

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

OMB No 1545-0052

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of For calendar year 2013 or tax year beginning , and ending

| COMMUNITY HEALTH SYSTEMS POUNDATION Committee of a direction for Discussioned makes or consequence of active accessed | Nan | ne ot | toundation | | | | | A Employer identification | number |
|--|----------------|-------|--|---|------------------------|---------------|-------------------|--|--|
| Reperteure B Telephone number Global Park Content Conten | C | ОМП | тлаян үттипм | H SYSTEMS F | OUNDATTON | | | 20-3323391 | |
| 4.000 MRRIDIAN BOULEVARD Section of the minimum and ZPP or fereign pestal code C Recention approaches near-day, show here C Recention approaches near-day, | | _ | | | | | Room/suite | | |
| ## Check all that apply: Initial return of a former public charity | 4 | 00 | MERIDIAN B | OULEVARD | | | ļ | | 00 |
| Check all that apply: | City | or to | own, state or province, coul | ntry, and ZIP or foreign p | ostal code | ··· | t | | |
| Final return | _F | RA | NKLIN, TN 3 | 7067 | | | | | |
| Address change Name change Section 4947(a)(1) increasing the date set Section 4947(a)(1) increasing the | G C | heck | all that apply: | Initial return | Initial return of a fo | rmer public o | charity | D 1. Foreign organizations | s, check here |
| Check type of organization X Section 501(c)(3) exempt private foundation Section 4947(3)(1) nonexempt charactable that Other taxable private foundation Farr market value of all assets at end of year J Accounting method. Gash X Activate Activate Training Activate Training Traini | | | | Fınal return | Amended return | | | 2 5 | and an attended to the control of th |
| Section 4947(a)(1) nonexempt charactable trust. ☐ Other texable private foundation under section 507(b)(1)(A), check here ☐ I far market value of all assess at end of year of the foundation of the foundation is a deformation of the foundation of the foundation is a deformation of the foundation of the | | _ | | | | | | check here and attach co | emputation |
| Farm market value of all assets at end of year Contemporary | H C | _ | | | | | | | |
| Interest Continue | 느 | | | | | | | under section 507(b)(1) | (A), check here |
| Part 1 Analysis of Revenue and Expenses (the foot of Amounts in column (a)) Analysis of Revenue and Expenses (the foot of Amounts in column (a)) Analysis of Revenue and Expenses (the foot of Amounts in Column (a)) Analysis of Revenue and Expenses (the foot of Amounts in Column (a)) Analysis of Revenue and Expenses (the foot of Amounts in Column (a)) Analysis of Revenue and Expenses (the foot of Amounts in Column (a)) Analysis of Revenue and Expenses (the foot of Amounts in Column (a)) Analysis of Revenue and Expenses (the foot of Amounts in Column (a)) Analysis of Revenue and Expenses (the foot of Amounts in Column (a)) Analysis of Revenue and Expenses (the foot of Amounts in Column (a)) Analysis of Revenue and Expenses (the foot of Amounts in Column (a)) Analysis of Revenue and Expenses (the foot of Amounts in Column (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Amounts (a)) Analysis of Revenue and Expenses (the foot of Revenue and | | | | · | _ | LX Accr | rual | | |
| Part I Analysis of Nevenue and Expenses (s) Adjusted net (c) A | | | | | | 2000 | | under section 507(b)(1) | (B), check here |
| 1 Contributions, girts, grants, etc., received 2 Check S I state electronic received so the second s | | | | | T | | | (-) (-) | (d) Dichurpements |
| 1 Contributions, girts, grants, etc., received 2 Check S I state electronic received so the second s | Fa | | (The total of amounts in colun necessarily equal the amount | nns (b), (c), and (d) may not ts in column (a)) | | | | | for charitable purposes |
| 2 Check May 1 the tendence and interports of attach Sch 8 interports on payings and femporary cash investments 5 a Gross rents 5 a Gross rents 5 he hat rental income or (lose) 6 Met gain or (lose) from sale of assets not on line 10 9 assets on line 8 a 7 Capital gain est income (from Part IV, line 2) 9 Net short-term capital gain 9 Income modifications 104 and allowances 105 Net short-term capital gain 9 Income modifications 105 Cost of spoofs sold 106 and allowances 110 Other income 11 Other income 12 Total. Add lines 1 through 11 10 Core manistro of offices, directors, frustees, etc 11 Other income 12 Total. Add lines 1 through 11 10 Core manistro of offices, directors, frustees, etc 13 Companistro of offices, directors, frustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 16 Legal fees 17 Interest 18 Taxes 17 Interest 18 Taxes 18 Taxes 19 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses, Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 27 Add lines 24 and 25 28 Subtract line 26 from line 12: 28 Excess of evenue over expenses and disbursements 29 Net investment income (inegative, enter -0) 20 Courbot of the expenses and disbursements 20 Net investment income (inegative, enter -0) 20 Courbot of the expenses and disbursements 20 Net investment income (inegative, enter -0) 20 Courbot of the expenses and disbursements 20 Net investment income (inegative, enter -0) 21 Subtract line 26 from line 12: 22 Expenses Add lines 12 from line 12: 23 Excess of evenue over expenses and disbursements 24 Total expenses and disbursements 25 Net investment income (inegative, enter -0) 26 Courbot of the expenses and disbursements 26 Net investment income (inegative, enter -0) 27 Adjusted ent lineme in freegative, enter -0) 28 Occupancy 38 Occu | | 1 | | | | | | N/A | |
| tetrest on exerge and temorary Dividends and interest from securibes 5a Gross rents b Net rental income or gloss) 6a Not gain or (seas) from sale of assets not on line 10 Gross askes price for all askes to nine 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10 Carps startis 11 Other income 12 Total. Add lines 1 through 11 0 . 0 . 13 Carps startis 14 Carps startis 15 Pension plans, employee benefits 16 Legal fees 2 Depreciation and depletion 2 Depreciation and depletion 2 Occupancy 2 Travel, conferences, and meetings 2 Printing and publications 2 Ofter expenses 2 Total operating and administrative expenses and disbursements. Add lines 24 and 25 7 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements Deli investment income (rengative, enter -0) 10 Carps starting and publications 2 South expenses and disbursements 10 Carps starting and addinistrative expenses and disbursement | | | Check X if the foundation | is not required to attach Sch. B | | | | - | |
| Dividends and interest from securities | | 3 | Interest on savings and tempo cash investments | prary | | | | | |
| D Net rental income or (loss) | | 4 | | | | | | | |
| Set Note pair or floor) from sale of assets not on inne 10 assets on fine to asset on f | | 5a | Gross rents | | | | | | |
| Description | | b | Net rental income or (loss) | | | | | | |
| 102 Substances be reuning and allowances because the Less Cost of goods sold control of Costs profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 O. O. O. 13 Compensation of officers, directors, trustees, etc O. O. O. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees and allowances by Accounting fees and Cother professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 19 Depreciation and depletion 19 Depreciation and depletion 19 Depreciation and depletion 19 Depreciation and publications 19 Occupancy 10 Travel, conferences, and meetings 19 Total operating and administrative expenses 19 Total operating and administrative expenses 20 Contributions, grifts, grants paid 19 Septiments, Add lines 24 and 25 19 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements be Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjus | <u>•</u> | 6a | | assets not on line 10 | | | | | |
| 102 Substances be reuning and allowances because the Less Cost of goods sold control of Costs profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 O. O. O. 13 Compensation of officers, directors, trustees, etc O. O. O. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees and allowances by Accounting fees and Cother professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 19 Depreciation and depletion 19 Depreciation and depletion 19 Depreciation and depletion 19 Depreciation and publications 19 Occupancy 10 Travel, conferences, and meetings 19 Total operating and administrative expenses 19 Total operating and administrative expenses 20 Contributions, grifts, grants paid 19 Septiments, Add lines 24 and 25 19 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements be Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjus | eun | b | | | | | | | |
| 102 Substances be reuning and allowances because the Less Cost of goods sold control of Costs profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 O. O. O. 13 Compensation of officers, directors, trustees, etc O. O. O. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees and allowances by Accounting fees and Cother professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 19 Depreciation and depletion 19 Depreciation and depletion 19 Depreciation and depletion 19 Depreciation and publications 19 Occupancy 10 Travel, conferences, and meetings 19 Total operating and administrative expenses 19 Total operating and administrative expenses 20 Contributions, grifts, grants paid 19 Septiments, Add lines 24 and 25 19 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements be Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjus | ě | 7 | | | | | 0. | <u> </u> | |
| 102 Substances be reuning and allowances because the Less Cost of goods sold control of Costs profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 O. O. O. 13 Compensation of officers, directors, trustees, etc O. O. O. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees and allowances by Accounting fees and Cother professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 19 Depreciation and depletion 19 Depreciation and depletion 19 Depreciation and depletion 19 Depreciation and publications 19 Occupancy 10 Travel, conferences, and meetings 19 Total operating and administrative expenses 19 Total operating and administrative expenses 20 Contributions, grifts, grants paid 19 Septiments, Add lines 24 and 25 19 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements be Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjus | 14 | 8 | | n | ļ | | | | |
| b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, frustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 20 Occupancy 21 Interest 22 Occupancy 23 Other professional fees 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 387, 925. 18 Legal fees C Grow in the contributions of the contributions of the contributions, gifts, grants paid 25 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) | 20 | | Gross sales less returns | | | | | | |
| Compensation of officers, drectors, trustees, etc Compensation of officers, drectors, drectors | | | F | | | | | | |
| 11 | | l | | | | | | | |
| Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 2 | 3 | | . , , | | | | | | ļ |
| The state of the professional fees 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 24 and 25 25 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 20 Augusted net income (if negative, enter -0-) 20 Compensation of officers, trustees, etc 20 0 . | | | | h 11 | 0. | | 0. | | |
| c Other professional fees Interest Int | $\frac{1}{11}$ | - | | | 0. | | 0. | | 0. |
| c Other professional fees Interest Int | Z | | · | | | | | | |
| c Other professional fees Interest Int | Z | 15 | Pension plans, employee | benefits | | | | | |
| c Other professional fees Interest Int | Ses | 16a | Legal fees | | | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | | b | Accounting fees | | | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | Χ | | | | | | | RECEIVED | |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | tive | | | | | | | | T 2/ |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | itra | | | | | | <u> </u> | AUG 1 1 2014 | |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | ij | ı | • | n | | | <u> </u> <u> </u> | | <u> </u> |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | μÞ | | | moetings | <u> </u> | | | OCDEN LIT | 7= |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | βþ | | | • | | | | OGDEN, OT | |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | gar | | _ | | | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | ĭţi | 1 | • | ninistrative | | | | <u> </u> | |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | Ser | | | | 0. | | 0. | | 0. |
| 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | ō | 25 | - | = | 387,925. | | | | 387,925. |
| 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | | 26 | | · | | | _ | | |
| 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | | | · · | | 387,925. | | 0. | | 387,925. |
| b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | | 27 | Subtract line 26 from line | 12: | | | | | |
| c Adjusted net income (if negative, enter -0-) | | l | • | | <387,925. | <u> </u> | | | |
| | | 1 | | | | | 0. | | |
| | 3235 | | | | i a describir a a | L | | N/A | 5 |

| | Date sold , day, yr.) |
|--|--------------------------|
| b NONE c d d e (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (e) plus (f) minus (g) a | |
| c d e (e) Gross sales price (f) Depreciation allowed (or allowable) (or allowable) (g) Cost or other basis plus expense of sale (e) plus (f) minus (g) a b c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) F.M.V. as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iv) Excess of col. (iv) over col. (j), if any (iv) Excess of col. (iv) column (h) and owned by the foundation on 12/31/69 (iv) Excess of col. (iv) over col. (j), if any col. (k), but not less than -0-) or Losses (from col. (h)) | |
| d e (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (e) plus (f) minus (g) a b c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (j) Adjusted basis as of 12/31/69 (j) Adjusted basis as of 12/31/69 (j) 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 | |
| e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) plus (f) minus (g) a b c c d d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Adjusted basis as of 12/31/69 (i) Adjusted basis over col. (j), if any (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) a b c d d d d d d d d d d d d d d d d d d | |
| (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) plus (f) minus (g) a b c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) Col. (k), but not less than -0-) or Losses (from col. (h)) a b c d | |
| b c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) F.M.V. as of 12/31/69 (iii) Adjusted basis over col. (j), if any (iv) Excess of col. (iv) over col. (j), if any col. (k), but not less than -0-) or Losses (from col. (h)) a b c d | |
| c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (i) F.M.V. as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) F.M.V. as of 12/31/69 (iii) F.M.V. as of 12/31/69 (iv) Excess of col. (iv) col. (k), but not less than -0-) or Losses (from col. (h)) a b c d | |
| d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (i) F.M.V. as of 12/31/69 (i) Adjusted basis as of 12/31/69 (i) Excess of col. (i) over col. (j), if any c d c d | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) F.M.V. as of 12/31/69 (iii) Adjusted basis over col. (j), if any (iv) Excess of col. (iv) col. (k), but not less than -0-) or Losses (from col. (h)) a b c d | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) F.M.V. as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iv) Excess of col. (iv) col. (k), but not less than -0-) or Losses (from col. (h)) a b c d | |
| (i) F.M.V. as of 12/31/69 (k) Excess of col. (i) over col. (j), if any col. (k), but not less than -0-) or Losses (from col. (h)) a b c d | |
| c d | |
| c d | |
| d | |
| | |
| E ! ! | |
| | |
| 2 Capital gain net income or (net capital loss) 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): | |
| 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 | |
| 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 the instructions before making any entries. | es 🗶 No |
| (a) Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets (col. (b) divided by col. | |
| 2012 285,168. 7,556,847. | 037736 |
| | 031375 |
| | 073124 |
| | 041361 035804 |
| 2008 132,540. 3,701,773. | 033604 |
| | 219400 |
| 3 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 • | 043880 |
| 4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5 | 0,393. |
| 5 Multiply line 4 by line 3 5 31 | 6,392. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 0. |
| 7 Add lines 5 and 6 7 31 | 6,392. |
| | 7,925. |
| 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. | |

| | 0-PF (2013) COMMUNITY HEALTH SYSTEMS FOUNDATION | | | <u>323391</u> | | Page 4 |
|--------------|--|-------------|---------|---------------|--|--|
| Part ' | VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e) | , or 49 |)48 - s | see instru | ıctio | ns) |
| 1a Exe | empt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | | |
| Da | te of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | | |
| b Do | mestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🛣 and enter 1% | } | _1 | | | 0. |
| of l | Part I, line 27b | ΙΓ | | | | |
| c All | other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). |) [| . [| | | _ |
| 2 Tax | x under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | L | 2 | | | 0. |
| 3 Ad | d lines 1 and 2 | | 3 | | | 0. |
| 4 Su | butle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | L | 4 | | | 0. |
| 5 Ta | x based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | [_ | 5 | | | 0. |
| 6 Cre | edits/Payments: | | | | | |
| a 20 | 13 estimated tax payments and 2012 overpayment credited to 2013 6a | | Ì | | | |
| b Ex | empt foreign organizations - tax withheld at source | | i | | | |
| c Ta | x paid with application for extension of time to file (Form 8868) | | | | | |
| d Ba | ckup withholding erroneously withheld . 6d | | | 7.50 | | |
| | tal credits and payments. Add lines 6a through 6d | L | 7 | | | 0. |
| 8 En | ter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | L | 8 | | | |
| 9 Ta | x due. If the total of lines 5 and 8 is more than line 7, enter amount owed | ▶ [| 9 | | | 0. |
| 10 Ov | erpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | ▶ | 10 | | | |
| | ter the amount of line 10 to be: Credited to 2014 estimated tax | led ▶ | 11 | | | |
| | VII-A Statements Regarding Activities | | | | | |
| | ring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or it | itervene i | Ŋ | <u> </u> | Yes | No |
| | y political campaign? | | _ | 1a | ļ | X |
| | d it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the d | | | 1b | <u> </u> | X |
| | the answer is "Yes" to $_{1a}$ or $_{1b}$, attach a detailed description of the activities and copies of any materials μ | oublished | d or | | | |
| | stributed by the foundation in connection with the activities. | | | | | ' |
| | the foundation file Form 1120-POL for this year? | | | 1c_ | <u> </u> | X |
| | ter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | • | | | | |
| |) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ | 0. | | | | |
| | ter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | on | | | |] , |
| | anagers. ▶ \$ | | | | | |
| | s the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | X |
| | "Yes," attach a detailed description of the activities | • | | | | |
| | s the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpo | ration, or | | | | J. |
| - | laws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | X |
| | d the foundation have unrelated business gross income of \$1,000 or more during the year? | | RT / | A 48 | <u> </u> | ┼^- |
| | Yes," has it filed a tax return on Form 990-T for this year? | | N/ | A 4b 5 | | x |
| | as there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 3 | | ^ - |
| | "Yes," attach the statement required by General Instruction T. | | | | | 1 |
| | e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or | | | 1 | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with | the state | aw | | | <u> </u> |
| | main in the governing instrument? | ine state | IdW | 6 | x |] ' |
| | d the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and | Doct VII | | 7 | X | ┼ |
| <i>i</i> Dii | u the foundation have at least \$5,000 in assets at any time during the year? If tes, complete Part II, cor (c), and | Part XV | | | <u> </u> | ┼──- |
| ga En | ter the states to which the foundation reports or with which it is registered (see instructions) | | | | | |
| | N | | | | Ī | |
| _ | the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate | | | | | 1 |
| | each state as required by General Instruction G? If "No," attach explanation | , | | 8b | х | 1 |
| | the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) | for calen | ıdar | 00 | ^ | |
| | ar 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV | ioi caldii | -ui | 9 | | x |
| | d any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address: | ne . | | 10 | | $\frac{1}{x}$ |
| | any portions become described outside desiring and the your: it ites, attached schedule listing titler maines and address | | | 1 10 | | |

Total. Add lines 1 through 3

| | Minimum Investment Return (All domestic foundations must complete this part. Foreign four | idations, | see instructions.) |
|--------------|--|--|--------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 0. |
| b | Average of monthly cash balances | 1b | 7,320,196. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 7,320,196. |
| е | 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 | 7,320,196. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 109,803. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 7,210,393. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 360,520. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | d certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 360,520. |
| | Tax on investment income for 2013 from Part VI, line 5 | - | |
| b | Income tax for 2013. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 360,520. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 360,520. |
| 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 | 360,520. |
| _ | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | - | 207 025 |
| _ | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 387,925. |
| b | | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | 0. |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | 0 |
| a | | 3a | 0. |
| b | | 3b | 0. |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 387,925. |
| 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. 387,925. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years. | qualities to | T THE SECTION |

| | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
|---|---------------|----------------------------|--|------------------------|
| Distributable amount for 2013 from Part XI, | Ooipuo | | | |
| | | | | 360,520. |
| line 7 Undistributed income, if any, as of the end of 2013 | | | | |
| a Enter amount for 2012 only | | | 56,211. | |
| b Total for prior years: | | | | |
| b rotal for prior years. | | 0. | | |
| Excess distributions carryover, if any, to 2013: | | | | |
| a From 2008 0. | | | | |
| b From 2009 | | | Ì | |
| c From 2010 0. | į | | | • |
| d From 2011 0 • | | | | |
| e From 2012 0 • | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2013 from | | | | |
| Part XII, line 4: ►\$ 387,925. | | Į | FC 011 | |
| a Applied to 2012, but not more than line 2a | | | 56,211. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | 221 714 |
| d Applied to 2013 distributable amount | | | | 331,714 |
| e Remaining amount distributed out of corpus | 0. | | | 0 |
| 5 Europe distributions carryover applied to 2013 | 0. | | | |
| (If an amount appears in column (d), the same amount | | | | |
| must be shown in column (a)) 6 Enter the net total of each column as indicated below: | | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | <u></u> | |
| c 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 | | 0. | | |
| assessed | | ļ | | |
| d Subtract line 6c from line 6b. Taxable | | 0. | | |
| amount - see instructions | | <u> </u> | | |
| e Undistributed income for 2012. Subtract line | | | 0. | |
| 4a from line 2a. Taxable amount - see ınstr. | | | | |
| 1 Undistributed income for 2013. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | 28,806 |
| be distributed in 2014 | | | | |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | 0 | | | |
| section 170(b)(1)(F) or 4942(g)(3) | | <u>'</u> | | |
| 8 Excess distributions carryover from 2008 | 0 | .] | | |
| not applied on line 5 or line 7 | | ' | | |
| 9 Excess distributions carryover to 2014. | 0 | | | |
| Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | 1 | |
| a Excess from 2009 | | | | |
| b Excess from 2010 0. | | | | |
| c Excess from 2011 0. | | | | |
| d Excess from 2012 0. | | | | |
| e Excess from 2013 0 . | | | | Form 990-PF (20 |

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: N/A

323601 10-10-13

c Any submission deadlines:

| Part XV Supplementary Information | | | | |
|--|---|----------------------|----------------------------------|---------------------|
| 3 Grants and Contributions Paid During the Y | If recipient is an individual, | Payment | · | |
| Recipient Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| a Paid during the year | | Ì | | |
| | | | | |
| ARIZONA MYELOMA NETWORK | | PUBLIC | MATCHING GRANT OR GIFT | |
| ATTN: BARBARA KAVANAUGH, 20280 N. |] |] | | |
| 59TH AVE., SUITE 115, #448 GLENDALE, | ł | | | |
| AZ 85308 | | | | 25 |
| | | 1 | | |
| ASPCA | | PUBLIC | MATCHING GRANT OR GIFT | |
| 124 E 92ND STREET | | | | |
| NEW YORK, NY 10128 | | 1 | } | 5,00 |
| | | | | |
| | | | | |
| BEST BUDDIES TENNESSEE | 1 | PUBLIC | MATCHING GRANT OR GIFT | |
| 116 WILSON PIKE CIRCLE | | | } | |
| BRENTWOOD, TN 37027 | | | | 50 |
| | | | | |
| BOY SCOUTS OF AMERICA - MIDDLE | | PUBLIC | MATCHING GRANT OR GIFT | |
| TENNESSEE COUNCIL | | | | |
| P.O. BOX 150409, 3414 HILLSBORO PIKE | | | | |
| NASHVILLE, TN 37215 | | | | 1,25 |
| | | | | |
| | | | | |
| BRENTWOOD ACADEMY | | PUBLIC | MATCHING GRANT OR GIFT | |
| 219 GRANNY WHITE PIKE | | | | |
| BRENTWOOD, TN 37027 | | | | 20,30 |
| Total SEE COI b Approved for future payment | NTINUATION SHEE | ET(S) | ▶ 3a | 387,92 |
| • Approved for factore payment | | | | |
| BIG BROTHERS BIG SISTERS OF MIDDLE | | PUBLIC | MATCHING GRANT OR GIFT | |
| TENNESSEE | | 10222 | | |
| 1704 CHARLOOTE AVE, SUITE 130 | | | | |
| NASHVILLE, TN 37203 | | } | | 1,00 |
| | | | | |
| | | 1 | | |
| BRENTWOOD ACADEMY | | PUBLIC | MATCHING GRANT OR GIFT | |
| 219 GRANNY WHITE PIKE | 1 | (| 1 | |
| BRENTWOOD, MA 37027 | | | | 2,00 |
| | | | | |
| | | | | |
| BRIGHTSTONE, INC. | | PUBLIC | MATCHING GRANT OR GIFT | |
| P.O. BOX 682966 | | | 1 | 2.0 |
| FRANKLIN, TN 37068-2966 Total SEE CO | TINUATION SHE | L ET(S) | ▶ 3b | 4,10 |
| 10(0) 000 | | / / | | m 990-PF (20 |

Part XVI-A **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated. | Unrelate | ed business income | | ded by section 512, 513, or 514 | (e) |
|---|--|--------------------------|--|---------------------------------|---------------------------|
| | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | Business code | Amount | sion | Amount | function income |
| a N/Δ | | | | | |
| a N/A | | | | | |
| | | | - | | |
| <u> </u> | — | | | | |
| a | | | <u> </u> | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | L | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | | | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | <u> </u> | | | | |
| | | | | | |
| | | | - | | |
| 6 Net rental income or (loss) from personal | 1 | | Ì | 1 | • |
| property | | | <u> </u> | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| | | | 1 | | : |
| | | | | | |
| b | | | + | | |
| <u> </u> | | | ├ | | |
| o | ļ | | - | | |
| e | | | ├─- | 0. | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | <u> </u> | | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 0. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities to | o the Acc | omplishment of Ex | cemp | t Purposes | |
| | | · | | | |
| Line No. Explain below how each activity for which incor | | | contri | buted importantly to the accor | nplishment of |
| the foundation's exempt purposes (other than I | by providing tu | inas for such purposes). | | | |
| N/A | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | - | | | | |
| _ | | | | | |
| | | | | | |
| | | | | | |
| | <u>-</u> | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 323621 | | | | | Form 990-PF (2013) |

| FaitA | VIII | Exempt Organ | | isters to a | and Transactions a | ina Helationsr | lips with Nonchar | itabie | • | |
|------------|-----------------|---------------------------------|-------------------------|----------------------|------------------------------------|-------------------------|-----------------------------------|---------------------|----------|-------|
| 1 Did t | he ora | | | of the followin | g with any other organization | on described in section | on 501(c) of | | Yes | Nο |
| | | | | | 7, relating to political organ | | 11 30 1(0) 01 | 1 | | |
| | | rom the reporting founda | | | | IIZQUOTIS - | | | | |
| | Cash | om the reporting rounds | ation to a nononana | abio oxompt or s | gamzadon oi. | | | 1a(1) | | X |
| | Other a | essets | | | | | | 1a(2) | | X |
| | | actions: | | | | | | 14(2) | | |
| | | of assets to a noncharital | hle exempt organiza | ation | | | | 16(1) | | Х |
| | | ises of assets from a noi | · - | | | | | 1b(2) | | X |
| | | of facilities, equipment, | • | organization | | | | 1b(3) | | X |
| | | ursement arrangements | | | | | | 1b(4) | | X |
| | | or loan guarantees | | | | | | 1b(5) | | X |
| | | mance of services or me | mbership or fundra | usina solicitatio | ns | | | 1b(6) | | X |
| • • | | facilities, equipment, ma | • | • | | | | 10 | | Х |
| | - | | _ | | dule. Column (b) should al | ways show the fair m | arket value of the goods, of | ther ass | ets, | |
| | | | | | ed less than fair market valu | | | | | |
| colu | mn (d) | the value of the goods, | other assets, or ser | vices received. | | | | | | |
| (a)Line no | T | b) Amount involved | (c) Name o | of noncharitable | exempt organization | (d) Description | of transfers, transactions, and s | haring am | angeme | nts |
| | | | | N/A | | | | | | |
| | | | | | | | | | | |
| | _ | | | | | | | | | |
| | | | | | | | | | | |
| | — | | <u> </u> | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ╂ | | | | | | | | | |
| | ┽┈╴ | | | | | | | | | |
| | + | | | _ | | | | | | |
| | + | | | | | + | | | | |
| | ╁ | | | | | | | | | |
| | \top | | | | _ | <u> </u> | | | | |
| 7 | 1 | | | | · | | | | | |
| | | | | | | | | | | |
| 2a is th | e foun | dation directly or indirect | tly affiliated with, or | related to, one | or more tax-exempt organ | zations described | | | | |
| ın se | ection (| 501(c) of the Code (other | r than section 501(c | c)(3)) or in sect | tion 527 ? | | | ☐ Yes | X | No |
| b If "Y | es," co | mplete the following sch | | | | | | | | |
| | | (a) Name of org | janization | | (b) Type of organization | (| c) Description of relationsh | ıp | | |
| . <u> </u> | | N/A | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Under t | penalties of periury. I declare | that I have examined th | his return, includir | ng accompanying schedules and | statements, and to the | pest of my knowledge | | | |
| Sign | | | | | n taxpayer) is based on all inform | | has any knowledge May | the IRS on with the | e prepar | er |
| Here | | 2011 |), l l | | 1 8/8/14 | Authorized | • | vn below Yes | | no No |
| ì | Sign | ature of officer of trustee | <u></u> | | Date | Title | Thepresentitude 12 | | | |
| | <u> </u> | Print/Type preparer's na | ame | Preparer's s | | Date | Check if PTIN | | | |
| | Í | | | 1 | o Medard | 0/6/2014 | self- employed | | | |
| Paid | | FRANCIS J. | BEDARD | Frank | o psedano | 8/6/2014 | P00 | 752 | 421 | |
| Prepa | | Firm's name ► DEL | OITTE TA | X LLP | | | Firm's EIN ▶ 86-10 | 657 | 72 | |
| Use C | nly | | | | | | | | | |
| | - { | | | | , SUITE 2400 | | | | | |
| | | NA | SHVILLE, | TN 372 | 19 | | Phone no. 615-25 | 1–9ز | 800 | |

323622 10-10-13

| 3 Grants and Contributions Paid During the Yea Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation | | |
|--|--|--------------|----------------------------------|------------------|
| warne and address (nome or dusiness) | | status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | Contribution | |
| ENTRAL METHODIST UNIVERSITY | | PUBLIC | MATCHING GRANT OR GIFT | |
| 11 CENTRAL METHODIST SQUARE PAYETTE, MO 65248-1198 | | | | 250 |
| TITYMEALS ON WHEELS TTN: BETH SHAPIRO, EXEC DIR., 355 EXINGTON AVE. NEW YORK, NY | | PUBLIC | MATCHING GRANT OR GIFT | |
| .0017-6603 | | | | 500 |
| OREXEL UNIVERSITY 0141 CHESTNUT STREET, SUITE 310 | | PUBLIC | MATCHING GRANT OR GIFT | |
| HILADELPHIA, PA 19104 | | | | 10,000 |
| DEACONESS AUXILIARY DEACONESS HOSPITAL VOLUNTEER'S FORNADO RELIEF FUND, 5501 NORTH | | PUBLIC | MATCHING GRANT OR GIFT | 1 000 |
| PORTLAND OKLAHOMA CITY, OK 73112 | | | | 1,00 |
| FIDELITY INVESTMENTS CHARITABLE GIFT FUND P.O. BOX 77001 | | PUBLIC | MATCHING GRANT OR GIFT | |
| CINCINNATI, OH 45277 | | | - | 25,000 |
| FOOD BANK FOR NY CITY ATTN: PATRICK MOONEY, DIRECTOR OF PHILANTHROPY, 39 BROADWAY, 10TH FLOOR | | PUBLIC | MATCHING GRANT OR GIFT | |
| NEW YORK, NY 10006 | | | | 500 |
| FORDHAM UNIVERSITY SCHOOL OF LAW ATTN:ROGER A. MILLER JR., VP FOR DEVELOPMENT, 888 SEVENTH AVE NEW | | PUBLIC | MATCHING GRANT OR GIFT | |
| YORK, PA 10019 | | | | 375 |
| RANKLIN AND MARSHALL COLLEGE | | PUBLIC | MATCHING GRANT OR GIFT | |
| OFFICE OF COLLEGE ADVANCEMENT, P.O. BOX 3003 LANCASTER, KY 17604-3003 | | | | 30,000 |
| GEORGETOWN COLLEGE | | PUBLIC | MATCHING GRANT OR GIFT | |
| GEORGETOWN, KY 40324 | | | | 22,300 |
| HAND IN HAND MINISTRIES | | PUBLIC | MATCHING GRANT OR GIFT | |
| 2225 STEIER LANE COUISVILLE, KY 40218 Total from continuation sheets | | | | 1,650 360,625 |

| MANAGER, 352 PARK AVENUE SOUTH, SUITE 1200 NEW YORK, NY 10010 2,500 HIGH HOFES, INC. 1647 MALLORY LANE, SUITE 103 BRENTWOOD, TN 37027 SOO INTERFAITH DENTAL CLINIC 1721 PARTERSON STREET NASHVILLE, TN 37203 JUVENILE DIABETES RESEARCH FOUNDATION - HIDDLE TENNESSEE CHAPTER 105 WESTFARK DRIVE, STE. 415 BRENTWOOD, TN 37207 JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004 ENROSE ELEMENTARY SCHOOL PTO 1702 RAINTREE FARKWAY BRENTWOOD, TN 37027 LABELS ARE FOR JARS ATTN: FATHER PAUL O'RRIEN, 118 SOUTH BROADWAY LAWRENCE, MA 01843 T50 LAPAYETTE INDUSTRIES 179 GAYWOOD DRIVE MANCHESSEE AND THE CUMBERLANDS 300 DRANBERLANDS 300 DRANBER | Part XV Supplementary Information | | | | • |
|--|---|--|-----------|----------------------------------|---------|
| Name and address (horne or business) Show any pictionships to any | 3 Grants and Contributions Paid During the Ye | ear (Continuation) | | | |
| HARVARD UNIVERSITY - HARVARD MEDICAL SCHOOL ALUMNIT FUND SCHOOL | | show any relationship to any foundation manager | status of | Purpose of grant or contribution | Amount |
| HELLER KELLER INTERNATIONAL ATTN: EMILY CHAU, DEVELOPMENT MANAGER, 352 PARK AVENUE SOUTH, SUITE 1200 NEW YORK, NY 10010 2,500 HIGH HOPES, INC. 1647 MALLORY LANE, SUITE 103 BRENTHOOD, TN 37027 500 INTERPATITE DENTAL CLINIC 1721 PATTERSON STREET MASKIVILLE, TN 37203 JUVENILE DIABETES RESEARCH FOUNDATION — MIDDLE TENNESSEE CHAPTER 105 MESUPARK DRIVE, STE. 415 BRENTWOOD, TN 37207 3,820 JUVENILE DIABETES RESEARCH FOUNDATION — MIDDLE TENNESSEE CHAPTER 105 MESUPARK DRIVE, STE. 415 BRENTWOOD, TN 37207 3,820 MATCHING GRANT OR GIFT MATCHING GRANT OR GIFT MATCHING GRANT OR GIFT TO MATCHING GRANT OR GIFT MATCHING GRANT OR GIFT MATCHING GRANT OR GIFT MATCHING GRANT OR GIFT TO MATCHING GRANT OR GIFT TO RAINTREE PARKWAY BRENTWOOD, TN 37027 325 LABELS ARE FOR JARS ATTH: FATHER FADL O'BRIEN, 118 SOUTH BROADWAY LANGENCE, MA 01843 750 LAFAYETTE INDUSTRIES PUBLIC MATCHING GRANT OR GIFT MATCHING GRANT OR GIFT MATCHING GRANT OR GIFT MATCHING GRANT OR GIFT TO GAYWOOD DRIVE MANCHESTER, MO 63021 LAGAL AD SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS 300 DEADBRICK STREET | HARVARD UNIVERSITY - HARVARD MEDICAL SCHOOL ALUMNI FUND ATTN: MARY MORAN PERRY, SR., DIRECTOR OF GIFT PLANNING, OFFICE OF RESOURCE | or substantial contributor | + | MATCHING GRANT OR GIFT | F 000 |
| 1647 MALLORY LANE, SUITE 103 BRENTWOOD, TN 37027 INTERPAITH DENTAL CLINIC 1721 PATTERSON STREET NASHVILLE, TN 37203 JUVENILE DIABETES RESEARCH FOUNDATION - MIDDLE TENNESSES CHAPTER JUVENILE DIABETES RESEARCH FOUNDATION - MIDDLE TENNESSES CHAPTER JUVENILE DIABETES RESEARCH FOUNDATION - MIDDLE TENNESSES CHAPTER JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004 RENNOSE ELEMENTARY SCHOOL PTO 1702 RAINTHEE PARKWAY BRENTWOOD, TN 37027 JUBLIC MATCHING GRANT OR GIFT MATCHING GRANT OR GIFT PUBLIC MATCHING GRANT OR GIFT ATTN: FATHER PAUL O'BRIEN, 118 SOUTH BROADWAY LAWRENCE, MA 01843 PUBLIC MATCHING GRANT OR GIFT T50 LAFAYETTE INDUSTRIES 179 GRAWOOD DRIVE MANCHENGER, NO 63021 LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS 300 DEADERICK STREET | HELLEN KELLER INTERNATIONAL ATTN: EMILY CHAU, DEVELOPMENT MANAGER, 352 PARK AVENUE SOUTH, SUITE | | PUBLIC | MATCHING GRANT OR GIFT | 2,500. |
| 1721 PATTERSON STREET NASHVILLE, TN 37203 JUVENILE DIABETES RESEARCH FOUNDATION — MIDDLE TENNESSEE CHAPTER 105 WESTPARK DRIVE, STE. 415 BRENTWOOD, TN 37207 JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004 KENROSE ELEMENTARY SCHOOL PTO 1702 RAINTREE FARKWAY BRENTWOOD, TN 37027 LABELS ARE FOR JARS ATTN: FATHER PAUL O'BRIEN, 118 SOUTH BROADWAY LAWRENCE, MA 01843 LAPAYETTE INDUSTRIES 179 GAYWOOD DRIVE MANCHESTER, MO 63021 LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERIANDS 300 DEADERICK STREET | 1647 MALLORY LANE, SUITE 103 | | PUBLIC | MATCHING GRANT OR GIFT | 500. |
| - MIDDLE TENNESSEE CHAPTER 105 WESTPARK DRIVE, STE. 415 BRENTWOOD, TN 37207 3,820 JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004 PUBLIC MATCHING GRANT OR GIFT 702 RAINTREE PARKWAY BRENTWOOD, TN 37027 PUBLIC MATCHING GRANT OR GIFT THE PAUL O'BRIEN, 118 SOUTH BROADWAY LAWRENCE, MA 01843 PUBLIC MATCHING GRANT OR GIFT 750 LAFAYETTE INDUSTRIES 179 GAYWOOD DRIVE MANCHESTER, MO 63021 LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS 300 DEADERICK STREET | 1721 PATTERSON STREET | | BRRTIC | MATCHING GRANT OR GIFT | 500. |
| 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004 Z,000 KENROSE ELEMENTARY SCHOOL PTO 1702 RAINTREE PARKWAY BRENTWOOD, TN 37027 DUBLIC MATCHING GRANT OR GIFT FUBLIC MATCHING GRANT OR GIFT FUBLIC MATCHING GRANT OR GIFT TO SOME AND THE CHARGE CONTROL OF STATE O | - MIDDLE TENNESSEE CHAPTER 105 WESTPARK DRIVE, STE. 415 | | PUBLIC | MATCHING GRANT OR GIFT | 3,820. |
| 1702 RAINTREE PARKWAY BRENTWOOD, TN 37027 LABELS ARE FOR JARS ATTN: FATHER PAUL O'BRIEN, 118 SOUTH BROADWAY LAWRENCE, MA 01843 PUBLIC MATCHING GRANT OR GIFT TO GAYWOOD DRIVE MANCHESTER, MO 63021 LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS 300 DEADERICK STREET | 26 BROADWAY, 14TH FLOOR | | PUBLIC | MATCHING GRANT OR GIFT | 2,000. |
| ATTN: FATHER PAUL O'BRIEN, 118 SOUTH BROADWAY LAWRENCE, MA 01843 750 LAFAYETTE INDUSTRIES 179 GAYWOOD DRIVE MANCHESTER, MO 63021 LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS 300 DEADERICK STREET 750 MATCHING GRANT OR GIFT PUBLIC MATCHING GRANT OR GIFT | 1702 RAINTREE PARKWAY | | PUBLIC | MATCHING GRANT OR GIFT | 325. |
| 179 GAYWOOD DRIVE MANCHESTER, MO 63021 LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS 300 DEADERICK STREET AND THE CUMBERLANDS | ATTN: FATHER PAUL O'BRIEN, 118 SOUTH | | PUBLIC | MATCHING GRANT OR GIFT | 750. |
| AND THE CUMBERLANDS 300 DEADERICK STREET | 179 GAYWOOD DRIVE | | PUBLIC | MATCHING GRANT OR GIFT | 1,000. |
| NASHVILLE, TN 37201 10,000 | AND THE CUMBERLANDS | | PUBLIC | MATCHING GRANT OR GIFT | |
| Total from continuation sheets | | <u> </u> | <u> </u> | | 10,000. |

| Part XV Supplementary Information | | | | |
|--|--|----------------------|--|--------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | - |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | Contribution | |
| MEMORIAL SLOAN - KETTERING CANCER | | PUBLIC | MATCHING GRANT OR GIFT | |
| CENTER | | | 1 | |
| ATTN: CYCLE FOR SURVIVAL DEVELOPMENT | | | | |
| SERVICES, 1275 YORK AVENUE NEW YORK, NY 10065 | | | | 050 |
| N1 10062 | | | | 250. |
| | | | | |
| METROPOLITAN OPERA | | PUBLIC | MATCHING GRANT OR GIFT | |
| 30 LINCOLN CENTER | | | | |
| NEW YORK, NY 10023 | | | | 6,000. |
| | | | | |
| | | | | |
| MODEST NEWS FOUNDATION | | PUBLIC | MATCHING GRANT OR GIFT | |
| 115 E. 30TH STREET, 1ST FLOOR NEW YORK, NY 10016 | | | | 550. |
| HEN TORK, NT TOTO | | | | 330. |
| | | | | |
| MORNING STAR SANCTUARY | | PUBLIC | MATCHING GRANT OR GIFT | |
| P.O. BOX 546 | | | | |
| BRENTWOOD, TN 37024 | | | | 1,000. |
| | | | 1 | |
| | | | İ | |
| NASHVILLE OPERA ATTN: LA BELLA NOTTE, 3622 REDMONT ST | | PUBLIC | MATCHING GRANT OR GIFT | |
| NASHVILLE, TN 37209 | | 1 | | 6,080. |
| , | | | | 0,000. |
| | | | | |
| NASHVILLE RESCUE MISSION | | PUBLIC | MATCHING GRANT OR GIFT | |
| 639 LAFAYETTE STREET | • | | | |
| NASHVILLE, TN 37203-4226 | | | | 425. |
| | | | 1 | |
| NASHVILLE SYMPHONY | | PUBLIC | MATCHING GRANT OR GIFT | |
| ONE SYMPHONY PLACE | | [32213 | and side of the state of the st | |
| NASHVILLE, TN 37201-2031 | | | | 1,000. |
| | | | | |
| NATIONAL MS SOCIETY - MID-SOUTH | | PUBLIC | MATCHING GRANT OR GIFT | |
| CHAPTER | | ļ | i | |
| 214 OVERLOOK CIRCLE | | | | 2 150 |
| BRENTWOOD, TN 37027 | | | | 3,150. |
| | | | | |
| NORTHWESTERN UNIVERSITY | | PUBLIC | MATCHING GRANT OR GIFT | |
| 1201 DAVIS STREET | | | | |
| EVANSTON, IL 60208-4410 | | | | 1,500. |
| | | | | |
| NORTHWESTERN UNIVERSITY - WILDCAT | | DARTIC . | MATCHING GRANT OR GIFT | |
| FUND | | | | |
| 1201 DAVIS STREET EVANSTON, IL 60208 | | | | 1,000. |
| Total from continuation sheets | | <u> </u> | | 2,000. |
| LATER HAM AND | | | | |

| Part XV Supplementary Information | | | | |
|---|--|----------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the Ye | | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | - | |
| | | | | |
| PARTNERSHIP FOR CHILDREN'S RIGHTS |] | PUBLIC | MATCHING GRANT OR GIFT | |
| 271 MADISON AVE NEW YORK, NY 10016 | | | | 1,250. |
| 33.00 | | | | |
| RAVENWOOD HIGH SCHOOL | | PUBLIC | MATCHING GRANT OR GIFT | |
| 1724 WILSON PIKE | | POBLIC | MAICHING GRANT OR GIFT | |
| BRENTWOOD, TN 37027 | | | <u> </u> | 450. |
| ROCKEFELLER UNIVERSITY | | PUBLIC | MATCHING GRANT OR GIFT | |
| ATTN: MAREN IMHOFF, SENIOR VP FOR | | FORLIC | MAICHING GRANT OR GIFT | |
| DEVELOPMENT, 1230 YORK AVENUE NEW | | | | |
| YORK, NY 10065-6399 | | | | 700. |
| | | | | |
| RONALD MCDONALD HOUSE | | PUBLIC | MATCHING GRANT OR GIFT | |
| 2144 FAIRFAX AVENUE | | | | |
| NASHVILLE, TN 37212 | | | | 5,500. |
| | | | | i |
| SALVATION ARMY KENTUCKY & TENNESSEE | | PUBLIC | MATCHING GRANT OR GIFT | |
| 214-216 W. CHESTNUT STREET | | | | |
| LOUISVILLE, KY 40202 | \ | h | | 5,000. |
| SCHWAB CHARITABLE FUND FUND ID #31-1640316 | | PUBLIC | MATCHING GRANT OR GIFT | |
| C/O SCHWAB CHARITABLE OFFICE, CHARLES | | | | |
| SCHWAB, 211 MAIN ST SAN FRANCISCO, | | | | |
| CA 94105 | <u> </u> | | <u> </u> | 25,000. |
| | | | | |
| SECOND HARVEST FOOD BANK | | PUBLIC | MATCHING GRANT OR GIFT | |
| 331 GREAT CIRCLE ROAD | | | | |
| NASHVILLE, TN 37228 | - | | - | 500. |
| SMITH COLLEGE | | PUBLIC | MATCHING GRANT OR GIFT | |
| GIFT ACCOUNTING OFFICE, CLASS OF | |] | | |
| 1961, 33 ELM STREET NORTHAMPTON, MA | | | | |
| 01063 | | | | 750. |
| | | | 1 | |
| SOUTH NASHVILLE LITTLE LEAGUE | | PUBLIC | MATCHING GRANT OR GIFT | |
| 327 DOBSON BRANCH TRAIL NOLENSVILLE, TN 37135 | | | | 500. |
| | | <u> </u> | | |
| SUSAN G. KOMEN FOR THE CURE - GREATER | | PUBLIC | MATCHING GRANT OR GIFT | |
| NASHVILLE | | | | |
| 4009 HILLSBORO PIKE, SUITE 209 NASHVILLE, TN 37215 | | | | 800. |
| Total from continuation sheets | | | | |

| Part XV Supplementary Information | | | | |
|---|--|--------------------------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the Ye | | | | <u> </u> |
| 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 |
| TENNESSEE PERFORMING ARTS CENTER P.O. BOX 190660, 211 SEVENTH AVE. NORTH, STE. LL-10 NASHVILLE, TN 37219 | or substantial contributor | PUBLIC | MATCHING GRANT OR GIFT | 5,500 |
| THE HAYWOOD STREET CONGREGATION ATTN: LESLIE HOLLOWELL, PO BOX 2982 ASHEVILLE, NC 28802 | | PUBLIC | MATCHING GRANT OR GIFT | 6,500 |
| THE NATURE CONSERVANCY IN NEW JERSEY ELIZABETH D. KAY, ENVIRONMENTAL CENTER, 200 POTTERSVILLE ROAD CHESTER, NJ 07930 | | PUBLIC | MATCHING GRANT OR GIFT | 1,000 |
| THE SHIPLEY SCHOOL EXTERNAL RELATIONS OFFICE, 814 YARROW STREET BRYN MAWR, PA 19010 | | PUBLIC | MATCHING GRANT OR GIFT | 10,000 |
| TN COALITION AGAINST DOMESTIC & SEXUAL VIOLENCE 2 INTERNATIONAL PLAZA DRIVE, SUITE 425 NASHVILLE, TN 37217 | | PUBLIC | MATCHING GRANT OR GIFT | 1,000 |
| TRINITY UNIVERSITY ONE TRINITY PLACE #49, BOX 58 SAN ANTONIO, TX 78212-7200 | | PUBLIC | MATCHING GRANT OR GIFT | 3,000 |
| UNION THEOLOGICAL SEMINARY (FOR THE POVERTY INITIATIVE) ATTN: BOB BOMERASCH, 3041 W. BROADWAY NEW YORK, NY 10027 | | PUBLIC | MATCHING GRANT OR GIFT | 7,500 |
| UNITED WAY - METROPOLITAN NASHVILLE RE: TOCQUEVILLE SOCIETY, 250 VENTURE CIRCLE NASHVILLE, TN 37228 | | PUBLIC | MATCHING GRANT OR GIFT | 10,000 |
| UNIVERSITY OF CHICAGO ATTN: MARGO WEITZMAN, ASSOCIATE DIRECTOR, GIFT AND RECORD SERVICES, 1427 E. CHICAGO, IL 60637 | | PUBLIC | MATCHING GRANT OR GIFT | 1,000 |
| URBAN YOUTH IMPACT ATTN: CARRIE WILLIAMS, DIRECTOR OF DEVELOPMENT, 2823 NO. AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407 | | PUBLIC | MATCHING GRANT OR GIFT | 8,500 |
| Total from continuation sheets | | <u> </u> | | -, |

| 3 Grants and Contributions Paid During the Ye | | | | |
|---|--|----------------------|--|-------------|
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Hamo and address (North of Sacrifical) | or substantial contributor | recipient | | |
| | | | | |
| US EQUESTRIAN FEDERATION, INC. | | PUBLIC | MATCHING GRANT OR GIFT | |
| 4047 IRON WORKS PARKWAY | | | | 500 |
| LEXINGTON, KY 40511 | | | | 500 |
| VANGUARD CHARITABLE - JIM AND | | PUBLIC | MATCHING GRANT OR GIFT | |
| ELISABETH ELY CHARITABLE FUND | | | | |
| P.O. BOX 55766 | | | | |
| BOSTON, MA 02205-5766 | | | | 35,000 |
| | { | | | |
| VANGUARD CHARITABLE - ELY FAMILY | | PUBLIC | MATCHING GRANT OR GIFT | |
| CHARITABLE FUND | | | | |
| P.O. BOX 55766 BOSTON, MA 02205-5766 | | | | 15,000 |
| BOSTON, MA 02203-3700 | | | | 15,000. |
| VISITING NURSE SERVICE OF NY | | PUBLIC | MATCHING GRANT OR GIFT | |
| ATTN: STACEY WESTON, VP OF | | | | |
| DEVELOPMENT, 107 EAST 70TH STREET, | | | | |
| 5TH FLOOR NEW YORK, NY 10021 | | <u></u> | | 250 |
| | | | | |
| WAGUTNOMON INTURNATOR D. M. DDOGDAN | | DVID1 T.G | AND OF STEE | |
| WASHINGTON UNIVERSITY P.T. PROGRAM CAMPUS BOX 8520, 4444 FOREST PARK BLVD | | PUBLIC | MATCHING GRANT OR GIFT | |
| ST. LOUIS, MO 63130-4899 | | | | 250 |
| | | | | |
| WEILL CORNELL MEDICAL COLLEGE | | PUBLIC | MATCHING GRANT OR GIFT | |
| ATTN: LARRY SCHAFER, VICE PROVOST FOR | | | | |
| DEVELOPMENT, 1300 YORK AVENUE, BOX | | | | |
| 123 NEW YORK, NY 10065 | | DIEDE TO | ALTONIANO GRANDO OR GIRT | 7,300. |
| WESLEYAN UNIVERSITY - BRIAN P. GOTTLIEB '88 MEMORIAL ENDOWED | | PUBLIC | MATCHING GRANT OR GIFT | |
| SCHOLARSHIP FU | | | | |
| 318 HIGH STREET | | | | |
| MIDDLETOWN, CT 06459 | | | | 500 |
| | | | | |
| WOUNDED WARRIOR PROJECT | | PUBLIC | MATCHING GRANT OR GIFT | |
| ATTN: DONOR SERVICES, 4899 BELFORT | | | | |
| ROAD, SUITE 300 JACKSONVILLE, FL 32256 | | Į. | | F 000 |
| 32230 | | - | | 5,000 |
| | | | | |
| ADVENTURE SCIENCE CENTER | | PUBLIC | MATCHING GRANT OR GIFT | |
| 800 FT. NEGLEY BLVD | | | | |
| NASHVILLE, TN 37203 | · · · · · · · · · · · · · · · · · · · | <u> </u> | <u> </u> | 550 |
| | | | | |
| AMERICAN CANCER SOCIETY | 1 | PUBLIC | MATCHING GRANT OR GIFT | |
| ATTN: SSBC BATCH DEPARTMENT, PO BOX | | | | |
| 22718 OKLAHOMA CITY, OK 73123-1718 | (| | | 100 |
| Total from continuation sheets | · | | | |

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of Name and address (home or business) any foundation manager or substantial contributor recipient AMERICAN RED CROSS, NASHVILLE AREA PUBLIC MATCHING GRANT OR GIFT CHAPTER 2817 WEST END AVE, # 126 PMB 380 NASHVILLE, TN 37203 500. AMERICAN SADDLEBRED MUSEUM PUBLIC MATCHING GRANT OR GIFT 4083 IRON WORKS PARKWAY LEXINGTON, KY 40511 500. BAYLOR BEAR FOUNDATION PUBLIC MATCHING GRANT OR GIFT ATTN: BAYLOR UNIVERSITY GIFT PROCESSING ONE BEAR PLACE, #97050 WACO, TX 76798-7050 3,000. BAYLOR UNIVERSITY PUBLIC MATCHING GRANT OR GIFT ONE BEAR PLACE #97050 WACO, TX 76798-7050 7,500. BERKSHIRE BOTANICAL GARDEN PUBLIC MATCHING GRANT OR GIFT ATTN: SHARON HALETT-SHEPHERD, P.O. BOX 826 STOCKBRIDGE, MA 01262-0826 250. BOSTON SYMPHONY ORCHESTRA PUBLIC MATCHING GRANT OR GIFT FRIENDS OF TANGLEWOOD SYMPHONY HALL, 301 MASSACHUSETTS AVE BOSTON, MA 02115 750. FIDELITY CHARITABLE, PHYYLIS A. AND PUBLIC MATCHING GRANT OR GIFT HARVEY KLEIN FUND P.O. BOX 77001 CINCINNATI, OH 45277-0053 23,750. AMERICAN CANCER SOCIETY PUBLIC MATCHING GRANT OR GIFT 2000 CHARLOTTE AVE NASHVILLE, TN 37203 5,000. AMERICAN HEART ASSOCIATION PUBLIC MATCHING GRANT OR GIFT 1818 PATTERSON STREET NASHVILLE, TN 37203 5,000. AMERICAN RED CROSS, NASHVILLE AREA PUBLIC MATCHING GRANT OR GIFT CHAPTER 2201 CHARLOTTE AVE 500. NASHVILLE, TN 37203 Total from continuation sheets

| Part XV Supplementary Information 3 Grants and Contributions Paid During the Ye | | | | |
|--|--|--|--|-------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | CONTRIBUTION | |
| | | | | |
| ASSURANCE HOME, INC. 1000 EAST 18TH STREET | | PUBLIC | MATCHING GRANT OR GIFT | |
| ROSWELL, NM 37067 | | | | 2,000 |
| COMMUNITY FOUNDATION - TOM & MARY | | PUBLIC | MATCHING GRANT OR GIFT | |
| MILLER FAMILY ADVISED FUND | | FORBIC | MATCHING GROWT ON GIFT | |
| 3833 CLEGHORN AVENUE #400 | | | | |
| NASHVILLE, TN 37215 | | | | 10,000 |
| | | | | |
| MAKE-A-WISH FOUNDATION OF AMERICA | | PUBLIC | MATCHING GRANT OR GIFT | |
| 4742 N 24TH ST STE 400 | | ļ | | E0.0 |
| PHOENIX, AZ 85016-4862 | | | | 500 |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL | | PUBLIC | MATCHING GRANT OR GIFT | |
| 262 DANNY THOMAS PLACE | | POBLIC | MATCHING GRANT OR GIFT | |
| MEMPHIS, TN 38105 | | | | 500 |
| STARFIRE COUNCIL OF GREATER | | PUBLIC | MATCHING GRANT OR GIFT | |
| CINCINNATI | , | | | |
| 5030 OAKLAWN DRIVE | | | | |
| CINCINNATI, OH 45227 | <u> </u> | <u> </u> | | 250 |
| | | | | |
| LEE UNIVERSITY PO BOX 3450 | | PUBLIC | MATCHING GRANT OR GIFT | |
| CLEVELAND, TN 37320-3450 | | <u> </u> | | 2,500 |
| | | | | |
| CROCKET ELEMENTARY SCHOOL - PTO | | PUBLIC | MATCHING GRANT OR GIFT | |
| 9019 CROCKETT ROAD | | | | |
| BRENTWOOD, TN 37027 | | | | 300 |
| | | | | |
| | ļ | | | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| | 1 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | <u> </u> | | |
| Total from continuation sheets | | | | |

Part XV Supplementary Information Grants and Contributions Approved for Future Payment (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor JUVENILE DIABETES RESEARCH FOUNDATION PUBLIC MATCHING GRANT OR GIFT - MIDDLE TENNESSEE CHAPTER 105 WESTPARK DRIVE, STE. 415 BRENTWOOD, TN 37027 250. NATIONAL MS SOCIETY - MID-SOUTH PUBLIC MATCHING GRANT OR GIFT CHAPTER 214 OVERLOOK CIRCLE BRENTWOOD, TN 37027 300. YOUTH SPORTS ALLIANCE PUBLIC MATCHING GRANT OR GIFT PO BOX 681698 PARK CITY, UT 84068 250. 800. Total from continuation sheets

| FORM 990-PF PART VIII TRUSTEE | | OF OFFICERS, DI FOUNDATION MANAG | | STATI | EMENT 1 |
|-------------------------------|---------|-------------------------------------|--------------|---------------------------------|----------|
| NAME AND ADDRESS | | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | |
| WAYNE T. SMITH | | CHAIRMAN OF THE | • | SIDENT & 0 | |
| W.LARRY CASH | | EXECUTIVE VICE | PRESIDENT 0. | 0. | 0. |
| RACHEL A. SEIFERT | | EXECUTIVE VICE | PRESIDENT 8 | | RY 0. |
| MARTIN G. SCHWEINHART | | SENIOR VICE PRE | SIDENT | 0. | 0. |
| JAMES W. DOUCETTE | | VICE PRESIDENT | & TREASURER | | 0. |
| KEVIN J. HAMMONS | | VICE PRESIDENT | 0. | 0. | 0. |
| CHRISTOPHER G. COBB | | ASSISTANT SECRE | ETARY 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, 1 | PAGE 6, | PART VIII | 0. | 0. | 0. |

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

• 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 and click on e-file for Chanties & Nonprofits. 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 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. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print Community Health Systems Foundation 20-3323391 Number, street, and room or sulte no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for 4000 Meridian Blvd. filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions Enter the Return code for the return that this application is for (file a separate application for each return) 0 4 Return Application **Application** Return Code is For ls For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 04 Form 5227 Form 990-PF 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. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15 , 20 14 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ☑ calendar year 20 13 or ► ☐ tax year beginning , 20 ____, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ If this application is for Forms 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. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Cat No 27916D

EFTPS (Electronic Federal Tax Payment System). See instructions.