



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

Projected number of residents that will directly benefit (participant/client) from this program. 48

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 dispersment 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

A handwritten signature in black ink, appearing to read "J. B. Johnson" or similar, written in a cursive style.

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	<u>36,514,445.92</u>
Other Program Revenue	
ECM Program	1,293,441.24
340B Program	2,812,101.14
CCM Program	107,517.10
Pharmacy	<u>9,431.71</u>
Total Other Program Revenue	4,222,491.19
PY Reconciliation Adj	
PY Medi-Cal Recon Adj	202,361.36
PY Medicare Recon Adj	<u>62,893.00</u>
Total PY Reconciliation Adj	<u>265,254.36</u>
Total Income	<u>52,965,870.82</u>
Expense	
Rent	
Facility Rent	1,983,909.76
Storage	<u>127,977.79</u>
Total Rent	2,111,887.55
Community Outreach	
Community Outreach	<u>50,291.97</u>
Total Community Outreach	50,291.97
Business Expenses	
Banking Service Fees	<u>49,926.55</u>
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	<u>40,031.90</u>
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	<u>30,305.41</u>
Total Facilities & Equipment	636,907.24
Computer Expense	
Computer Software	564,855.55
Computer Hardware	45,822.79
Computer Maintenance	<u>343,758.18</u>
Total Computer Expense	954,436.52

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	<u>976,872.53</u>
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	<u>1,620,975.07</u>
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	<u>622,896.51</u>
County & Other Taxes	
County & Other Taxes	51,948.78
Total County & Other Taxes	<u>51,948.78</u>
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	<u>31,675,128.90</u>
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	<u>2,269,366.68</u>
Travel	
Conference, Convention, Meeting	44,729.00
Travel	8,279.73
Transportation	13,655.84
Mileage	74,339.15
Lodging / Hotel	32,314.48
Meals	24,661.42
Total Travel	<u>197,979.62</u>
Meetings & Corporate Events	

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

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	126,269.50
42330 · CECO Award	1,962.00
42375 · IEHP	380,000.00
42385 · UCLA Grant	5,000.00
42459 · California Health Foundation	5,000.00
42463 · Community Health Group	7,098.00
42465 · Inland Faculty Medical Group	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	
48100 · Medi-Cal Fee For Service	4,725,385.40
48150 · Medi-Cal Managed Care	15,226,750.27
48200 · Medicare	1,796,020.67
48300 · Sliding Fee Schedule	686,068.81
48400 · Private	301,785.21
48600 · Capitation	0.00
48930 · PACT	242,385.72
48940 · PE	37,728.58
48945 · ECM Program	1,058,478.59
48946 · 340B Program	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	0.00
49150 · Clinic Rev Holding account	0.00
Total Income	35,438,719.41
Gross Profit	35,438,719.41
Expense	
55000 · Rent	
55010 · Facility Rent	1,752,623.53
55020 · Storage	84,738.37
Total 55000 · Rent	1,837,361.90
60320 · Community Outreach	49,042.51
60900 · Business Expenses	
60940 · Banking Service Fees	41,904.16
	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	291,803.46
62130 · 340B Service Fees	363,174.51
62140 · Legal & Professional Fees	9,339.37
62150 · Outside Services	333,795.54
62160 · Security	270,393.50
62170 · Infectious Waste	18,364.06
62180 · Janitorial	411,412.89
62190 · Lab Fees	212,206.89
62195 · Pest Control	7,668.69
62200 · Recycling Services	27,552.37
62210 · Uniform & Lab Coats Services	14,409.87
62220 · Equipment Maintenance	29,197.77
Total 62100 · Contract Services	2,062,228.98
62800 · Facilities & Equipment	
62820 · Medical Equipment Purchase	103,518.74
62830 · Building Repairs & Improvements	98,448.02
62840 · Equip Rental	170,946.77
62845 · Office Equipment Purchase	58,350.87
62860 · Equipment Repair	27,483.38
Total 62800 · Facilities & Equipment	458,747.78
64000 · Computer	
64100 · Computer Software	369,458.23
64110 · Computer Hardware	36,420.44
64120 · Computer Maintenance	300,964.41
Total 64000 · Computer	706,843.08
65000 · Operations	
65010 · Books, Subscriptions, Reference	986.84
65020 · Postage, Mailing Service	18,143.54
65030 · Printing & Copying	12,642.05
65040 · Utilities	352,819.41
65050 · Telephone, Telecommunications	477,018.20
Total 65000 · Operations	861,610.04
65100 · Other Types of Expenses	
65130 · Depreciation Expense	635,611.57
65140 · Interest Expense	286,265.03
65150 · Dues, License, Renewals	137,341.38
65155 · Bad Debt	20,000.00
65165 · Cash Short & Over	-31.43
65180 · Staff Recruitment	66,514.77
65200 · Continuing Education	71,368.21
65210 · Staff Training	18,091.17
Total 65100 · Other Types of Expenses	1,235,160.70
65120 · Insurance	
65121 · General Liability	83,591.08
65122 · Directors & Officers	51,646.91
65123 · Workers Comp	297,880.94
65124 · Auto	4,925.54
65125 · Property	53,679.67
Total 65120 · Insurance	491,724.14
65300 · County & Other Taxes	40,744.92
66000 · Payroll Expenses	
66001 · Third Party Sick Pay	0.00
66010 · Salaries (Clinic)	16,990,413.17
66020 · Administrative Salaries	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

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

Community Health Systems, Inc.

Balance Sheet

As of Date:

12/31/2023

Year To Date

12/31/2023

Current Year Balance

Assets

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	<u>618,808.55</u>

Inventory

BLM 2 Pharmacy Inventory	84,393.45
Total Inventory	<u>84,393.45</u>

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	<u>20,067,675.12</u>
Other Long-term Assets	
Other Assets	
Debt Issuance Costs	262,606.18
Operating ROU Asset	<u>13,156,003.07</u>
Total Other Assets	<u>13,418,609.25</u>
Total Other Long-term Assets	<u>13,418,609.25</u>
Total Long-term Assets	<u>33,486,284.37</u>
Total Assets	<u><u>46,859,134.60</u></u>
Liabilities and Net Assets	
Liabilities	
Short-term Liabilities	
Accounts Payable	
Accounts Payable	<u>495,366.65</u>
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	<u>836,215.30</u>
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	<u>128,058.32</u>
Total Short-term Liabilities	2,238,203.14
Loans Payable - Current	
Current Mortgage Payable-CNB	323,588.07
Current Portion of TI	<u>20,004.00</u>
Total Loans Payable - Current	343,592.07
Capital Lease Obligation	
Current Liability-Capital Lease	<u>12,414.80</u>
Total Capital Lease Obligation	12,414.80
Total Other Short-term Liabilities	<u>2,594,210.01</u>
Total Short-term Liabilities	<u>4,904,144.80</u>
Long Term Liabilities	
Other Long-term Liabilities	
Loans Payable - Long Term	

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

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

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

Department of the Treasury
Internal Revenue Service

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

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

Name of filer

COMMUNITY HEALTH SYSTEMS, INC.

EIN or SSN

33-0056551

Name and title of officer or person subject to tax

LORI ROLEMAN
CEO

Part I 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	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	32,270,645.
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

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 of entity) _____, (EIN) _____ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize SINGERLEWAK LLP to enter my PIN 01510
ERO firm name Enter five numbers, but do not enter all zeros

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, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

10/4/23

Part III Certification and Authentication

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

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

SINGERLEWAK LLP

Date

09/01/23

ERO Must Retain This Form - See Instructions

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

TAXABLE YEAR
2022

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name COMMUNITY HEALTH SYSTEMS, INC.	Identifying number 33-0056551
---	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	32,270,645
2 Total gross income (Form 199, line 8)	2	32,270,645
3 Total expenses and disbursements (Form 199, line 9)	3	34,893,976

Part II Settle Your Account Electronically for Taxable Year 2022

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here

[Signature] **CEO**
 Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature <i>[Signature]</i>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN 200748170
Must Sign	Firm's name (or yours if self-employed) and address SINGERLEWAK LLP 2010 MAIN ST., STE 300 IRVINE, CA				Firm's FEIN 95-2302617 ZIP code 92614

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address			Firm's FEIN ZIP code

MAIL TO:
Registry of Charitable Trusts
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 annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586, 1. IRS extensions will be honored.

<p>COMMUNITY HEALTH SYSTEMS, INC. Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>21801 ALESSANDRO BLVD Address (Number and Street)</p> <p>MORENO VALLEY, CA 92553-8551 City or Town, State, and ZIP Code</p> <p>951-571-2300 A.NGUYEN@CHSICA.ORG Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT056526</u></p> <p>Corporation or Organization No. <u>1246380</u></p> <p>Federal Employer ID No. <u>33-0056551</u></p>
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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	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list:

Total Revenue (including noncash contributions) \$ <u>32,270,645</u>	Noncash Contributions \$ <u>0</u>	Total Assets \$ <u>34,129,628</u>
Program Expenses \$ <u>26,460,817</u>	Total Expenses \$ <u>34,893,976</u>	

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 Instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
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?		X
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?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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 complete, and I am authorized to sign.

<p><i>Lori Holeman</i> Signature of Authorized Agent</p>	<p>CEO <i>Lori Holeman</i> 10/4/23 Printed Name Date</p>
--	---

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 2

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

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



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,

A handwritten signature in black ink, appearing to read "Lior Temkin", written over a horizontal line.

LIOR TEMKIN, CPA

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20_____

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

COMMUNITY HEALTH SYSTEMS, INC.

EIN or SSN

33-0056551

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

Part I 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.

Table with 10 rows (1a-10a) and 2 columns (Form 990 check here, Total revenue, Total tax, etc.). Includes amounts like 32,270,645.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to of entity (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize SINGERLEWAK LLP to enter my PIN 01510. Enter five numbers, but do not enter all zeros.

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, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

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 SINGERLEWAK LLP

Date 09/01/23

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)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminator <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY HEALTH SYSTEMS, INC.		D Employer identification number 33-0056551	
	Doing business as		E Telephone number 951-571-2300	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 32,270,645	
	City or town, state or province, country, and ZIP or foreign postal code MORENO VALLEY, CA 92553-8551		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
F Name and address of principal officer: LORI HOLEMAN SAME AS C ABOVE		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number		
J Website: WWW.CHSICA.ORG		L Year of formation: 1984		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: CA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO IMPROVE AND STRENGTHEN THE HEALTH OF OUR DIVERSE COMMUNITIES BY PROVIDING COMPASSIONATE AND</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	9	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	9	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	439	
	6 Total number of volunteers (estimate if necessary)	9	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	17,507,114.	6,308,263.
	9 Program service revenue (Part VIII, line 2g)	22,669,171.	25,950,476.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	373.	1,700.
	11 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.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,878,369.	26,103,010.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	24,146,972.	34,129,628.
	21 Total liabilities (Part X, line 26)	9,847,014.	22,453,001.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,299,958.	11,676,627.

Part II Signature Block

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

Sign Here	Signature of officer LORI HOLEMAN, CEO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LIOR TEMKIN	Preparer's signature LIOR TEMKIN	Date 09/01/23	Check if self-employed <input type="checkbox"/>	PTIN P00748170
	Firm's name SINGERLEWAK LLP	Firm's EIN 95-2302617	Firm's address 2010 MAIN ST., STE 300 IRVINE, CA 92614	Phone no. 949-261-8600	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 26,460,817. including grants of \$) (Revenue \$ 25,960,682.) COMMUNITY HEALTH SYSTEMS PROVIDED 124,273 MEDICAL, DENTAL, VISION, MENTAL HEALTH, AND OTHER PRIMARY CARE SERVICES, INCLUDING VIRTUAL VISITS, TO INDIVIDUALS IN THE TRI-COUNTY AREA OF SOUTHERN CALIFORNIA. APPROXIMATELY 24,556 PATIENTS WERE SERVED. A MAJORITY OF THOSE PATIENTS WERE LOW-INCOME AND UNDERINSURED WITH LIMITED MEANS FOR PAYMENT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 26,460,817.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part 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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

Section 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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input checked="" type="checkbox"/> 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 financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records ANNIE NGUYEN - 951-571-2300 21801 ALESSANDRO BLVD, MORENO VALLEY, CA 92553	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. SANJEEV PURI (FROM 8/22) CMO (FROM 8/22)	40.00			X				306,858.	0.	2,188.
(2) LORI HOLEMAN CEO	40.00			X				261,382.	0.	31,098.
(3) ANNIE NGUYEN CFO	40.00			X				207,308.	0.	30,047.
(4) DENIS VEGA TAPIA COD	40.00			X				192,750.	0.	28,940.
(5) MAHDI HEMATIAN-ASHRAFIAN CMO (UNTIL 8/22)	40.00			X				176,373.	0.	20,028.
(6) DR. GEORGE SOLIMAN FAMILY PRACTICE PHYSICIAN	40.00					X		295,658.	0.	28,009.
(7) DR. CALVIN LAMBERT HALL FAMILY PRACTICE PHYSICIAN	40.00					X		289,000.	0.	27,903.
(8) DR. GORAN CVIJANOVIC PHYSICIAN	40.00					X		292,053.	0.	16,475.
(9) DR. SHEILA LOHARUKA INTERNAL MEDICINE PHYSICIAN	40.00					X		243,379.	0.	13,928.
(10) STANLEY YU PEDIATRICIAN	40.00					X		229,885.	0.	9,519.
(11) JONNATHAN BARAJAS CHAIR	1.50	X	X					0.	0.	0.
(12) KIMBERLY JIMENEZ VICE CHAIR	1.00	X	X					0.	0.	0.
(13) OSCAR ULRIC JONES TREASURER	1.00	X	X					0.	0.	0.
(14) JENNIFER DOBROWOLSKY SECRETARY	1.00	X	X					0.	0.	0.
(15) DRAYMOND CRAWFORD BOARD MEMBER	0.75	X						0.	0.	0.
(16) DENISE CULBERSON BOARD MEMBER	0.50	X						0.	0.	0.
(17) AMIR SADEGHIAN BOARD MEMBER	0.75	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALLISON MONTERROSA BOARD MEMBER	0.50	X						0.	0.	0.
(19) VERONICA HERNANDEZ BOARD MEMBER	0.50	X						0.	0.	0.
1b Subtotal							2,494,646.	0.	208,135.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,494,646.	0.	208,135.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 24

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	5,288,328.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,019,935.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		6,308,263.				
Program Service Revenue	2 a	PATIENT SERVICE REVENUE	Business Code	621990	25,950,476.	25,950,476.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			25,950,476.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,700.		1,700.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a					
			7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
			8a					
8b								
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19							
		9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
		10a						
		10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	621990	10,206.	10,206.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			10,206.			
12	Total revenue. See instructions			32,270,645.	25,960,682.	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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,256,971.	505,446.	751,525.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	20,652,484.	16,553,782.	4,098,702.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,489,374.	1,774,500.	714,874.	
10 Payroll taxes	1,704,181.	1,332,774.	371,407.	
11 Fees for services (nonemployees):				
a Management				
b Legal	9,339.		9,339.	
c Accounting	72,910.		72,910.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,979,980.	1,748,279.	231,701.	
12 Advertising and promotion				
13 Office expenses	1,139,167.	663,325.	475,842.	
14 Information technology	706,843.	19,784.	687,059.	
15 Royalties				
16 Occupancy	2,134,495.	1,655,596.	478,899.	
17 Travel	92,646.	25,870.	66,776.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	102,560.	18,422.	84,138.	
20 Interest	286,265.	286,265.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	635,612.	452,627.	182,985.	
23 Insurance	386,398.	264,082.	122,316.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	1,078,940.	1,078,702.	238.	
b DUES AND SUBSCRIPTIONS	138,328.	54,073.	84,255.	
c REPAIRS AND MAINTENANCE	27,483.	27,290.	193.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	34,893,976.	26,460,817.	8,433,159.	0.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-72D)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	4,137,361.	1	1,928,864.
	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.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	324,693.	9	893,680.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,186,032.		
	b	Less: accumulated depreciation	10b 8,756,930.	10c	10,429,102.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	1,201,536.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	119,712.	15	14,685,031.
16	Total assets. Add lines 1 through 15 (must equal line 33)	24,146,972.	16	34,129,628.	
Liabilities	17	Accounts payable and accrued expenses	3,909,235.	17	2,578,349.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	5,865,773.	23	5,446,912.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	72,006.	25	14,427,740.
	26	Total liabilities. Add lines 17 through 25	9,847,014.	26	22,453,001.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	8,148,130.	27	8,692,875.
	28	Net assets with donor restrictions	6,151,828.	28	2,983,752.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	14,299,958.	32	11,676,627.
33	Total liabilities and net assets/fund balances	24,146,972.	33	34,129,628.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,270,645.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,893,976.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,623,331.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,299,958.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,676,627.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization COMMUNITY HEALTH SYSTEMS, INC.	Employer identification number 33-0056551
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported 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.
 - a **Type I.** 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.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar 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 organization'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)						
6 Public support. Subtract line 5 from line 4						46,347,531.

Section B. Total Support

Calendar 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 instructions)					12	100,979,454.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.13	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.84	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar 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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 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 acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see 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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	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.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	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, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
B	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10:

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

INVOICE CANCELLATION BY VENDOR.

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

Name of the organization

COMMUNITY HEALTH SYSTEMS, INC.

Employer identification number

33-0056551

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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).

Name of organization COMMUNITY HEALTH SYSTEMS, INC.	Employer identification number 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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	IEHP 10801 SIXTH ST RANCHO CUCAMONGA, CA 91730	\$ 607,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HRSA - HIV 5600 FISHERS LN ROCKVILLE, MD 20852	\$ 442,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	IEHP - OTHERS 10801 SIXTH ST RANCHO CUCAMONGA, CA 91730	\$ 303,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TITLE X - ESSENTIAL HEALTH SERVICES 3600 WILSHIRE BLVD #600 LOS ANGELES, CA 91730	\$ 247,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HRSA - ARPC 5600 FISHERS LN ROCKVILLE, MD 20852	\$ 224,874.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY HEALTH SYSTEMS, INC.	Employer identification number 33-0056551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MOLINA 200 OCEANOATE STE 100 LONG BEACH, CA 92123	\$ 150,176.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	INLAND FACULTY MEDICAL GROUP 1860 COLORADO BLVD LOS ANGELES, CA 90041	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY HEALTH SYSTEMS, INC.	Employer identification number 33-0056551
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(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

2022

Open to Public Inspection

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

Part I 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 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)? Yes No

9 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 958, 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 \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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 Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- 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:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
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.	583,061.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,429,102.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, 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.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT-OF-USE LIABILITIES	14,427,740.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	35,426,815.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	3,168,076.	
e	Add lines 2a through 2d	2e		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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	11,906.	
c	Add lines 4a and 4b	4c		11,906.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		32,270,645.

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

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

1	Total expenses and losses per audited financial statements		1	34,607,711.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		34,607,711.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	286,265.	
c	Add lines 4a and 4b	4c		286,265.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		34,893,976.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION HAS BEEN DESIGNATED AS TAX-EXEMPT UNDER INTERNAL REVENUE

CODE SECTION 501(C)(3) AND IS ALSO EXEMPT FROM STATE FRANCHISE TAXES UNDER

SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS NOT

GENERALLY SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE

ORGANIZATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED

FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF

THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION

HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR

BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE BASIC

FINANCIAL STATEMENTS TAKEN AS A WHOLE.

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:

JURISDICTION	OPEN TAX YEAR
FEDERAL	2019 - 2022
STATE	2018 - 2022

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public
Inspection

Name of the organization

COMMUNITY HEALTH SYSTEMS, INC.

Employer identification number

33-0056551

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	X
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
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	X
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:		
a The organization?	6a	X
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. SANGHEV PURI (FROM 8/22) CNO (FROM 8/22)	(i) 306,858. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	2,188. 0. 31,098.	309,046. 0. 292,480.	0. 0. 0.
(2) LORI HOLEMAN CEO	(i) 261,382. (ii) 0. (iii) 207,388.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 30,047.	261,382. 0. 237,355.	0. 0. 0.
(3) ANNIE NGUYEN CFO	(i) 192,750. (ii) 0. (iii) 176,373.	0. 0. 0.	0. 0. 0.	0. 0. 0.	28,940. 0. 20,028.	221,690. 0. 196,401.	0. 0. 0.
(4) DENIS VEGA TAPIA COO	(i) 295,658. (ii) 0. (iii) 289,900.	0. 0. 0.	0. 0. 0.	0. 0. 0.	28,009. 0. 27,903.	323,667. 0. 316,903.	0. 0. 0.
(5) MAHDI HEMATIYAN-ASHRAFIAN CNO (UNTIL 8/22)	(i) 292,053. (ii) 0. (iii) 243,379.	0. 0. 0.	0. 0. 0.	0. 0. 0.	16,475. 0. 13,928.	308,528. 0. 257,307.	0. 0. 0.
(6) DR. GEORGE SOLIMAN FAMILY PRACTICE PHYSICIAN	(i) 229,885. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	9,519. 0. 0.	239,404. 0. 0.	0. 0. 0.
(7) DR. CALVIN LAMBERT HALL FAMILY PRACTICE PHYSICIAN							
(8) DR. GORAN CVIJANOVIC PHYSICIAN							
(9) DR. SHEILA JOHANUKA INTERNAL MEDICINE PHYSICIAN							
(10) STANLEY YU PEDIATRICIAN							

Part III Supplemental information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

COMMUNITY HEALTH SYSTEMS, INC.

Employer identification number

33-0056551

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

COMPREHENSIVE HEALTH SERVICES.

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

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

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

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

BOARD OF DIRECTORS.

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

THE ORGANIZATION HAS A REPORTING CHAIN FOR ADMINISTRATION AND CLINICAL

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

ARE RAISED UP THROUGH THE REPORTING CHAIN AS NEEDED.

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

TO DETERMINE THE COMPENSATION OF THE ORGANIZATION'S CHIEF EXECUTIVE

OFFICER, THE HUMAN RESOURCES DEPARTMENT RESEARCHES COMPARABILITY DATA FOR

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

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

PROCESS IS DOCUMENTED IN THE MEETING MINUTES.

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

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

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

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

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

Schedule O (Form 990) 2022

232211 10-28-22

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

THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR VIEWING IN THE CORPORATE OFFICE IN MORENO VALLEY. IN ADDITION, UPON REQUEST, THE FINANCIAL STATEMENTS ARE PROVIDED TO VARIOUS FUNDING AGENCIES AS REQUIRED.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION HAS A FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

FORM 990, PART I, LINE 8:

THE LARGE REDUCTION IN THE CONTRIBUTIONS/GRANTS BETWEEN PRIOR YEAR AND CURRENT YEAR IS DUE IN GREAT PART TO THE SBA PPP LOAN AMOUNT OF \$3,500,000 IN 2021.

TAXABLE YEAR
2022

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name COMMUNITY HEALTH SYSTEMS, INC.	Identifying number 33-0056551
---	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	32,270,645
2 Total gross income (Form 199, line 8)	2	32,270,645
3 Total expenses and disbursements (Form 199, line 9)	3	34,893,976

Part II Settle Your Account Electronically for Taxable Year 2022

4 Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number _____ **7** Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

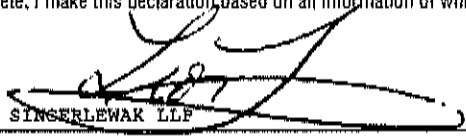
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here  **Signature of officer** **Date**  **CEO** **Title**

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature:  Date: _____ Check if also paid preparer: Check if self-employed: ERO's PTIN: P00748170

Firm's name (or yours if self-employed) and address: SINGERLEWAK LLP, 2010 MAIN ST., STE 300, IRVINE, CA Firm's FEIN: 95-2302617 ZIP code: 92614

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature: _____ Date: _____ Check if self-employed: Paid preparer's PTIN: _____

Firm's name (or yours if self-employed) and address: _____ Firm's FEIN: _____ ZIP code: _____

TAXABLE YEAR
2022

California Exempt Organization Annual Information Return

228041 01-10-23
FORM
199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name
COMMUNITY HEALTH SYSTEMS, INC.

California corporation number
1246380

Additional information. See instructions.
FEIN
33-0056551

Street address (suite or room)
21801 ALESSANDRO BLVD

PMB no. _____

City
MORENO VALLEY

State
CA

ZIP code
92553-8551

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	25,962,382	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	6,308,263	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	32,270,645	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	32,270,645	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	34,893,976	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-2,623,331	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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

Sign Here

Signature of officer: **LIOR TEMKIN** Title: **CEO** Date: **09/01/23** Telephone: **900748170**

Paid Preparer's Use Only

Firm's name (or yours, if self-employed) and address: **SINGERLEWAK LLP**
2010 MAIN ST., STE 300
IRVINE, CA 92614

Check if self-employed PTIN: **95-2302617**
Telephone: **949-261-8600**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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

228851 01-10-23

SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See instructions)	6	00
	7	Other income	7	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees	11	00
	12	Other salaries and wages	12	00
	13	Interest	13	00
	14	Taxes	14	00
	15	Rents	15	00
	16	Depreciation and depletion (See instructions)	16	00
	17	Other expenses and disbursements	17	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash				•
2	Net accounts receivable				•
3	Net notes receivable				•
4	Inventories				•
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments				•
10	a Depreciable assets				
	b Less accumulated depreciation	()	()		
11	Land				•
12	Other assets				•
13	Total assets				
Liabilities and net worth					
14	Accounts payable				•
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities				•
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund				•
22	Total liabilities and net worth				

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

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 annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586, 1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-8400
WEBSITE ADDRESS:
www.org.ca.gov/charities

<p>COMMUNITY HEALTH SYSTEMS, INC. Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <hr/> <p>21801 ALESSANDRO BLVD Address (Number and Street)</p> <hr/> <p>MORENO VALLEY, CA 92553-8551 City or Town, State, and ZIP Code</p> <hr/> <p>951-571-2300 A.NGUYEN@CHSICA.ORG Telephone Number E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT <u>056526</u></p> <hr/> <p>Corporation or Organization No. <u>1246380</u></p> <hr/> <p>Federal Employer ID No. <u>33-0056551</u></p>
--	--

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	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list:

Total Revenue (including noncash contributions) \$ <u>32,270,645</u>	Noncash Contributions \$ <u>0</u>	Total Assets \$ <u>34,129,628</u>
Program Expenses \$ <u>26,460,817</u>	Total Expenses \$ <u>34,893,976</u>	

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
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?		X
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?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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 complete, and I am authorized to sign.

COPY

<p>Signature of Authorized Agent <u>LORI HOLEMAN</u> Printed Name</p>	<p>CEO Title</p>	<p>Date</p>
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CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 2

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

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

EXTENDED TO NOVEMBER 15, 2023
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2022

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2022 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY HEALTH SYSTEMS, INC.		D Employer identification number 33-0056551
	Doing business as		E Telephone number 951-571-2300
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 21801 ALESSANDRO BLVD		
	City or town, state or province, country, and ZIP or foreign postal code MORENO VALLEY, CA 92553-8551		G Gross receipts \$ 32,270,645.
	F Name and address of principal officer: LORI HOLEMAN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.CHSICA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1984
			M State of legal domicile: CA

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO IMPROVE AND STRENGTHEN THE HEALTH OF OUR DIVERSE COMMUNITIES BY PROVIDING COMPASSIONATE AND		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 439	
	6	Total number of volunteers (estimate if necessary)	6 9	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	17,507,114.	6,308,263.
	9	Program service revenue (Part VIII, line 2g)	22,669,171.	25,950,476.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	373.	1,700.
	11	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.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,878,369.	26,103,010.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	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.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	24,146,972.	34,129,628.
	21	Total liabilities (Part X, line 26)	9,847,014.	22,453,001.
22	Net assets or fund balances. Subtract line 21 from line 20	14,299,958.	11,676,627.	

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer	Date		
	LORI HOLEMAN, CEO	09/01/23		
	Type or print name and title			
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	LOR TEMKIN	LOR TEMKIN	09/01/23	P00748170
Preparer Use Only	Firm's name	Firm's EIN		
	SINGERLEWAK LLP	95-2302617		
	Firm's address	Phone no.		
	2010 MAIN ST., STE 300	949-261-8600		
	IRVINE, CA 92614			

Part 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?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 26,460,817, including grants of \$) (Revenue \$ 25,960,682.) COMMUNITY HEALTH SYSTEMS PROVIDED 124,273 MEDICAL, DENTAL, VISION, MENTAL HEALTH, AND OTHER PRIMARY CARE SERVICES, INCLUDING VIRTUAL VISITS, TO INDIVIDUALS IN THE TRI-COUNTY AREA OF SOUTHERN CALIFORNIA. APPROXIMATELY 24,556 PATIENTS WERE SERVED. A MAJORITY OF THOSE PATIENTS WERE LOW-INCOME AND UNDERINSURED WITH LIMITED MEANS FOR PAYMENT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 26,460,817.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Note: All Form 990 filers are required to complete Schedule O

Part 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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	9													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
b Enter the number of voting members included on line 1a, above, who are independent		9												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X											
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X										
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X									
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X								
6 Did the organization have members or stockholders?							X							
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								X						
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									X					
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?						X								
b Each committee with authority to act on behalf of the governing body?						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														X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?															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?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X												
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						X									
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done							X								
13 Did the organization have a written whistleblower policy?								X							
14 Did the organization have a written document retention and destruction policy?									X						
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official										X					
b Other officers or key employees of the organization											X				
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?															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 exempt status with respect to such arrangements?															

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request 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 financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
ANNIE NGUYEN - 951-571-2300
21801 ALESSANDRO BLVD, MORENO VALLEY, CA 92553

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. SANJEEV PURI (FROM 8/22) CMO (FROM 8/22)	40.00			X				306,858.	0.	2,188.
(2) LORI HOLEMAN CEO	40.00			X				261,382.	0.	31,098.
(3) ANNIE NGUYEN CFO	40.00			X				207,308.	0.	30,047.
(4) DENIS VEGA TAPIA COO	40.00			X				192,750.	0.	28,940.
(5) MAHDI HEMATIAN-ASHRAFIAN CMO (UNTIL 8/22)	40.00			X				176,373.	0.	20,028.
(6) DR. GEORGE SOLIMAN FAMILY PRACTICE PHYSICIAN	40.00					X		295,658.	0.	28,009.
(7) DR. CALVIN LAMBERT HALL FAMILY PRACTICE PHYSICIAN	40.00					X		289,000.	0.	27,903.
(8) DR. GORAN CVIJANOVIC PHYSICIAN	40.00					X		292,053.	0.	16,475.
(9) DR. SHEILA LOHARUKA INTERNAL MEDICINE PHYSICIAN	40.00					X		243,379.	0.	13,928.
(10) STANLEY YU PEDIATRICIAN	40.00					X		229,885.	0.	9,519.
(11) JONNATHAN BARAJAS CHAIR	1.50	X	X					0.	0.	0.
(12) KIMBERLY JIMENEZ VICE CHAIR	1.00	X	X					0.	0.	0.
(13) OSCAR ULRIC JONES TREASURER	1.00	X	X					0.	0.	0.
(14) JENNIFER DOBROWOLSKY SECRETARY	1.00	X	X					0.	0.	0.
(15) DRAYMOND CRAWFORD BOARD MEMBER	0.75	X						0.	0.	0.
(16) DENISE CULBERSON BOARD MEMBER	0.50	X						0.	0.	0.
(17) AMIR SADEGHIAN BOARD MEMBER	0.75	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for Allison Monterrosa and Veronica Hernandez.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 24

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	5,288,328.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1,019,935.				
	g	Noncash contributions included in lines 1a-1f	\$				
	h	Total. Add lines 1a-1f		6,308,263.			
	Program Service Revenue	2 a	PATIENT SERVICE REVENUE	Business Code 621990	25,950,476.	25,950,476.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		25,950,476.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,700.		1,700.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code 621990	10,206.	10,206.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		10,206.			
12	Total revenue. See instructions		32,270,645.	25,960,682.	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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,256,971.	505,446.	751,525.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	20,652,484.	16,553,782.	4,098,702.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,489,374.	1,774,500.	714,874.	
10 Payroll taxes	1,704,181.	1,332,774.	371,407.	
11 Fees for services (nonemployees):				
a Management				
b Legal	9,339.		9,339.	
c Accounting	72,910.		72,910.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,979,980.	1,748,279.	231,701.	
12 Advertising and promotion				
13 Office expenses	1,139,167.	663,325.	475,842.	
14 Information technology	706,843.	19,784.	687,059.	
15 Royalties				
16 Occupancy	2,134,495.	1,655,596.	478,899.	
17 Travel	92,646.	25,870.	66,776.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	102,560.	18,422.	84,138.	
20 Interest	286,265.	286,265.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	635,612.	452,627.	182,985.	
23 Insurance	386,398.	264,082.	122,316.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	1,078,940.	1,078,702.	238.	
b DUES AND SUBSCRIPTIONS	138,328.	54,073.	84,255.	
c REPAIRS AND MAINTENANCE	27,483.	27,290.	193.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	34,893,976.	26,460,817.	6,433,159.	0.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	4,137,361.	1	1,928,864.
	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.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	324,693.	9	893,680.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,186,032.		
	b	Less: accumulated depreciation	10b 8,756,930.		
			10,528,801.	10c	10,429,102.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	1,201,536.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	119,712.	15	14,685,031.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	24,146,972.	16	34,129,628.	
Liabilities	17	Accounts payable and accrued expenses	3,909,235.	17	2,578,349.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	5,865,773.	23	5,446,912.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	72,006.	25	14,427,740.
	26	Total liabilities. Add lines 17 through 25	9,847,014.	26	22,453,001.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	8,148,130.	27	8,692,875.
	28	Net assets with donor restrictions	6,151,828.	28	2,983,752.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	14,299,958.	32	11,676,627.	
33	Total liabilities and net assets/fund balances	24,146,972.	33	34,129,628.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,270,645.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,893,976.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,623,331.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,299,958.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,676,627.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization COMMUNITY HEALTH SYSTEMS, INC.	Employer identification number 33-0056551
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported 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.
 - a **Type I.** 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.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar 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 organization'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)						
6 Public support. Subtract line 5 from line 4.						46,347,531.

Section B. Total Support

Calendar 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 instructions)					12	100,979,454.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.13	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.84	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar 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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 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 acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see 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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	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.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	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, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10:

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

INVOICE CANCELLATION BY VENDOR.

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

Name of the organization

COMMUNITY HEALTH SYSTEMS, INC.

Employer identification number

33-0056551

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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).

Name of organization COMMUNITY HEALTH SYSTEMS, INC.	Employer identification number 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 - H0H <hr/> 5600 FISHERS LN <hr/> ROCKVILLE, MD 20852	\$ 2,291,188.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	IEHP <hr/> 10801 SIXTH ST <hr/> RANCHO CUCAMONGA, CA 91730	\$ 607,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HRSA - HIV <hr/> 5600 FISHERS LN <hr/> ROCKVILLE, MD 20852	\$ 442,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	IEHP - OTHERS <hr/> 10801 SIXTH ST <hr/> RANCHO CUCAMONGA, CA 91730	\$ 303,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TITLE X - ESSENTIAL HEALTH SERVICES <hr/> 3600 WILSHIRE BLVD #600 <hr/> LOS ANGELES, CA 91730	\$ 247,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HRSA - ARPC <hr/> 5600 FISHERS LN <hr/> ROCKVILLE, MD 20852	\$ 224,874.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MOLINA 200 OCEANGATE STE 100 LONG BEACH, CA 92123	\$ 150,176.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	INLAND FACULTY MEDICAL GROUP 1860 COLORADO BLVD LOS ANGELES, CA 90041	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2022

Open to Public
Inspection

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

Part I 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 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)? Yes No

9 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 958, 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 08-01-22

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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 Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 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:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
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.	583,061.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,429,102.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, 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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT-OF-USE LIABILITIES	14,427,740.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,427,740.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	35,426,815.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	3,168,076.	
e	Add lines 2a through 2d	2e		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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	11,906.	
c	Add lines 4a and 4b	4c		11,906.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		32,270,645.

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

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

1	Total expenses and losses per audited financial statements		1	34,607,711.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		34,607,711.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	286,265.	
c	Add lines 4a and 4b	4c		286,265.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		34,893,976.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION HAS BEEN DESIGNATED AS TAX-EXEMPT UNDER INTERNAL REVENUE

CODE SECTION 501(C)(3) AND IS ALSO EXEMPT FROM STATE FRANCHISE TAXES UNDER

SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS NOT

GENERALLY SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE

ORGANIZATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED

FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF

THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION, NO INCOME TAX PROVISION

HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR

BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE BASIC

FINANCIAL STATEMENTS TAKEN AS A WHOLE.

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:

JURISDICTION OPEN TAX YEAR

FEDERAL 2019 - 2022

STATE 2018 - 2022

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2022

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY HEALTH SYSTEMS, INC.

Employer identification number

33-0056551

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>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</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p>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.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X
	4b	X
	4c	X
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5a	X
	5b	X
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a	X
	6b	X
<p>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</p>	7	X
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2022

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 (j). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. SANJEEV PURI (FROM 8/22) CMO (FROM 8/22)	(i) 306,858.	0.	0.	0.	2,188.	309,046.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(2) LORI HOLEMAN CEO	(i) 261,382.	0.	0.	0.	31,098.	292,480.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(3) ANNIE NGUYEN CEO	(i) 297,308.	0.	0.	0.	30,047.	237,355.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(4) DENIS VEGA TAPIA COO	(i) 192,750.	0.	0.	0.	28,940.	221,690.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(5) MAHDI HEMATI-ASHRAFIAN CMO (UNTIL 8/22)	(i) 176,373.	0.	0.	0.	20,028.	196,401.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(6) DR. GEORGE SOLTMAN FAMILY PRACTICE PHYSICIAN	(i) 295,658.	0.	0.	0.	28,009.	323,667.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(7) DR. CALVIN LAMBERT HALL FAMILY PRACTICE PHYSICIAN	(i) 289,000.	0.	0.	0.	27,903.	316,903.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(8) DR. GORAN CVIJANOVIC PHYSICIAN	(i) 292,053.	0.	0.	0.	16,475.	308,528.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(9) DR. SHEILA LOHARUKA INTERNAL MEDICINE PHYSICIA	(i) 243,379.	0.	0.	0.	13,928.	257,307.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(10) STANLEY YU PEDIATRICIAN	(i) 229,885.	0.	0.	0.	9,519.	239,404.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

COMMUNITY HEALTH SYSTEMS, INC.

Employer identification number

33-0056551

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

COMPREHENSIVE HEALTH SERVICES.

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

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

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

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

BOARD OF DIRECTORS.

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

THE ORGANIZATION HAS A REPORTING CHAIN FOR ADMINISTRATION AND CLINICAL

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

ARE RAISED UP THROUGH THE REPORTING CHAIN AS NEEDED.

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

TO DETERMINE THE COMPENSATION OF THE ORGANIZATION'S CHIEF EXECUTIVE

OFFICER, THE HUMAN RESOURCES DEPARTMENT RESEARCHES COMPARABILITY DATA FOR

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

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

PROCESS IS DOCUMENTED IN THE MEETING MINUTES.

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

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

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

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization COMMUNITY HEALTH SYSTEMS, INC.	Employer identification number 33-0056551
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THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR VIEWING IN THE CORPORATE OFFICE IN MORENO VALLEY. IN ADDITION, UPON REQUEST, THE FINANCIAL STATEMENTS ARE PROVIDED TO VARIOUS FUNDING AGENCIES AS REQUIRED.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION HAS A FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESE HAS NOT CHANGED FROM PRIOR YEAR.

FORM 990, PART I, LINE 8:

THE LARGE REDUCTION IN THE CONTRIBUTIONS/GRANTS BETWEEN PRIOR YEAR AND CURRENT YEAR IS DUE IN GREAT PART TO THE SBA PPP LOAN AMOUNT OF \$3,500,000 IN 2021.

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formatted 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 operations of the program, necessary which may not be part of the direct service provision expenses (Administration, 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, printing, program related insurance (e.g., vehicle), trainings and certifications.

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 unusual 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: **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.

1)	A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	A1	Administrative Support	-	-	-	-
	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	-	-	-	-
	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	-	-	-	-
		TOTAL INDIRECT EXPENSE	9,320.00	9,320.00	-	-
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	B1	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	-	-
	B7					
		TOTAL PERSONNEL EXPENSE	52,690.00	49,316.00	-	3,374.00
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	C1	Food for Cohort Participants	1,500.00	-	-	1,500.00
	C2	Marketing Materials	500.00	-	-	500.00
	C3	Supplies	2,626.00	-	-	2,626.00
	C4	DEEP Licensure/Training Bundle/Lead Trainer Certification	7,000.00	-	-	7,000.00
	C5					
	C6					
	C7					
	C8					
	C9					
	C10					
	C11					
	C12					
	C13					
	C14					
	C15					
		TOTAL OTHER EXPENSES	11,626.00	-	-	11,626.00

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 73,636.00	20%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM	
E1	APPLYING ORGANIZATION	X 58,636.00
E2	OTHER FUNDERS	Y -
E3	REQUESTED FROM FRHD	Z 15,000.00
	TOTAL FUNDING SOURCES	\$ 73,636.00

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

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 46,672,023.00	\$ 73,636.00	0%
		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 for this program 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

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:
B1	Community Health Educator	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 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

#	Name	Narrative:
C1	Food for Cohort Participants	Each session, participants are provided with healthy snacks and water.
C2	Marketing Materials	Materials to be used to promote the availability of DEEP classes at FFHC.
C3	Supplies	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 projector, anatomical models of effects of diabetes, white board, folders, and notebooks.
C4	DEEP Licensure/Training Bundle/Lead Trainer Certification	Costs for renewed licensure to provide DEEP, updated evidence-based curriculum, and training to certify the program facilitator (CHE).

FRHD CHC GRANT BUDGET REPORTING FORM

Agency Name:

Community Health Systems, Inc.

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)	A	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				
	B	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				
	C	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**