) Are all subordinates in	·····= =	
	 Cav.av	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (pr	- · ·	list. See instructions	
***************************************	Nebsi		, , u	H(c) Group exemption		
		organization; X Corporation Trust Association Other	L Year		State of legal domicile: CA	
		Summary	1			
	1	Briefly describe the organization's mission or most significant activities: TO IMPI	ROVE AND	STRENGTHEN THE		
8	'	HEALTH OF OUR DIVERSE COMMUNITIES BY PROVIDING COMPASSIONATE				
Governance	2	Check this box if the organization discontinued its operations or dispos		than 25% of its net ass	ets.	
Ž.	3				9	
Ĝ	_	Number of independent voting members of the governing body (Part VI, line 1b)			9	
оў 17	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		· · · · — —	439	
嵳		Total number of volunteers (estimate if necessary)			9	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		.,	0.	
₹		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
_				Prior Year	Current Year	
_	8	Contributions and grants (Part VIII, line 1h)		17,507,114.	6,308,263,	
Revenue	9	Program service revenue (Part VIII, line 2g)	I	22,669,171.	25,950,476,	
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		373.	1,700.	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		227,128.	10,206,	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		40,403,786.	32,270,645.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		٥.	0.	
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		٥.	0.	
v	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		22,878,369.	26,103,010.	
8	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0,	0.	
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25)	o. 🦠			
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,423,758.	8,790,966.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		31,302,127.	34,893,976.	
	19	Revenue less expenses. Subtract line 18 from line 12		9,101,659,	-2,623,331.	
5 E			Be	ginning of Current Year	End of Year	
Sets	20	Total assets (Part X, line 16)		24,146,972.	34,129,628.	
Net Assets Fund Rabago	21	Total liabilities (Part X, line 26)		9,847,014.	22,453,001.	
윤	22	Net assets or fund balances. Subtract line 21 from line 20		14,299,958.	11,676,627.	
		Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is	
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.		
Sign		Circulus of affine		Date		
Her	Ð	LORI HOLEMAN, CEO				
		Type or print name and title	I	Date Chack	PTIN	
		Print/Type preparer's name Preparer's signature	1			
Paid Preparer Use Only		LIOR TEMKIN LIOR TEMKIN	<u>P</u>		95-2302617	
		Firm's name SINGERLEWAK LLP		Firm's EIN	5 4 - 6 5 A COT 1	
		Firm's address 2010 MAIN ST., STE 300		Phone no.949	- 261 - 860 n	
		IRVINE, CA 92614	•••	1 huave vo*2 42	The state of the s	
Mav	the if	RS discuss this return with the preparer shown above? See instructions			. X Yes No	

Fore	n 990 (2022) COMMUNITY HEALTH SYSTEMS, INC.	33-0056551	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. 🗊
4	Briefly describe the organization's mission:	1	
'	TO IMPROVE AND STRENGTHEN THE HEALTH OF OUR DIVERSE COMMUNITIES BY		
	PROVIDING COMPASSIONATE AND COMPREHENSIVE HEALTH SERVICES.		
	TION IDITIO POST COLUMN COMP. COLUMN		

	Did the organization undertake any significant program services during the year which were not listed on the		
2			X No
	prior Form 990 or 990-EZ?	\	IIIIII NO
_	If "Yes," describe these new services on Schedule O.		(V)
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Үеэ	\No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 26,460,817. Including grants of \$) (Revolue	s 25,96	0,6B2.)
	COMMUNITY HEALTH SYSTEMS PROVIDED 124,273 MEDICAL, DENTAL, VISION,		
	MENTAL HEALTH, AND OTHER PRIMARY CARE SERVICES, INCLUDING VIRTUAL		
	VISITS, TO INDIVIDUALS IN THE TRI-COUNTY AREA OF SOUTHERN CALIFORNIA.		
	APPROXIMATELY 24,556 PATIENTS WERE SERVED. A MAJORITY OF THOSE		
	PATIENTS WERE LOW-INCOME AND UNDERINSURED WITH LIMITED MEANS FOR		
	PAYMENT.		
4b	(Codo:) (Expenses S including grants of \$) (Revenue:	S	1
70	/ Lexpulses a / Lexpulses a		/
		8111118111	
		.,	
		, , , , , , , , , , , , , , , , , , , ,	
4c	(Code:) (Expenses \$) (Revenue	\$)
		, , , , , , , , , , , , , , , , , , , ,	
4d	Other program services (Describe on Schedule O.)		
74	(Expenses \$ Including grants of \$) (Revenue 6	ì	
4e	Total program service expenses 26,460,817.		
	The state of the s	Form 9	90 (2022)

Form 990 (2022) COMMUNITY HEALTH SYSTEMS, INC.
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)?	ł		
	If "Yes," complete Schedule A	_1_	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	_2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-197 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			
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	. 8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VIII, VIII, iX, or X.	3/4/40		(2005).
	as applicable.	30000		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	i i		
	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		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
þ	Dld 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		ж
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. See instructions	17		ж
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes,"	_		v
	complete Schedule G, Part III	19		- X
20a	Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
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 17 If "Yes," complete Schedule I. Parts I and II	21		Х

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Forn	n 990 (2022) COMMUNITY HEALTH SYSTEMS, INC. 33-00565	51	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			i
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		J.	i
	Schedule J	23	X	
248	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			x
_	Schedule K. If "No," go to line 25a	248		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	245		
C	*	245		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Ega		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			1
		25b	l	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	200		
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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		 	
2,	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		ж
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	3000000	ASSESSES	4000040
20	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #	HIKKAME	Characters:	100700404
а		28a		ж
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #	200		
·	"Yes," complete Schedule L, Part IV	28c		ж
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		ж
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
50	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			
	Schedule N, Part II	32	l :	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule B, Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 197			***
		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t.V. Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 16	7.05 de 10.00	98983 988	Synta.
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	77/52/2007 57/52/2007		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

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Form **990** (2022)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O Зb 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a x financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ₿b Organizations that may receive deductible contributions under section 170(c). X 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 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? ... 79 h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Øа b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ВÞ Section 501(c)(7) organizations. Enter: 10 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11Ь 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand ĸ 14a Did the organization receive any payments for Indoor tanning services during the tax year? 14a b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see the instructions and file Form 4720, Schedule N. is the organization an educational institution subject to the section 4968 excise tax on net investment income? × 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. Form 990 (2022)

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Form 990 (2022) COMMUNITY HEALTH SYSTEMS, INC.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 7b below 7b below 7b below 7b below 7b belo to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See Instructions.

				75
	Check if Schedule O contains a response or note to any line in this Part VI		,.,	X.
Sec	tion A. Governing Body and Management			
	. 1	Ex22800	Yes	No
ia	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing	4,000		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	3/8/25		3030
ь	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	\$\$\$\$\$\$\$\$	9525 (CA)	
	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		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
8	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
,	more members of the governing body?	7a		x
L	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
ь		7b		x
_	persons other than the governing body?	exiotione.	Jacobinen	(militali)
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10000000	AAN MA	esta Wester
a	The governing body?	8a	<u> </u>	
ь	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	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
10a	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		
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	
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	8998E		90319 m 20 2007 N 2007
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	х	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	x	
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		Veletilene	(% (\$/41))
				ğayı:
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X.	1500/07/200
	The organization's CEO, Executive Director, or top management official	1100	x	
ь	Other officers or key employees of the organization	15b	Di kapan (ar	9448.825A
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See Instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	99988		350,650
	taxable entity during the year?	16a	Section 1997	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	AMEDIA.	WHAN	E S
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filledCA			
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)	only)	availat	le
	for public inspection, Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
10	statements available to the public during the tax year.			
on	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ANNIE NGUYEN - 951-571-2300			
	21801 ALESSANDRO BLVD, MORENO VALLEY, CA 92553			
	PTAAL UMBASUMAVA BRAD ANGREA ANGRET' OF 25222	Easter	990	(AAAA)

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Crieda das pox a nontres die organization	ici aliy iciated		11114	+1441	441	114-01	jour	ed any content cincer, a	nactor, or tractor	
(A)	(B)		(C) Position (do not check more than one					(D)	(Æ)	(F)
Name and title	Average		not c	hock	mare	than		Reportable	Reportable compensation	Estimated amount of
	hours per week		t, unla iterar					compensation from	from related	other
	(list any	=	T		-	1	T	the	organizations	compensation
	hours for	dera			1	_		organization	(W-2/1099-MISC/	from the
	related	50 83	談			12		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	量	## ##		2	흩		1099-NEC)	,	and related
•	below	inderduse Insters or dereador	andjukana Irspe	<u></u>	ej emplojee	Highest compensated engineers	ä			organizations
	line)	mey	豆	HESE!	je Se	海	earser			-
(1) DR. SANJEEV PURI (FROM 8/22)	40.00					Π			_	
CMO (FROM 8/22)				ж	<u>_</u>	<u> </u>	Ц.	306,858.	0.	2,188.
(2) LORI HOLEMAN	40.00									
CEO				X.				261,382.	0.	31,098.
(3) ANNIE NGUYEN	40.00						-			
CFO				Х				207,308.	Ö,	30,047.
(4) DENIS VEGA TAPIA	40.00	1								
COO		<u></u>		x		_		192,750.	0.	28,940.
(5) MAHDI HEMATIAN-ASHRAFIAN	40,00		l	ŀ						
CMO (UNTIL 8/22)				X				176,373.	0,	20,028.
(6) DR. GEORGE SOLIMAN	40.00						İ			
FAMILY PRACTICE PHYSICIAN			<u></u>			ж	L	295,658.	0.	28,009.
(7) DR. CALVIN LAMBERT HALL	40,00									
FAMILY PRACTICE PHYSICIAN			<u> </u>			ж	L	289,000.	0.	27,903.
(8) DR. GORAN CVIJANOVIC	40.00									
PHYSICIAN						X		292,053.	0.	16,475.
(9) DR. SHEILA LOHARUKA	40,00	1								
INTERNAL MEDICINE PHYSICIA					ļ	х		243,379.	0.	13,928.
(10) STANLEY YU	40.00									
PEDIATRICIAN			L		ļ	Х	ļ	229,885.	O.	9,519.
(11) JONNATHAN BARAJAS	1.50	ļ								
CHAIR		X		Х		ļ		0.	Ö.	٥,
(12) KIMBERLY JIMENEZ	1.00						l			
VICE CHAIR		Х		Х		<u> </u>	ļ	0.	Ö.	٥,
(13) OSCAR ULRIC JONES	1.00							i		
TREASURER		Х		Х			<u> </u>	0.	Ö.	0.
(14) JENNIFER DOBROWOLSKY	1.00	1								
SECRETARY		Х		Х			<u> </u>	0.	o.	0.
(15) DRAYMOND CRAWFORD	0.75	1					ŀ			
BOARD MEMBER	1	x	ļ				<u> </u>	0.	0.	0.
(16) DENISE CULBERSON	0.50	1				l	ł			
BOARD MEMBER	1	Х			<u> </u>	ļ	<u> </u>	0.	0.	٥,
(17) AMIR SADEGHIAN	0.75									
BOARD MEMBER	<u> 1,</u>	Х			L	<u> </u>	<u> </u>	0,	Ö.	0.
000007 40 40 00										Form 990 (2022)

Form **990** (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	His	ghes	t C	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per	(C) Position (da not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)				iresto		tes)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(18) ALLISON MONTERROSA	0,50							0 -	0	
BOARD MEMBER (19) VERONICA HERNANDEZ	0.50	X			ļ					0.
BOARD MEMBER		х			.			0.	O	. o.
The contract the contract to t									March 8 11 11 11 11	
									11.1.11.11.11.11.11.11.11.11.11.11.11.1	
					\vdash					
1b Subtotal		,,-		,	, . ,			2,494,646.	0	
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								2,494,646.	0	
Total number of individuals (including but no compensation from the organization									000 of reportable	24
	director truete		٠		~	- Ar	hia	heet compensated emp	oves on	Yes No
3 Dld the organization list any former officer, line 1a? If "Yes," complete Schedule J for st										3 X
4 For any Individual listed on line 1a, is the su	m of reportable	ê co	mpe	ınsa	tion	and	oth	er compensation from t	he organization	
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a										4 X
rendered to the organization? If "Yes," com										5 X
Section B. Independent Contractors										
 Complete this table for your five highest con the organization. Report compensation for t 										ation from
(A)	ne calcildar ye	CIT C	11411	74		7, 441.	T	(B)		(C)
Name and business	address	ЙО	NE					Description of a	ervices	Compensation
							\dashv			***************************************
								, , , , , , , , , , , , , , , , , , , ,		
2 Total number of independent contractors (in	cluding but no	ot lin	nited	l to 1	thos	e lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organiz	ation)			[Z:3]	Form 990 (2022)

Part VIII Statement of Revenue									
ra	i L	V 11							
			Check if Schedule O contains a resp	onse c	r note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
22	-	la	Federated campaigns 1a	T			8538039888888807883		eri en en en en en
19.5		b							
Contributions, Gifts, Grants and Other Similar Amounts	}		Fundraising events 1c						
# E	d Related organizations 1d								
0.5			Government grants (contributions) 1e		5,288,328.				
8.2			All other contributions, gifts, grants, and						F889888
Life Per Life		•	similar amounts not included above 1f		1,019,935.				
記せ		~	Noncash contributions included in lines 1s-11	s	, , ,				and the second second second
, S		_	Total. Add lines 1a-1f	14		6,308,263.			
- 19			I be like a f range of the stat		Business Code	2080092 barberish dayba	<u> </u>	Deposed Carrier Sala	
	,	a	PATIENT SERVICE REVENU	1	621990	25,950,476.	25,950,476.		
Nice.	-	b				,,,			
je je		c							
εğ		A.		····					
<u> </u>									
Program Service Revenue		4	All other program service revenue						
_			Total. Add lines 2a-2f			25,950,476,	vejski i jednici je pojski negoji pjedjejski k	Change the color than the color of the color	Staletanisistyjainasaasi
	3	<u>171</u> .	Investment income (including dividends,						
	_	•	other similar amounts)			1,700.			1,700.
	4	L	Income from investment of tax-exempt b						
	5		Royalties						
	_		(i) Re	al	(ii) Personal		Rozelyadávak közelő esek		
	6	а	Gross rents 6a						
	Ŭ		Less: rental expenses 6b						
		c	Rental income or (loss) 6c						
		ч	Net rental income or (loss)						
	7		Gross amount from sales of (I) Secur	ities	(ii) Other				
	'	•	assets other than inventory 7a						
		h	Less: cost or other basis						
ا به		~	and sales expenses 7b	i					
룷		c	Gain or (loss) 7c						
ther Revenue			Net gain or (loss)						
- 1	8		Gross income from fundraising events (not		And And Andrew College and Andrew College		NEW GOVERNIES VERSEN	04 505 (F. 52 85)	
\$	Ū	•	including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses						
		c	Net income or (loss) from fundraising eve						***************************************
	9	a	Gross income from gaming activities. Sec						
	_		Part IV, line 19	, ,				l Saasaa k	
		ь	Less: direct expenses						
			Net income or (loss) from gaming activities						
	10		Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold						
			c Net income or (loss) from sales of inventory						
					Business Code				
Miscellaneous Revenue	¥ 11 a		OTHER INCOME		621990	10,206.	10,206.		
		b							
뺡쮦		c							
<u>8</u> 4		ď	All other revenue	,.,, [
2			Total. Add lines 11a-11d			10,206.		water Street in 1999	
	12		Total revenue. See Instructions			32,270,645.	25,960,6B2.	0,	1,700.

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 response or note to any line in this Part IX (D) Fundraising (A) Total expenses (C) Management and general expenses Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,256,971. 505,446. 751,525. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 20,652,484 16,553,782. 4,098,702. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,774,500 714 874 2,489,374, Other employee benefits 1,332,774. 371,407. 1,704,181. Payroll taxes Fees for services (nonemployees): Management 9,339. 9,339 Legal 72,910. 72,910 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,979,980 1,748,279 231,701. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 1,139,167. 663,325. 475,842. Office expenses 13 687,059. 706,843. 19,784. Information technology 14 Royalties 2,134,495. 1,655,596. 478,899, 16 Occupancy 66,776. 92,546, 25,870, 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 84,138. 102,560. 18,422. Conferences, conventions, and meetings 19 286 265. 286,265. 20 Payments to affiliates ______ 21 635,612. 452,627 182,985, Depreciation, depletion, and amortization 22 386,398. 264,082 122,316. 23 Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,078,702. 238 1,078,940. MEDICAL SUPPLIES 84,255. DUES AND SUBSCRIPTIONS 138,328. 54,073. 27,483. 27,290. 193, REPAIRS AND MAINTENANCE c d All other expenses 8,433,159. Total functional expenses. Add lines 1 through 24e 34,893,976. 26,460,817, ø. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SQP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 4,137,361 1,928,864. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 6,657,295 3,565,324. Pledges and grants receivable, net 3 2,379,110, 1,426,091, Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 893,680. 324,693 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 19,186,032. basis, Complete Part VI of Schedule D ______ 10a b Less; accumulated depreciation 10b 8,756,930. 10,528,801. 10,429,102, 10c Investments - publicly traded securities 11 1,201,536. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 14,685,031. 119,712. Other assets. See Part IV, line 11 15 15 24,146,972, 34,129,628. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,909,235. 2,578,349, 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 5,446,912. 5,865,773. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 72,006. 14,427,740. 25 of Schedule D 9,847,014. 22,453,001. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 8,148,130 8.692,875. Net assets without donor restrictions 27 27 6,151,828, 2,983,752. Net assets with donor restrictions 28 Net Assets or Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 14,299,956 11,676,627. Total net assets or fund balances 32 32 34,129,628. 24,146,972, 33 Total liabilities and net assets/fund balances

Form **990** (2022)

Form	990 (2022) COMMUNITY HEALTH SYSTEMS, INC.	33-005655	51	Par	_{qe} 12
Par	t XI	Reconciliation of Net Assets				
		Check If Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		,270,	
2	Total	expenses (must equal Part IX, column (A), line 25)	2		,893,	
3	Reve	nue less expenses. Subtract line 2 from line 1	3		,623,	
4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,299,	958.
5	Net u	inrealized gains (losses) on investments	5			
6	Dona	ted services and use of facilities	6			
7	aevni	tment expenses	7			
8	Prior	period adjustments	8			
9	Other	r changes in net assets or fund balances (explain on Schedule O)	ð			0,
10	Net a	ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
4-61914-4-4-4	colun	nn (B))	10	11	,676,	627.
Par	t XII	Financial Statements and Reporting				·
		Check if Schedule O contains a response or note to any line in this Part XII				X
				Distribution 7	Yes	No
1		unting method used to prepare the Form 990: Lash X Accrual Other				
		organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	34050945	V#955A	\$866,505.0
2a				2a	0.000,000	X
		s," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	352.5		
	separ	ate basis, consolidated basis, or both:				
		Separate basis Consolidated basis Both consolidated and separate basis		995552	103544350	YESTERVA
ь		the organization's financial statements audited by an independent accountant?		2b	X	Leady gold
		s," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		200	
		blidated basis, or both:				
	*********	Separate basis X Consolidated basis Both consolidated and separate basis		300000	19400000	220000
¢		s" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		_	x	
		w, or compilation of its financial statements and selection of an independent accountant?		2c	37332033	Respondence
_		organization changed either its oversight process or selection process during the tax year, explain on Sche	idule O.	1000000000	055000	96000000
		result of a federal award, was the organization required to undergo an audit or audits as set forth in the			x	
		rm Guidance, 2 C.F.R. Part 200, Subpart F?		3a	~	
þ		s," did the organization undergo the required audit or audits? If the organization did not undergo the require		зь	x	
	or au	tits, explain why on Schedule O and describe any steps taken to undergo such audits		1 30	• ↑	

Form 990 (2022)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization COMMUNITY HEALTH SYSTEMS, INC. 33-0056551 Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to requiarly 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (iii) Type of organization (i) Name of supported (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes abova (see instructions))

Schedule A (Form 990) 2022 COMMUNITY REALTH SYSTEMS, INC. 33-005655

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,701,325.	6,828,716.	9,002,113.	17,507,114.	6,300,263.	46,347,531.
2	Tax revenues levied for the organ-						
	Ization's benefit and either paid to			1			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,701,325.	6,828,716.	9,002,113.	17,507,114.	6,308,263.	46,347,531.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support, Subtact line 5 from line 4.	PSAPPONE ALTA APPARE		aranga aga epingang sag			46,347,531.
	tion B. Total Support	T					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	6,701,325.	6,828,716.	9,002,113.	17,507,114.	6,308,263.	46,347,531.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					4 700	
	and income from similar sources	32,323.	4,819.	107.	373.	1,700.	39,322.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	76 004	30 464	73,253.	227,128.	10,206.	366,945,
	assets (Explain in Part VI.)	16,894.	39,464.	(3,433.	AAI,140.	10,200.	46,753,798,
	Total support. Add lines 7 through 10			AND SECURITION OF SECURITION O	nessived subject the edition residing	4.0	100,979,454.
12	Gross receipts from related activities,	*	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	100,373,434.
13	First 5 years. If the Form 990 is for the	-					
Sec	organization, check this box and stop tion C. Computation of Publi		centage	· · · · · · · · · · · · · · · · · · ·	ALL:11A		
	Public support percentage for 2022 (li			aluma (f)		14	99,13 %
	Public support percentage from 2021	- 1.		,		15	97.84 %
	33 1/3% support test - 2022. If the c						
100	stop here. The organization qualifies	-					
ь	33 1/3% support test - 2021. If the c						
_	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			•			en-many
ь	10% -facts-and-circumstances test	_			•		
_	more, and if the organization meets th						
	organization meets the facts-and-circu						
	Private foundation. If the organization		-		* *		
							Form 990) 2022

Schedule A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC. 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 b	nelow please come	Note Part II \						
Sei	ction A. Public Support	ternas, biedae anur	Mere r art II./		" " " " " " " " " " " " " " " " " " " "				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and	(a) 20 10	(1) 2019	(0) 2020	(4) 2021	(8) 2022	(i) rotai		
•	membership fees received. (Do not	ľ							
	include any "unusual grants.")				ļ				
•	Gross receipts from admissions,								
×	merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the		i			1			
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-		Ì						
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7 a	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 5.)								
Sec	tlon B. Total Support								
Cafe	ndar year (or fiscal year beginning in)	(a) 2018	(ь) 2019	(c) 2020	(d) 2021	(e) 2022	(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								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses				1				
	acquired after June 30, 1975	}							
c	Add lines 10a and 10b								
	Net income from unrelated business						'		
	activities not included on line 10b.								
	whether or not the business is regularly carried on								
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 th	ne organization's fix	est second third t	ourth, or fifth tax v	ear as a section 5	601(c)(3) organization	1.		
,		-					" 🖳		
Sec	tion C. Computation of Publi	ic Support Per	centage	***************************************	***************************************				
	Public support percentage for 2022 (I			olumn (fi)		15	%		
	Public support percentage from 2021	• • • • • • • • • • • • • • • • • • • •	•			16	%		
	tion D. Computation of Inves				······				
				ne 13. column (A)		17	%		
	17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 %								
	33 1/3% support tests - 2022. If the								
19.5							.3 (101		
	more than 33 1/3%, check this box ar	•	•	· · · · · · ·					
	b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
	Private foundation. If the organization	n dia not check a t	oox on line 14, 19a	ı, or 190, check th	is dox and see ins				
3202	3 12-09-22					Schedule A	(Form 990) 2022		

Page 4

Schedule A (Form 990) 2022 COMMU Part IV Supporting Organizations

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

Sec	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) ition A. All Supporting Organizations			
***************************************			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	7237700000		1838
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		890.59	1246
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		,,,,,,
2	Did the organization have any supported organization that does not have an IRS determination of status	V0000000000000000000000000000000000000		(020)
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	7,5750,75750 7,5750,7550,75	Winds.	
	organization was described in section 509(a)(1) or (2).	2		1
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			(A20,050 ()400,000
	lines 3b and 3c below.	За	1.000.00	a arang a
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			177.48
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	1000 1000 100 1000 1000 1000 1000 1000		100000
	organization made the determination.	3b	522753.4	1000000
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	\$25.5288	(Maria Albania Albania Albania	2000
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	Nation Carl	59293
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	X02023/3	(2012)	9802
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	1712200.20	200000
ь	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		West OFF	250
	despite being controlled or supervised by or in connection with its supported organizations.	4b	Objective	W. 100. 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)		Section 2	e Marke
	purposes.	4c	Assertative Co.	0.00.007
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	F324544	155085	25,000
	was accomplished (such as by amendment to the organizing document).	5a	Z1,035,02561	0.000.000
þ		964985(A		1990/69
	designated in the organization's organizing document?	<u>5b</u>		
¢	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	Cross of coal	200000000
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			Sky &
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	100 100 A		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	13878313	(1000) (1000)	WONES
	Pert VI.	6	asatrona.	2004/600
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		2000	600
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	10000000	Mark Control
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?	N/40/4000	17853765	1886482
	If "Yes," complete Part I of Schedule L. (Form 990).	8	(18) may 10 M.	W40788
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			(A. 4)
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described	SARVARVA	ARRIVE.	1363541
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a 585666	509534396	Negativa
þ	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	YNSECHELES.	SANSASS.	255255
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	y Ny taona 2014. Ny farantana	100000000
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	050000000000	mangy	305482
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	_9c	(MAHAN)	353453
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1950 SSA		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1975/67/1970/00/00	Datovityikir	19500000

10b Schedule A (Form 990) 2022

10a

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Sche	dule A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.	33-0056551	Pr	age 5
Pa	rt IV Supporting Organizations (continued)	"1		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	400000000000000000000000000000000000000	120000	3000
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
•	11c below, the governing body of a supported organization?	11a	250000	Miller Charles
		116	\vdash	
	A family member of a person described on line 11a above?	10 (4.54) T(4.51) ye.	755-50-50	788 1416 V
¢		(641035000	FEE:0555	3707135034
6	detail in Part VI. tion B. Type I Supporting Organizations	11c	L	<u> </u>
Sec	tion B. Type r supporting organizations		T	·
		TTT OWNSERS	Yes	Nο
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o		35.50	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	iicers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		(2.33)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	September 1995	(0) (4)	N500 (
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		3500	322
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2	0.00000000000	Novable 1
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	non or type it supporting organizations		T.,	
		with the second	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			86 3
	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	V9205005		\$2000
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		929929 32988	
•	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?	(1899) (1899) (1899) (1899) (1899) (1899) (1899) (1899) (1899) (1899) (1899) (1899) (1899) (1899) (1899) (1899)	of many moves.	rischerbereite
_		State of the State	12/2/2015	£200000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			36/02/
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	080494000		tikuwataka
	the organization maintained a close and continuous working relationship with the supported organization(s).	2 ************************************	enski mremi	Neg/ANAS and
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			\$100
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		X8489	
	supported organizations played in this regard.	3		<u></u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
-	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ity (see Instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.	., (====, ====	Yes	No
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Heiderice.		(2000) in
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	2002 (400 VIII)		
	- · · · · · · · · · · · · · · · · · · ·		1930X	2002
	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	(02005VB)		144611
	that these activities constituted substantially all of its activities.	2a	Spile Malana	20000000
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			80059A
	these activities but for the organization's involvement.	2b		L
3	Parent of Supported Organizations. Answer lines 3s and 3b below.		(43)	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	200000000000000000000000000000000000000	propriéé (d
٤_	·	V842/25/00	00000000	Q20090
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		MONEYUM.	274149EVII
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
232025	12-09-22	Schedule A (Forn	(וומפוו	K-142

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Schedule A (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC			33-0056551 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supp			
1 Check here if the organization satisfied the Integral Part Test as a qu			art VI). See instructions.
All other Type III non-functionally integrated supporting organization	s must complet	e Sections A through E.	45.4
Section A - Adjusted Net Income	<u></u>	(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	111		
2 Recoveries of prior year distributions	2		
3 Other gross income (see instructions)	3		17.7811844411111111111111111111111111111
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)	6		
Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see	0.00%,000.00 2002,000.00		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a .		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors	(1000)		
(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 amou see instructions).	nt,		
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)	В		
Section C - Distributable Amount			Current Year
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-fun	otionally integra	ted Type III cupporting organ	nization (see

Schedule A (Form 990) 2022

	edule A (Form 990) 2022 COMMUNITY HEALTH SY		and the same of the same		33-0056551 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ied)	
Sec	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3_	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	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	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	15	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			58/64/33	
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017			DYSK Ž	
ь	From 2018				
	From 2019	1-3/05/84/4/9/02/34/38/50/9		90/2807	
•	From 2020				
**	From 2021			3 86 6	
	Total of lines 3a through 3e			Personal Service	
******	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount			3324	
i	Carryover from 2017 not applied (see instructions)			SOUTH	
i	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,			272508	
•	line 7: \$				
8	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount			G///21/A	
-	Remainder, Subtract lines 4a and 4b from line 4.			24/£04	
5	Remaining underdistributions for years prior to 2022, if		***************************************		
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See Instructions.				
-6	Remaining underdistributions for 2022. Subtract lines 3h	400,707,877,877,000,578,877,97		201242	
-	and 4b from line 1. For result greater than zero, explain in			Guyani Guyani	
	Part VI. See Instructions.				
7	Excess distributions carryover to 2023. Add lines 3j			8.33	
•	and 4c.				
8	Breakdown of line 7:			24.WA	
	Excess from 2018				
	Excess from 2019			0.5%	
	Excess from 2020			\$1964	
***************************************	Excess from 2021				
	Excess from 2022			9/85/6	
		Manager Committee of the Committee of th		Co	hedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	COMMUNITY HEAL				33-0056551	Page 8
Part VI	Supplemental Infor	, 2, 35, 3¢, 4b, 4¢, 5a lines 2 and 3; Part IV	ı, 6, 9a, 9b, 9¢, , Section E, line	11a, 11b, end 11c ss 1c, 2a, 2b, 3a, a	; Part IV, Section B, Ii nd 3b; Part V, line 1;	7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Sectio Part V, Section B, line 1e; P dditional information.	
PART II,	LINE 10;						
	OME INCLUDES: INSUR	INCE REFUND, TAX	REFUND, AN	ID PRIOR PAID			
INVOICE C	ANCELLATION BY VENDO	PR.	10 THE REAL PROPERTY OF THE PR				
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Employer identification number Name of the organization 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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (6), 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), 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), il, and ill. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022) Employer identification number Name of organization

COMMUNI	33-0056551		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HRSA - H8H 5600 FISHERS LN ROCKVILLE, MD 20852	\$2,291,188	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	10B01 SIXTH ST RANCHO CUCAMONGA, CA 91730	\$ 607,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIF + 4	(c) Total contributions	(d) Type of contribution
3	HRSA - HIV 5600 FISHERS LN ROCKVILLE, MD 20852	\$ 442,735	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	IEHP - OTHERS 10801 SIXTH ST RANCHO CUCAMONGA, CA 91730	\$303,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	TITLE X - ESSENTIAL HEALTH SERVICES 3600 WILSHIRE BLVD #600 LOS ANGELES, CA 91730	\$ 247,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
6	HRSA - ARPC 5600 FISHERS LN ROCKVILLE, MD 20852	\$ 224,674	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number Name of organization

COMMUNIT	TY HEALTH SYSTEMS, INC.		33-0056551
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MOLINA 200 OCEANGATE STE 100 LONG BEACH, CA 92123	\$150,17	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
	INLAND FACULTY MEDICAL GROUP 1860 COLORADO BLVD LOS ANGELES, CA 90041	\$100,00	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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. from Part !	(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
		**************************************	AMA AMA III.
(a) No. from Part I	(b) Description of noncesh 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
223463 11.15-22		\$	Schadula B (Form 990) (2022)

SCHEDULE D

Department of the Tressury

Internal Revenue Service

(Form 990)

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.

2022 Open to Public Inspection

Name of the organization

Employer identification number

33-0056551 COMMUNITY HEALTH SYSTEMS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 2a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 956, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

232051 09-01-22

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a			HEALTH SYSTEMS,		orical Tre	ASUTAS. O	r Other	Similar	33-005 Assets		Page 2
collection items (check all that apply): a	collection larens (check all that apply): g										, (CÓUIN	ueg)
g Public achibition d Loan or exchange program b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection? Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1	Public exhibition d	•		on, and other record	ia, crieck	any or the r	Ollowing tha	t make sig	illioavie c	30 01 113		
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b Permanent endowment	Permanent endowment	<u> </u>			e (iine ig	, column (a)) neio as:					
Term endowment	Tree Secretation Secreta	28										
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiii) Related organizations (iiiiii) Related organizations (iiiii) Related organizations (iiiiiii) Related organizations (iiiiii) Related organizations (iiiiiii) Related organizations (iiiiiii) Related organizations (iiiiiiii)) Related organizations (iiiiiiiiiiiiii) Related organizations (iiiiiiiiiiiiii) Related organizations (iiiiiiiiiiiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unrelated organizations (iv) Equation (iv) Related organizations (iv) Equation (iv)	ь		 ′ -								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related orga	Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related	c										
Vest Vest	Composition by: Compositi			,								
(ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land 230,000, 230,000 b Buildings 4,549,720, 1,479,820. 3,069,900,	(ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization enswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land 230,000, 230,000, 230,000, b Buildings 4,549,720, 1,479,820, 3,069,900, c Leasehold improvements 9,979,659, 3,893,117, 6,086,542, d Equipment 2,474,624, 2,015,025, 459,599, e Other	За	'	ssion of the organiza	ition that	are held an	id administer	red for the			("	1
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization enswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 230,000. Buildings 4,549,720, 1,479,820. 3,069,900.	(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization enswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land 230,000, b Buildings 4,549,720, 1,479,820, 3,069,900, c Leasehold improvements 4,549,720, 4,549,720, 5,045,025, 6,086,542, 6 Equipment 2,474,624, 2,015,025, 459,599, 6 Other											Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Lend, Buildings, and Equipment. Complete if the organization enswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land 230,000. Buildings 4,549,720, 1,479,820. 3b (d) Book value 230,000.	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization enswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) 1a Land 230,000, 4,549,720, 1,479,820, 3,069,900, c Leasehold improvements 4,549,720, 5,979,659, 6 Equipment 6 Equipment 7,974,624, 1,952,029, 1,368,968, 563,061,											
Part VI Lend, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Land Buildings 4,549,720, 1,479,820. 3,069,900,	Part VI Land, Buildings, and Equipment.		(ii) Related organizations		. , , - , . ,							
Part VI Land, Buildings, and Equipment. Complete if the organization enswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land Buildings (b) Cost or other basis (other) 230,000. 230,000. 230,000. 3,069,900.	Part VI Lend, Buildings, and Equipment. Complete if the organization enswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value 1a Land 230,000. 230,000. 230,000. 230,000. 3,069,900. 3,069,900. 0.069,900. 0.069,900. 0.069,900. 0.066,542. <td>b</td> <td>• • • • • • • • • • • • • • • • • • • •</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3b</td> <td></td>	b	• • • • • • • • • • • • • • • • • • • •								3b	
Complete if the organization enswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land Buildings Complete if the organization enswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other depreciation 230,000. 230,000. 230,000. 3,069,900.	Complete if the organization enswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 230,000. 230,000. 230,000. b Buildings 4,549,720. 1,479,820. 3,069,900. c Leasehold improvements 9,979,659. 3,893,117. 6,086,542. d Equipment 2,474,624. 2,015,025. 459,599. e Other 1,952,029. 1,368,968. 563,061.				wment fo	ands.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 230,000. 230,000.	Par										
basis (investment) basis (other) depreciation 1a Land 230,000. 230,000. b Buildings 4,549,720. 1,479,820. 3,069,900.	basis (investment) basis (other) depreciation 1a Land 230,000, 230,000, b Buildings 4,549,720, 1,479,820, 3,069,900, c Leasehold improvements 9,979,659, 3,893,117, 6,086,542, d Equipment 2,474,624, 2,015,025, 459,599, e Other 1,952,029, 1,368,968, 563,061,		Complete if the organization enswered	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990	, Part X, li	ne 10.			
1a Land 230,000. 230,000. b Buildings 4,549,720. 1,479,820. 3,069,900.	1a Land 230,000. 230,000. b Buildings 4,549,720. 1,479,820. 3,069,900. c Leasehold improvements 9,979,659. 3,893,117. 6,086,542. d Equipment 2,474,624. 2,015,025. 459,599. e Other 1,952,029. 1,368,968. 563,061.		Description of property	1 1.7		(b) Cost	or other			d	(d) Book	value
b Buildings 4,549,720. 1,479,820. 3,069,900.	b Buildings 4,549,720. 1,479,820. 3,069,900. c Leasehold improvements 9,979,659. 3,893,117. 6,086,542. d Equipment 2,474,624. 2,015,025. 459,599. e Other 1,952,029. 1,368,968. 563,061.			basis (investr	nent)	basis (depi	reciation			
b Buildings 4,549,720. 1,479,820. 3,069,900.	b Buildings 4,549,720. 1,479,820. 3,069,900. c Leasehold improvements 9,979,659. 3,893,117. 6,086,542. d Equipment 2,474,624. 2,015,025. 459,599. e Other 1,952,029. 1,368,968. 563,061.	1a	Land				230,000.			900 0000 940 000		230,000.
	c Leasehold improvements 9,979,659. 3,893,117. 6,086,542. d Equipment 2,474,624. 2,015,025. 459,599. e Other 1,952,029. 1,368,968. 583,061.					4	,549,720.		1,479,	320.	3,	069,900.
C Leasenoic improvements 5,000,342.	d Equipment 2,474,624. 2,015,025. 459,599. e Other 1,952,029. 1,368,968. 583,061.					9	,979,659.		3,893,	117.	6,	086,542.
	e Other. 1,952,029. 1,368,968. 563,061.					2	,474,624.		2,015,	25.		459,599.
						1	,952,029.		1,368,	96В.		583,061.
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (8), line 10c.)				X. colum	n (B), line 10	Oc.)				10,	429,102.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV lin	on 11h San Form 990 Part V line 12	
(a) Description of security of category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives	(47) 11-1-11-1		
(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.)	***************************************	Service in the property of the service of the servi	
Part VIII Investments - Program Related. Complete if the organization answered "Yes"	on Form 990 Part IV lin	se 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)	<u></u>		
(2)			
(3)			
(4)			
(5)			
(6)		***************************************	
(7)			
(6)			
(9)			OS SECUENTANIA AND AND AND AND AND AND AND AND AND AN
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. lic	ne 11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSITS			365,712.
(2) RIGHT-OF-USE ASSETS			14,319,319.
(3)			
(4)			
<u>(5)</u>			
(6)			
(9)			14,685,031.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15./	The state of the s	22,000,002,
Complete if the organization answered "Yes" (on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(Z) RIGHT-OF-USE LIABILITIES			14,427,740.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Column (b) must count form 200, Part V, col. (6) Visco	251		14,427,740.
Totel. (Column (b) must equal Form 990. Part X. col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements	

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) 2022

232053 09-01-22

	t XI Reconciliation of Revenue per Audited Financial Statemen	nte With E	evenue ner Re	turn	voor Page 1
T CI	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		evende per ne	COI III	
1		"		1 1	35,426,815.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	***************************************		854 ASA	,,
á	Net unrealized gains (losses) on investments	2a		22000	
b	Donated services and use of facilities			100400000 100400000 100400000	
	Recoveries of prior year grants			10035	
d	Other (Describe in Part XIII.)		3,168,076.		
ė	Add lines 2a through 2d			20	3,168,076.
3	Subtract line 2e from line 1			3	32,258,739.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			9387/82/3	
7.0	Investment expenses not included on Form 990, Part VIII, line 7b	4a		21/23/25/25 78/25/25/25	
h	Other (Describe in Part XIII.)		11,906.		
	Add lines 4a and 4b			4c	11,906.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	32,270,645.
	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•		
$\overline{}$	Total expenses and losses per audited financial statements			1	34,607,711.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************		1474 V 1911 V 1504 V 1911	
a	Donated services and use of facilities	28		351447555 947549555	
b	Prior year adjustments				
	Other losses				
d	Other (Describe in Part XIII.)			7652/96500 765263455	
	Add lines 2a through 2d			20	0.
3	Subtract line 2e from line 1			3	34,607,711.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	54(48A)	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII.)	[285,265.		
c	Add lines 4a and 4b			40	286,265.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	34,893,976.
Par	t:XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1b a	nd 2b; Part V, line 4	; Part X, lit	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional inform	ation.		
PART	X, LINE 2:				
THE	ORGANIZATION HAS BEEN DESIGNATED AS TAX-EXEMPT UNDER INTERNAL	KEARDOR			
ማ ለጉም	SECTION 501(C)(3) AND IS ALSO EXEMPT FROM STATE FRANCHISE TAX	es impre			
CODE	SECTION TAILCTAN MAD IN MASO BROWN FROM STATE FROM MAD THE	MA CADER			
вест	ION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND I	SNOT			
	The state of the s				
GENE	RALLY SUBJECT TO FEDERAL OR STATE INCOME TAXES, HOWEVER, THE				
ORGA	NIZATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS	DERIVED			
FROM	A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHER	ANCE OF			
THE	PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION, NO INCOME TAX PRO	VISION			
420	SEEN RECORDED AS THE NET INCOME IF ANY FROM ANY UNRELATED TR	ADE OR			
IAS .	BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TR	WANT AV			
us I	NESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE BAS	IC			
FINA:	ICIAL STATEMENTS TAKEN AS A WHOLE.				
					,

Schedule D (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.	33-0056551	Page 5
Part XIII Supplemental Information (continued)		
DEFERRED TAXES ARE PROVIDED ON A LIABILITY METHOD WHEREBY DEFERRED TAX		
ASSETS ARE RECOGNIZED FOR DEDUCTIBLE TEMPORARY DIFFERENCES AND DEFERRED		
TAX LIABILITIES ARE RECOGNIZED FOR TAXABLE TEMPORARY DIFFERENCES.		
TEMPORARY DIFFERENCES ARE THE DIFFERENCES BETWEEN THE REPORTED AMOUNTS OF		
ASSETS AND LIABILITIES AND THEIR TAX BASES, DEFERRED TAX ASSETS ARE		
REDUCED BY A VALUATION ALLOWANCE WHEN, IN THE OPINION OF MANAGEMENT, IT IS		
MORE LIKELY THAN NOT THAT SOME PORTION OF ALL OF THE DEFERRED TAX ASSETS		
WILL NOT BE REALIZED, DEFERRED TAX ASSETS AND LIABILITIES ARE ADJUSTED FOR		
THE EFFECTS OF CHANGES IN TAX LAWS AND RATES ON THE DATE OF ENACTMENT.		
THERE ARE NO DEFERRED TAX ASSETS OR LIABILITIES AS OF DECEMBER 31, 2022.		
THE ORGANIZATION WILL RECOGNIZE THE IMPACT OF TAX POSITIONS IN THE		
FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING		
SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION, TO		
DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS.		
THE ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES		
RELATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR		
ENDED DECEMBER 31, 2022, THE ORGANIZATION DID NOT RECOGNIZE ANY AMOUNT IN		
POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.		
THE FOLLOWING TABLE SUMMARIZES THE OPEN TAX YEARS FOR EACH MAJOR		
JURISDICTION:		
	F114 114 114 114 114 114 114 114 114 114	
JURISDICTION OPEN TAX YEAR		
FEDERAL 2019 - 2022		
STATE 2018 - 2022	101.01.01.01.00.00.00.00.00.00.00.00.00.	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC.		33-0056551	Page 5
Schedule D (Form 990) 2022 COMMUNITY HEALTH SYSTEMS, INC. Part XIII Supplemental Information (continued)			
PART XI, LINE 2D - OTHER ADJUSTMENTS:	MATERIAL PROPERTY OF THE PROPE		,
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS	3,168,076.		
PART XI, LINE 4B ~ OTHER ADJUSTMENTS:			
OTHER INCOME	10,206.		
RENTAL INCOME			
INTEREST INCOME	164.		
INVESTMENT INCOME	1,536.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	11,906.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
FRAT ALL, MING 48 - OTHER ADDOGRAMMES!			
INTEREST EXPENSE	286,265.		
	,		
	***************************************	0.1114 1000000 0000000000000000000000000	-
			
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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Schedule D (Form 990) 2022

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.

Employer identification number

Department of the Transury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

33-0056551 COMMUNITY HEALTH SYSTEMS, INC. Part I Questions Regarding Compensation Yes Nο 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 Personal services (such as mald, chauffeur, chef) Discretionary spending account 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 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 Written employment contract X Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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: Х a Receive a severance payment or change-of-control payment? 4а X 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 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: ж a The organization? 5a X b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation x a The organization? x 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, dld the organization provide any nonfixed payments 7 x not described on lines 5 and 67 If "Yes," describe in Part III 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2022

8

Regulations section 53.4958-6(c)?

33-0056551

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)(R(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	4-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)()-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incertive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. SANJEEV PURI (FROM 8/22)	Ξ	306, 858.	Đ.	.0	.0	2,188.	309,046	0
CMO (FROM 8/22)	E	0.	0.	.0	.0	0	0	0,
(2) LORI HOLEMAN	(0)	261,382.	0.	0.	0.	31,698.	292,480.	0.
CEO	(iii)	0.	0	٥.	.0	.0	0	0.
(3) ANNIE NGUYEN	(0)	207,308.	0.	.0	0.	30,047.	237,355.	0
CFO	(iii)	.0	0.	0.	0.	0	.0	Ū.
(4) DENIS VEGA TAPIA	(3)	192,750.	0.	0,	0.	28,946.	221,690.	0.
000	(E)	0.	-0	.0	.0	.0	*0	θ,
(5) MAHDI HEMATIAM-ASHRAFIAN	(8)	176,373.	* 0	0,	-0	20,028.	104'961	0,
CMO (UNTIL 8/22)	(E)	.0	0.	.0	.0	9.	0	O,
(6) DR. GEORGE SOLIMAN	(0)	295,658.	10	0.	.0	28,009.	323,667.	0.
FAMILY PRACTICE PHYSICIAN	▣	·0	*0	0	0	0	0	0
(7) DR. CALVIN LAMBERT HALL	8	289,000.	0.	ů.	10	27,903.	316,903.	0.
FAMILY PRACTICE PHYSICIAN	(iii)	0.	10	.0	10	.0	*0	9.
(8) DR. GORAN CVIJANOVIC	(i)	292,053.	10	0	*0	16,475.	308,528.	0.
PHYSICIAN	Œ	0.	Ð	0	~0	D.	-0	0.
(9) DR. SHEILA LOHARUKA	(1)	243,379.	0	0.	*0	13,928.	257,347.	Đ.
INTERNAL NEDICINE PHYSICIA	(iii)	0	0	0	⁺0	0.	*0	0.
(10) STAMLEY YO	(ii)	229,885.	.0	.0	*0	9,519.	239,404.	0.
Pediatrician	€	.0	.0	· O	10	*0	.0	0,
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Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY REALTH SYSTEMS, INC.	Employer identification number 33-0056551
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
COMPREHENSIVE HEALTH SERVICES,	
	MIT WIND HE TO THE TOTAL T
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	4.
REQUEST IN THE CORPORATE OFFICE IN MORENO VALLEY AND ON GUIDESTAR, ORG.	AUG 15 15 15 15 15 15 15 15 15 15 15 15 15
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) 2022

Name of the organization COMMUNITY HEALTH SYSTEMS, INC.	Employer identification number 33-0056551
THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST	1.0000
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE FUBLIC UPON REQUEST FOR	
VIEWING IN THE CORPORATE OFFICE IN MORENO VALLEY. IN ADDITION, UPON	THE BROKE I
REQUEST, THE FINANCIAL STATEMENTS ARE PROVIDED TO VARIOUS FUNDING AGENCIES	1.14111
AS REQUIRED.	
FORM 990, PART XI, LINE 2C:	
THE ORGANIZATION HAS A FINANCE COMMITTEE THAT ASSUMES RESPONSIBILTY FOR	
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN	
INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
FORM 990, PART I, LINE 8:	THE RESERVE THE PROPERTY OF TH
THE LARGE REDUCTION IN THE CONTRIBUTIONS/GRANTS BETWEEN PRIOR YEAR AND	
CURRENT YEAR IS DUE IN GREAT PART TO THE SBA PPP LOAN AMOUNT OF	
\$3,500,000 IN 2021.	
	HALL FROM CONTROL OF THE STATE



FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formated pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

There are five tabs to this file:

- 1 Instructions
- 2 Program Budget Form
- 3 Funding History
- 4 Budget Narrative
- 5 Budget Reporting Form

1 Instructions:

All Yellow sections are to be filled out by the applicant. Grey sections will auto calculate and should not be edited by the applicant. All pages are formatted to print portrait, on 1 page.

2 Program Budget Form:

- > PROGRAM COST: This section should reflect the true and total costs of the program.
 - APPLYING ORGANIZATION: This is the applicant agency's investment in their program. This is
- > the value of the resources the agency will contribute to the program's cost. These may include funds from fundraising events, private donors, in-kind goods and services, and volunteer efforts.
- > OTHER FUNDERS: These are funds or resources provided from contracts, grants and partnerships that are used to support the program's operations.
- > REQUESTED FROM FRHD: This is the funding request you are putting forward to the District.
- The line item names may not fully align with your budget. Please edit those items to align with your budget. Explain those items on your Budget Narrative Form as necessary.

A INDIRECT EXPENSES:

This section is for expenses that are part of indirect operats of the program, necessary which may not be part of the direct service provision expenses (Adminsitration, facility expenses, general liability ins., etc.). Please refer back to the training materials for clarification of these expenses. The District will not consider funding more than 25% of these expenses

B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

As stated, this section is for staffing expenses that are directly related to the provision of the services/program. Please list each position title separately, unless there are multiple of the same title then use (x3) as an indicator. For example, if funding salaries for four separate Drivers, you would indicate as, Driver (x4) and the expense amount would be the cost of all four Drivers.

C DIRECT PROGRAM EXPENSES:

This section is for supplies, items and or specific expenses related to the provision of the services/program. This may include phone, rent, prining, program related insurance (e.g., vehicle), trainings and cetifications.



FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formated pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

3 Funding History

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

4 Budget Narrative

There are headers that align with the Budget Form. These items should be explained (narrative) if they are unsusual or have a specific project impact. Explanations regarding utility expenses are generally understood, but expenses relating to training or for a specialty insurance could be expressed here.

5 Budget Reporting Form

This form will be used for those grantees who are awarded contracts. This form must be submitted
> with the quarterly Impact Report and should demonstrate that funds were allocated according to
the submitted proposal budget.



FRHD CHC GRANT BUDGET FORM

Agency Name: Communi

Community Health Systems, Inc.

PROGRAM NAME:

Diabetes Empowerment Education Program (DEEP)

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

Α	INDIRECT EXPENSES:	PROGRAM COST	APPLYING	OTHER FUNDERS	REQUESTED FROM
A1	Administrative Support		ORGANIZATION	-	FRHD
		2.075.00	2.275.00		
A2	General Insurance (not program specific)	3,275.00	3,275.00	-	-
A3	Accounting & audit expenses	300.00	300.00	-	-
A4	Consultant/Contractor Fees	-	-	-	-
A5	Physical Assets (Rent, Facility Costs)	-	-	-	-
A6	Utilities	4 500 00	4.500.00	-	-
A7	IT & Internet	1,500.00	1,500.00	-	-
A8	Marketing & Communications	-	-	-	-
A9	Office Supplies	2,035.00	2,035.00	-	-
A10	Training & Education	2,210.00	2,210.00	-	-
A11	Other: specify	- 0.200.00	- 0 200 00	-	-
	TOTAL INDIRECT EXPENSE	9,320.00	9,320.00	•	•
В	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
В1	Community Health Educator, 0.05 FTE	51,912.00	48,538.00	-	3,374.00
B5	Payroll Expenses (WC, taxes)	221.00	221.00	-	-
B6	Benefits	557.00	557.00	-	-
В7					
	TOTAL PERSONNEL EXPENSE	52,690.00	49,316.00	-	3,374.00
С	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Food for Cohort Participants	1,500.00	-	-	1,500.0
C2	Marketing Materials	500.00	-	-	500.0
C3	Supplies	2,626.00	-	1	2,626.0
C4	DEEP Licensure/Training Bundle/Lead Trainer Certification	7,000.00	-	-	7,000.0
C5					
C6					
C7					
C8					
C9					
C10					
C11					
C12					
C13					
C14					
C15					
C15	TOTAL OTHER EXPENSES	11,626.00	-	-	11,626.0

D TOTAL ALL EXPENSES

PROGRAM COST | % REQUESTED FROM FRHD | \$ 73,636.00 | 20%

2) FUNDING SOURCES

Е	FUNDS FOR PROGRAM			
E1	APPLYING ORGANIZATION	Χ		58,636.00
E2	OTHER FUNDERS	Υ		-
E3	REQUESTED FROM FRHD	Z		15,000.00
	TOTAL FUNDING SOURCES		•	72 626 00

73,636.00 NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency	\$ 46,672,023.00	\$ 73,636.00	0%
	budget that this Program represents.	AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

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



Agency Name: Community Health Systems, Inc.

Program Name: Diabetes Empowerment Education Program (DEEP)

INSTRUCTIONS:

List other funders that have been approached by your organization <u>for this program</u> in the past year, do not include FRHD. Include Name, Date, Amount Requested, Awarded, Declined or Pending. Please include all major sources of funding - this includes agencies fundraisers, annual community support and grantmakers.

Funder Name	Date Submitted	Amount Requested	Status
Health Resources and Services Administration (HRSA)	7/31/23	\$4,367,651.00	Awarded

FUNDING HISTORY - TAB 3



Agency Name: Community Health Systems, Inc. **Program Name: Diabetes Empowerment Education Program (DEEP) INSTRUCTIONS:** 1. List items from your PROJECT BUDGET FORM (Sections A and B) that you are seeking FRHD support, and that requires explanation. 2. Your narrative should explain why this expense is necessary to the project and why or how FRHD funding would make an impact. A. INDIRECT EXPENSES: Please indicate by the Line Number and Item Name Name Narrative **B. PERSONNEL EXPENSES - PROGRAM SPECIFIC** Name Narrative: The Community Health Educator (CHE) supports the Community Relations Department by the implementation of department objectives through community relationships, creating and aligning health education programs that promote health and wellness, serving as a liaison to community resources, and providing education about the В1 Community Health Educator healthcare system navigation and social determinants of health. For this proposed program, the CHE will present the DEEP workshops in both English and Spanish to participants. CHSI is requesting a portion of the CHE's salary at 0.05 FTE from FRHD grant funds if awarded. C. DIRECT PROGRAM EXPENSES C1 Food for Cohort Participants Each session, participants are provided with healthy snacks and water. Marketing Materials Materials to be used to promote the availability of DEEP classes at FFHC. Supplies to be used during the presentation and for participation by individuals including, but not limited to: professional printing of educational pamphlets for participants, portable Supplies projector, anatomical models of effects of diabetes, white board, folders, and notebooks. С3 Costs for renewed licensure to provide DEEP, updated evidence-based curriculum, and DEEP Licensure/Training Bundle/Lead C4 training to certify the program facilitator (CHE). **Trainer Certification**



FRHD CHC GRANT BUDGET REPORTING FORM

Agency Name:

Community Health Systems,

PROGRAM NAME: Diabetes Empowerment Education Program (DEEP)

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

1)	Α	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
_		TOTAL INDIRECT EXPENSE	\$9,320.00	\$0.00				
	В	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
_		TOTAL PERSONNEL EXPENSE	\$52,690.00	\$3,374.00				
	С	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
_		TOTAL OTHER EXPENSES	\$11,626.00	\$11,626.00				

D	TOTALS	PROGRAM COST	FRHD Funds Awarded	Total Amount Q1	Total Amount Q2	Total Amount Q3	Total Amount Q4
		\$73,636.00	\$0.20	\$0.00	\$0.00	\$0.00	\$0.00

Total funds expended to date: \$0.00

BUDGET REPORTING FORM - TAB 5