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# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

**2010**Department of the Treasury  
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2010, or tax year beginning

, and ending

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change

Name of foundation <b>COMMUNITY HEALTH SYSTEMS FOUNDATION</b>		A Employer identification number <b>20-3323391</b>
Number and street (or P O box number if mail is not delivered to street address) <b>4000 MERIDIAN BOULEVARD</b>	Room/suite	B Telephone number <b>615-465-7000</b>
City or town, state, and ZIP code <b>FRANKLIN, TN 37067</b>		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>8,095,072.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
(Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		4,078,118.		N/A	
2 Check <input type="checkbox"/> If the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		3,272.	3,272.		STATEMENT 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10					
b Gross sales price for all assets on line 6a					
7 Capital gain net income (from Part IV, line 2)			0.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		4,081,390.	3,272.		
13 Compensation of officers, directors, trustees, etc		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees					
c Other professional fees					
17 Interest					
18 Taxes					
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses <b>STMT 2</b>		159.	0.		0.
24 Total operating and administrative expenses. Add lines 13 through 23		159.	0.		0.
25 Contributions, gifts, grants paid		584,864.			584,264.
26 Total expenses and disbursements. Add lines 24 and 25		585,023.	0.		584,264.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		3,496,367.			
b Net investment income (if negative, enter -0-)			3,272.		
c Adjusted net income (if negative, enter -0-)				N/A	

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12-07-10

LHA For Paperwork Reduction Act Notice, see the Instructions.

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	4,599,805.	8,095,072.	8,095,072.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers)	4,599,805.	8,095,072.	8,095,072.
	17 Accounts payable and accrued expenses		2,300.	
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	2,300.	
	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	4,599,805.	8,092,772.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/>			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances	4,599,805.	8,092,772.	
	31 Total liabilities and net assets/fund balances	4,599,805.	8,095,072.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	4,599,805.
2 Enter amount from Part I, line 27a	2	3,496,367.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 3	3	600.
4 Add lines 1, 2, and 3	4	8,096,772.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 4	5	4,000.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	8,092,772.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>				
<b>b</b> NONE				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

2 Capital gain net income or (net capital loss)		2	
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):		3	
If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 }			

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	188,048.	4,546,463.	.041361
2008	132,540.	3,701,773.	.035804
2007	145,403.	3,147,238.	.046200
2006	149,320.	1,936,114.	.077124
2005	45,450.	160,436.	.283291

<b>2</b> Total of line 1, column (d)	2	.483780
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.096756
<b>4</b> Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	7,990,000.
<b>5</b> Multiply line 4 by line 3	5	773,080.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	33.
<b>7</b> Add lines 5 and 6	7	773,113.
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	584,264.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	65.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		2	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3	65.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	65.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a	1,280.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	1,280.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,215.	
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax <input type="checkbox"/> 1,215.   Refunded <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> TN		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>	13	X	
14	The books are in care of <b>COMMUNITY HEALTH SYSTEMS</b> Telephone no. <b>615-465-7000</b> Located at <b>4000 MERIDIAN BOULEVARD, FRANKLIN, TN</b> ZIP+4 <b>37067</b>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year <b>15</b> <b>N/A</b>			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country	16	Yes	No X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?		1c
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If "Yes," list the years	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?		4b

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

6b

X

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

7b

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 5		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

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**Part VIII****Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	8,111,675.
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	8,111,675.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,111,675.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	121,675.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,990,000.
6	Minimum investment return. Enter 5% of line 5	6	399,500.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	399,500.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	65.
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	65.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	399,435.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	399,435.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	399,435.

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	584,264.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	584,264.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	584,264.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
<b>1</b> Distributable amount for 2010 from Part XI, line 7				399,435.
<b>2</b> Undistributed income, if any, as of the end of 2010				
<b>a</b> Enter amount for 2009 only			2,822.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2010:				
<b>a</b> From 2005				
<b>b</b> From 2006				
<b>c</b> From 2007				
<b>d</b> From 2008				
<b>e</b> From 2009				
<b>f</b> Total of lines 3a through e	0.			
<b>4</b> Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 584,264.				
<b>a</b> Applied to 2009, but not more than line 2a			2,822.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2010 distributable amount				399,435.
<b>e</b> Remaining amount distributed out of corpus	182,007.			
<b>5</b> Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	182,007.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
<b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	182,007.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2006				
<b>b</b> Excess from 2007				
<b>c</b> Excess from 2008				
<b>d</b> Excess from 2009				
<b>e</b> Excess from 2010	182,007.			



**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
SEE STATEMENT 6				
<b>Total</b>				<b>584,264.</b>
<b>b Approved for future payment</b>				
CARDINAL HILL REHABILITATION CENTER/EASTER SEALS OF LOUISVILLE - 9810		PUBLIC	MATCHING GRANT OR GIFT	300.
CROCKETT ELEMENTARY PTO 9019 CROCKETT RD BRENTWOOD, TN 37027		PUBLIC	MATCHING GRANT OR GIFT	300.
<b>Total</b>				<b>600.</b>



**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- |   |  | Yes   | No |
|---|--|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  |       |    |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of:   |       |    |
|   | (1) Cash   | 1a(1) | X  |
|   | (2) Other assets   | 1a(2) | X  |
| b | Other transactions:  |       |    |
|   | (1) Sales of assets to a noncharitable exempt organization   | 1b(1) | X  |
|   | (2) Purchases of assets from a noncharitable exempt organization   | 1b(2) | X  |
|   | (3) Rental of facilities, equipment, or other assets   | 1b(3) | X  |
|   | (4) Reimbursement arrangements   | 1b(4) | X  |
|   | (5) Loans or loan guarantees   | 1b(5) | X  |
|   | (6) Performance of services or membership or fundraising solicitations   | 1b(6) | X  |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees   | 1c    | X  |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |       |    |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign  
Here**

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 or fiduciary) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date \_\_\_\_\_

Title

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

Date \_\_\_\_\_

Check ☐ if self-employed

PTIN

FRANCIS J. BEDARD

Francis Rodad  
LLP

11/9/01

P00752421

Firm's name ► DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ► 424 CHURCH STREET, SUITE 2400  
NASHVILLE, TN 37219

Phone no. 615-259-1800

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

**2010**

Name of the organization

COMMUNITY HEALTH SYSTEMS FOUNDATION

Employer identification number

20-3323391

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐

501(c)( ) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II

**Special Rules**☐

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	COMMUNITY HEALTH SYSTEMS 4000 MERIDIAN BLVD FRANKLIN, TN 37067	\$ 4,078,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

COMMUNITY HEALTH SYSTEMS FOUNDATION

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**Part II Noncash Property** (see instructions)

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

Name of organization

Employer identification number

## COMMUNITY HEALTH SYSTEMS FOUNDATION

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**Part III**

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once See instructions.) ▶ \$

(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

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
BANK OF AMERICA (ACCT #3751777074)	149.	0.	149.
BANK OF AMERICA (ACCT #3756675375)	3,123.	0.	3,123.
TOTAL TO FM 990-PF, PART I, LN 4	3,272.	0.	3,272.

FORM 990-PF	OTHER EXPENSES				STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
BANK CHARGES	47.	0.				0.
TRANSFER FEE	112.	0.				0.
TO FORM 990-PF, PG 1, LN 23	159.	0.				0.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION	AMOUNT		
DONATIONS CHECKS AUTHORIZED BUT NOT YET PAID	600.		
TOTAL TO FORM 990-PF, PART III, LINE 3	600.		

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION	AMOUNT		
DONATIONS EXPENSED IN PRIOR YEARS PAID IN CURRENT YEAR	700.		
REISSUED DONATIONS EXPENSED IN PRIOR YEAR	2,300.		
PRIOR YEAR DONATIONS AUTHORIZED BUT NOT EXPENSED	1,000.		
TOTAL TO FORM 990-PF, PART III, LINE 5	4,000.		

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FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	5
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WAYNE T. SMITH	CHAIRMAN OF THE BOARD/PRES 1.00	0.	0.	0.
W.LARRY CASH	EXECUTIVE VICE PRESIDENT 1.00	0.	0.	0.
RACHEL A. SEIFERT	SENIOR VICE PRESIDENT/SECR 1.00	0.	0.	0.
MARTIN G. SCHWEINHART	SENIOR VICE PRESIDENT 1.00	0.	0.	0.
T. MARK BUFORD	VICE PRESIDENT 1.00	0.	0.	0.
JAMES W. DOUCETTE	VICE PRESIDENT & TREASURER 1.00	0.	0.	0.
LINDA K. PARSONS	VICE PRESIDENT 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

GRANTS AND CONTRIBUTIONS  
PAID DURING THE YEAR

STATEMENT 6

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
100 BLACK MEN OF MIDDLE TENNESSEE 1 VANTAGE WAY, STE E200 NASHVILLE, TN 37228	MATCHING GRANT OR GIFT	PUBLIC	2,000.
AMERICAN RED CROSS PO BOX 37295 WASHINGTON , DC 20013	MATCHING GRANT OR GIFT	PUBLIC	5,500.
AMERICAN RED CROSS WILLIAMSON COUNTY 129 WEST FOWLKES ST, STE 100 FRANKLIN, TN 37064	MATCHING GRANT OR GIFT	PUBLIC	1,050.
AMERICAN RED CROSS-HAITI RELIEF & DEVELOPMENT PO BOX 37925 WASHINGTON , DC 20013	MATCHING GRANT OR GIFT	PUBLIC	50,000.
APCAN FOUNDATION 4083 IRON WORKS PARKWAY LEXINGTON, KY 40511	MATCHING GRANT OR GIFT	PUBLIC	750.
AMERICAN SADDLEBRED MUSEUM 2825 MCKINLEY PLACE NW WASHINGTON , DC 20015	MATCHING GRANT OR GIFT	PUBLIC	275.
ARIZONA MYELOMA NETWORK 59TH AVE, STE 115 #448 GLENDALE, AZ 85308	MATCHING GRANT OR GIFT	PUBLIC	250.
BAYLOR UNIVERSITY ONE BEAR PLACE #97050 WACO, TX 76798-7050	MATCHING GRANT OR GIFT	PUBLIC	1,700.

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BAYLOR UNIVERSITY; HIGHER SIMPSON ALTHETICS/ACADEMIC CENTER - ONE BEAR PLACE #97050 WACO, TX 76798-7050	MATCHING GRANT OR GIFT	PUBLIC	5,000.
BERKSHIRE BOTANICAL GARDEN PO BOX 826 STOCKBRIDGE, MA 01262	MATCHING GRANT OR GIFT	PUBLIC	250.
BOILER ROOM THEATER 230 FRANKLIN RD FRANKLIN, TN 37067	MATCHING GRANT OR GIFT	PUBLIC	1,000.
BOSTON SYMPHONY ORCHESTRA-TANGLEWOOD ANNUAL FUND 301 MASSACHUSETTS AVE BOSTON, MA 02115	MATCHING GRANT OR GIFT	PUBLIC	1,155.
BOY SCOUTS OF AMERICA 3414 HILLSBORO PIKE NASHVILLE, TN 37215	MATCHING GRANT OR GIFT	PUBLIC	3,000.
BRENTWOOD ACADEMY 219 GRANNY WHITE PIKE BRENTWOOD, TN 37027	MATCHING GRANT OR GIFT	PUBLIC	1,300.
BREVARD MUSIC CENTER PO BOX 312 BREVARD, NC 28712	MATCHING GRANT OR GIFT	PUBLIC	5,000.
BRIGHTSTONE, INC. PO BOX 682966, 140 SE PARKWAY CT FRANKLIN, TN 37064	MATCHING GRANT OR GIFT	PUBLIC	200.
CENTRAL METHODIST COLLEGE 411 CENTRAL METHODIST SQUARE FAYETTE, MO 65428-1198	MATCHING GRANT OR GIFT	PUBLIC	250.
CHILDREN'S STOREFRONT 70 EAST 129TH ST NEW YORK, NY 10035	MATCHING GRANT OR GIFT	PUBLIC	250.

CITIZEN'S COMMITTEE FOR CHILDREN 105 EAST 22ND ST NEW YORK, NY 10022	MATCHING GRANT OR GIFT	PUBLIC	500.
CITTA BOX 471 NEW YORK, NY 10113	MATCHING GRANT OR GIFT	PUBLIC	250.
CITYMEALS ON WHEELS 355 LEXINGTON AVE NEW YORK, NY 10017	MATCHING GRANT OR GIFT	PUBLIC	334.
COLLEGIATE SCHOOL 78TH STREET NEW YORK, NY 10024-6516	MATCHING GRANT OR GIFT	PUBLIC	250.
COLUMBIA UNIVERSITY MEDICAL CENTER - DEPT. OF OPHTHAMOLOGY 635 WEST 165TH ST, BOX 13 NEW YORK, NY 10032	MATCHING GRANT OR GIFT	PUBLIC	500.
COMMUNITIES FOUNDATION OF TEXAS-THE CLINTON BUSH HAITI FUND - 5500 CARUTH HAVEN LANE DALLAS , TX 75225	MATCHING GRANT OR GIFT	PUBLIC	600.
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE PO BOX 440225 NASHVILLE, TN 37244	MATCHING GRANT OR GIFT	PUBLIC	1,000.
CORNELL UNIVERSITY - WEILL MEDICAL COLLEGE SCHOLARSHIP FUND 1300 YORK AVE, BOX 123 NEW YORK, NY 10065	MATCHING GRANT OR GIFT	PUBLIC	100,000.
DAMON RUNYON CANCER RESEARCH FOUNDATION ONE EXCHANGE PLAZA, 55 BROADWAY, STE 302 NEW YORK, NY 10006	MATCHING GRANT OR GIFT	PUBLIC	5,000.
DOCTORS WITHOUT BORDERS - EMERGENCY RELIEF FUND FOR HAITI 333 SEVENTH AVE, 2ND FLOOR NEW YORK, NY 10001-5004	MATCHING GRANT OR GIFT	PUBLIC	55,000.

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DREXEL UNIVERSITY PO BOX 13600 PHILADELPHIA, PA 19101-9614	MATCHING GRANT OR GIFT	PUBLIC 2,500.
ETHICAL CULTURE FIELDSTON SCHOOL 33 CENTRAL PARK WEST NEW YORK, NY 10023-6001	MATCHING GRANT OR GIFT	PUBLIC 250.
FIDELITY INVESTMENTS CHARITABLE GIFT FUND (ACCT: 1034581) PO BOX 77001 CINCINNATI, OH 45277	MATCHING GRANT OR GIFT	PUBLIC 7,500.
FOOD BANK FOR NEW YORK CITY 39 BROADWAY 10TH FLOOR NEW YORK, NY 10006	MATCHING GRANT OR GIFT	PUBLIC 350.
FORDHAM UNIVERSITY SCHOOL OF LAW WEST 62ND STREET NEW YORK, NY 10023	MATCHING GRANT OR GIFT	PUBLIC 750.
FRANKLIN & MARSHALL COLLEGE P.O. BOX 3003 LANCASTER , PA 19101-9614	MATCHING GRANT OR GIFT	PUBLIC 30,000.
FRIENDS IN GENERAL 1818 ALBION ST NASHVILLE, TN 10023-6001	MATCHING GRANT OR GIFT	PUBLIC 1,000.
FUND FOR THE AGED, INC. 120 W. 106TH ST, KAUFMAN, 3RD FL NEW YORK, NY 45277	MATCHING GRANT OR GIFT	PUBLIC 600.
GEORGETOWN COLLEGE 400 EAST COLLEGE ST GEORGETOWN, KY 10006	MATCHING GRANT OR GIFT	PUBLIC 25,000.
HARVARD UNIVERSITY-HARVARD MEDICAL SCHOOL 401 PARK DRIVE, STE 221 BOSTON, MA 10023	MATCHING GRANT OR GIFT	PUBLIC 1,500.

COMMUNITY HEALTH SYSTEMS FOUNDATION

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HOPE FOR HAITI 1042 SIXTH AVE N. NAPLES, FL 17604-3003	MATCHING GRANT OR GIFT	PUBLIC	2,500.
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 37208	MATCHING GRANT OR GIFT	PUBLIC	250.
LABELS ARE FOR JARS 188 S. BROADWAY LAWRENCE , MA 01843	MATCHING GRANT OR GIFT	PUBLIC	750.
LAFAYETTE INDUSTRIES 179 GAYWOOD DR. MANCHESTER , MO 63021	MATCHING GRANT OR GIFT	PUBLIC	500.
LANCASTER COUNTRY DAY SCHOOL 725 HAMILTON RD LANCASTER , PA 17603	MATCHING GRANT OR GIFT	PUBLIC	5,000.
LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS 300 DEADERICK ST. NASHVILLE, TN 37201	MATCHING GRANT OR GIFT	PUBLIC	250.
LENOX LIBRARY 18 MAIN ST LENOX, MA 01240	MATCHING GRANT OR GIFT	PUBLIC	250.
LIVESTRONG: THE LANCE ARMSTRONG FOUNDATION PO BOX 6003 ALBERT LEA, MN 56007-6603	MATCHING GRANT OR GIFT	PUBLIC	300.
MAKE A WISH FOUNDATION OF SAN DIEGO 5151 MURPHY CANYON RD, STE 110 SAN DIEGO, CA 92123	MATCHING GRANT OR GIFT	PUBLIC	250.
MAKE-A-WISH FOUNDATION OF AMERICA 4742 N 24TH ST STE 400 PHOENIX, AZ 85016-4862	MATCHING GRANT OR GIFT	PUBLIC	500.

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MARCH OF DIMES 1101 KERMIT DR, STE 201 NASHVILLE, TN 37217	MATCHING GRANT OR GIFT	PUBLIC 3,500.
MENTAL HEALTH ASSOCIATION OF MIDDLE TN 295 PLUS PARK BLVD, STE 201 NASHVILLE, TN 37217	MATCHING GRANT OR GIFT	PUBLIC 1,400.
METROPOLITAN MUSEUM OF ART 1000 FIFTH AVE NEW YORK, NY 10028-0198	MATCHING GRANT OR GIFT	PUBLIC 500.
METROPOLITAN OPERA LINCOLN CENTER NEW YORK, NY 10023	MATCHING GRANT OR GIFT	PUBLIC 3,750.
MORNING STAR SANCTUARY PO BOX 546 BRENTWOOD, TN 37024	MATCHING GRANT OR GIFT	PUBLIC 500.
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVE NASHVILLE, TN 37209	MATCHING GRANT OR GIFT	PUBLIC 500.
NASHVILLE PUBLIC RADIO 630 MAINSTREAM DRIVE NASHVILLE, TN 37228-1204	MATCHING GRANT OR GIFT	PUBLIC 250.
NASHVILLE RESCUE MISSION 639 LAFAYETTE ST. NASHVILLE, TN 37203	MATCHING GRANT OR GIFT	PUBLIC 1,000.
NASHVILLE SYMPHONY ONE SYMPHONY PLACE NASHVILLE, TN 38201	MATCHING GRANT OR GIFT	PUBLIC 1,000.
NATIONAL KIDNEY FOUNDATION OF MIDDLE TN 2120 CRESTMOOR RD NASHVILLE, TN 37215	MATCHING GRANT OR GIFT	PUBLIC 100.

NEW VISIONS FOR PUBLIC SCHOOL 13TH STREET, 6TH FLOOR NEW YORK, NY 10014	MATCHING GRANT OR GIFT	PUBLIC	250.
NEW YORK BOTANICAL GARDEN 200TH ST AND KAZIMIROFF BLVD BRONX, NY 10458	MATCHING GRANT OR GIFT	PUBLIC	500.
NEW YORK PRESBYTERIAN HOSPITAL 525 EAST 68TH STREET BOX 123 NEW YORK, NY 10065	MATCHING GRANT OR GIFT	PUBLIC	600.
NORTHWESTERN UNIVERSITY-VOLLEYBALL - ATTACK CLUB - 2020 RIDGE AVE EVANSTON, IL 60208	MATCHING GRANT OR GIFT	PUBLIC	500.
NORTHWESTERN UNIVERSITY-WILDCAT FUND 1501 CENTRAL STREET EVANSTON, IL 60208-3630	MATCHING GRANT OR GIFT	PUBLIC	250.
PARTNERS IN HEALTH (STAND WITH HAITI) 888 COMMONWEALTH AVE, 3RD FLOOR BOSTON, MA 02215	MATCHING GRANT OR GIFT	PUBLIC	33,333.
PARTNERSHIP FOR CHILDREN'S RIGHTS 271 MADISON AVE 17TH FLOOR NEW YORK, NY 10016	MATCHING GRANT OR GIFT	PUBLIC	1,000.
PENNSYLVANIA ACADEMY OF THE FINE ARTS 128 N. BROAD ST PHILADELPHIA, PA 19102	MATCHING GRANT OR GIFT	PUBLIC	2,500.
POWERED BY HOPE NEW HOPE ACADEMY 1820 DOWNS BLVD FRANKLIN, TN 37027	MATCHING GRANT OR GIFT	PUBLIC	250.
PTO RAVENWOOD HIGH SCHOOL-RAVENWOOD DIAMOND CLUB 1724 WILSON PIKE BRENTWOOD, TN 37027	MATCHING GRANT OR GIFT	PUBLIC	250.

COMMUNITY HEALTH SYSTEMS FOUNDATION			20-3323391
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10021-6399	MATCHING GRANT OR GIFT	PUBLIC	1,200.
RONALD MCDONALD HOUSE 2144 FAIRFAX AVE NASHVILLE, TN 37212	MATCHING GRANT OR GIFT	PUBLIC	2,000.
RUTGERS UNIVERSITY FOUNDATION WINATS HALL 7 COLLEGE AVE NEW BRUNSWICK, NJ 08901	MATCHING GRANT OR GIFT	PUBLIC	250.
SAFE HORIZON 2 LAFAYETTE ST., 3RD FLOOR NEW YORK, NY 10007	MATCHING GRANT OR GIFT	PUBLIC	400.
SAINT ANN'S SCHOOL 129 PIERREPORNT ST. BROOKLYN HEIGHTS, NY 11201	MATCHING GRANT OR GIFT	PUBLIC	500.
SAINT XAVIER HIGH SCHOOL OFFICE OF ADVANCEMENT, 1609 POPLAR LEVEL ROAD LOUISVILLE, KY 40217	MATCHING GRANT OR GIFT	PUBLIC	1,000.
SALVATION ARMY 631 DICKERSON PIKE NASHVILLE, TN 37207-5608	MATCHING GRANT OR GIFT	PUBLIC	3,000.
SCHWAB CHARITABLE FUND (FOR: FUND 1260-0284) 211 MAIN ST SAN FRANCISCO, CA 94105	MATCHING GRANT OR GIFT	PUBLIC	30,000.
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE RD NASHVILLE, TN 37228	MATCHING GRANT OR GIFT	PUBLIC	1,000.
SMITH COLLEGE 33 ELM STREET NORTHAMPTON, MA 01063	MATCHING GRANT OR GIFT	PUBLIC	500.

SPECIAL OLYMPICS TENNESSEE 1900 12TH AVE SOUTH B NASHVILLE, TN 37203	MATCHING GRANT OR GIFT	PUBLIC	250.
SPECIAL OPERATIONS WARRIOR FUND 4409 EL PRADO BLVD TAMPA, FL 33629	MATCHING GRANT OR GIFT	PUBLIC	1,000.
ST. ANDREWS SCHOOL 350 NOXONTOWN RD. MIDDLETOWN, DE 19709-1605	MATCHING GRANT OR GIFT	PUBLIC	2,500.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMPSON PLACE MEMPHIS, TN 38105	MATCHING GRANT OR GIFT	PUBLIC	500.
SUSAN G. KOMEN FOUNDATION 5005 LBJ FREEWAY, STE 250 DALLAS , TX 75244	MATCHING GRANT OR GIFT	PUBLIC	250.
TRINITY UNIVERSITY ONE TRINITY PLACE #49, BOX 58 SAN ANTONIO, TX 78212-7200	MATCHING GRANT OR GIFT	PUBLIC	3,500.
UNION THEOLOGICAL SEMINARY (FOR THE POVERTY INITIATIVE) 3041 W. BROADWAY NEW YORK, NY 10027	MATCHING GRANT OR GIFT	PUBLIC	15,000.
UNITED PROFESSIONAL HORSEMEN'S ASSOCIATION INC. 4059 IRON WORKS PKWY LEXINGTON, KY 40511	MATCHING GRANT OR GIFT	PUBLIC	500.
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	MATCHING GRANT OR GIFT	PUBLIC	33,834.
UNITED WAY OF METROPOLITAN NASHVILLE - READ TO SUCCEED 250 VENTURE CIRCLE NASHVILLE, TN 37229	MATCHING GRANT OR GIFT	PUBLIC	25,000.

UNITED WAY OF WILLIAMSON COUNTY GOTHIC COURT, SUITE 107 FRANKLIN, TN 37067	MATCHING GRANT OR GIFT	PUBLIC	100.
UNIVERSITY OF CHICAGO 1427 EAST 60TH ST, STE 120 CHICAGO, IL 60637	MATCHING GRANT OR GIFT	PUBLIC	1,000.
UNIVERSITY OF MARYLAND - COLLEGE PARK FOUNDATION 4511 KNOX ROAD, SUITE 205 COLLEGE PARK, MD 20740-3380	MATCHING GRANT OR GIFT	PUBLIC	500.
UNIVERSITY OF MEMPHIS 635 NORMAL ST, ALUMNI CENTER MEMPHIS, TN 38152-3750	MATCHING GRANT OR GIFT	PUBLIC	2,000.
VANGUARD CHARITABLE ENDOWMENT PROGRAM (ACCT:A0833802) PO BOX 55766 BOSTON, MA 02205-5766	MATCHING GRANT OR GIFT	PUBLIC	10,000.
VANGUARD CHARITABLE ENDOWMENT PROGRAM (ACCT:A1045956) PO BOX 55766 BOSTON, MA 02205-5766	MATCHING GRANT OR GIFT	PUBLIC	5,000.
VISITING NURSE SERVICE OF NEW YORK 1675 BROADWAY, 18TH FLOOR NEW YORK, NY 10019	MATCHING GRANT OR GIFT	PUBLIC	500.
VOLUNTEERS IN MEDICINE 777 MAIN ST. STE 4 GREAT BARRINGTON, MA 01230-2224	MATCHING GRANT OR GIFT	PUBLIC	250.
WASHINGTON UNIVERSITY-SCHOOL OF PHYSICAL THERAPY 4444 FOREST PARK AVE ROOM 1101 ST. LOUIS, MO 63108	MATCHING GRANT OR GIFT	PUBLIC	250.
WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVE NEW YORK, NY 10065	MATCHING GRANT OR GIFT	PUBLIC	25,000.

WESLEYAN COLLEGE 4760 FORSYTH ROAD    MACON, GA            MATCHING GRANT OR GIFT 31210-4462	PUBLIC	5,000.
WFCR 131 COUNTY CIRCLE    AMHERST, MA            MATCHING GRANT OR GIFT 01003	PUBLIC	250.
WILLIAM J. CLINTON FOUNDATION - THE CLINTON BUSH HAITI FUND            MATCHING GRANT OR GIFT 610 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	PUBLIC	34,633.
WILLIAMS COLLEGE 75 PARK STREET    WILLIAMSTOWN ,            MATCHING GRANT OR GIFT MA 01267-2141	PUBLIC	2,500.
WMHT EDUCATIONAL TELECOMMUNICATIONS            MATCHING GRANT OR GIFT 4 GLOBAL VIEW    TROY, NY 12180	PUBLIC	300.
WNYC 160 VARICK ST    NEW YORK, NY            MATCHING GRANT OR GIFT 10013	PUBLIC	500.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

584,264.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>Community Health Systems Foundation</b>	Employer identification number <b>20-3323391</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4000 Meridian Blvd</b>	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Franklin, TN 37067</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **CHS Tax Department**

Telephone No. ► **615-465-7000** FAX No. ► **615-465-3014**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **10** or
  - ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	<b>65.00</b>
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	<b>1,280.00</b>
c	<b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	<b>0.00</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ ☐

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

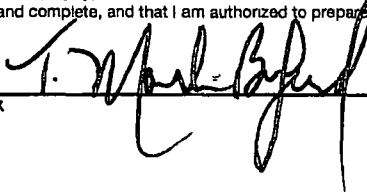
- The books are in the care of ▶ \_\_\_\_\_  
Telephone No. ▶ \_\_\_\_\_ FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_\_.
- For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- State in detail why you need the extension \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

 Signature ▶  Title ▶ T. Mark Buford, SVP & Chief Acctg Officer Date ▶ 5/10/11  
 Form 8868 (Rev. 1-2011)

Form **8868**

(Rev. January 2011)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ ☐

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ \_\_\_\_\_

Telephone No. ▶ \_\_\_\_\_ FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until \_\_\_\_\_, 20\_\_\_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year 20\_\_\_\_ or
- ▶ ☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. . . . . ☐ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II** Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

<b>Type or print</b> File by the extended due date for filing your return See instructions.	Name of exempt organization Community Health Systems Foundation	Employer identification number 20-3323391
	Number, street, and room or suite no. If a P.O. box, see instructions. 4000 Meridian Blvd.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Franklin, TN 37067	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► CHS Tax Department  
 Telephone No. ► 615-465-7000 FAX No ► 615-465-3014
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)                     . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until November 15, 2011
- 5 For calendar year 2010, or other tax year beginning                     , 20      , and ending                     , 20
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$ 65.00
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b>	\$ 1,280.00
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ .00

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *[Signature]* Title \_\_\_\_\_ Date \_\_\_\_\_  
*ASC* Form **8868** (Rev. 1-2011)