



Form **990-PF** Department of the Treasury Internal Revenue Service

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.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For	calen	dar year 2017 or tax year beginning		, and e	naing		<u>. </u>
Na	me of	foundation				A Employer identification	number
٥	OM	MUNITY HEALTH SYSTEMS FO	DUNDATION			20-3323391	
Number and street (or P O box number if mail is not delivered to street address)					Room/suite	B Telephone number	<i>(</i>
_4	00	O MERIDIAN BOULEVARD				615-465-70	00
Crt	y or to	own, state or province, country, and ZIP or foreign p	ostal code .			C If exemption application is pe	ending, check here
F	'RAI	NKLIN, TN 37067					. —
G	Check	all that apply: initial return	Initial return of a fe	ormer public	charity	D 1. Foreign organizations	, check here
		Final return	Amended return			2. Foreign organizations me	eting the 85% test.
_	,	Address change	Name change		- ()	Foreign organizations me check here and attach cor	mputation .
H_ (_	type of organization: X Section 501(c)(3) ex			194	E If private foundation sta	
			Other taxable private found			under section 507(b)(1)	• •
		urket value of all assets at end of year J Account	-	X Acc	ruai	F If the foundation is in a	
		Part II, col. (c), line 16),	ther (specify)	e)		under section 507(b)(1)	(B), check here
_	-\$ art 1					(a) Advisted not	(d) Disbursements
N.C.	ar L' I	(The total of amounts in columns (b), (c), and (d) may not an ecessarily equal the amounts in column (a).)	(a) Revenue and ''	(d) Net II	nvestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received				MAN N/A	PPWZPZMA
	2	Check X If the foundation is not required to attach Sch. B.	MICHELLE PROPERTY	ST.	The Street		
	3	Interest on savings and temporary cash investments					SECTION OF THE SECTIO
	4	Dividends and interest from securities	Change 200			· .	
	5a	Gross rents	**				PARTICIPAL PARTY
	Ь	Net rental income or (loss)	THE STEEL STATE	可到過量便	建工程		第一条作业的
_	6a	Net gain or (loss) from sale of assets not on line 10	,	TALKE.	学是业务		ESTATEMENT OF THE SECOND OF TH
2	Ь	Gross sales price for all assets on line 6a		Z TOTAL			
T G V O C	7	Capital gain net income (from Part IV, line 2)	运行工程 法国		0.		
à	8	Net short-term capital gain		W-75-240			
1	9	Income modifications				The a shire of the state of the	
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss)		MINE LIE	为公司是		
	11	Other income				`	
_	12	Total. Add lines 1 through 11	0.		0.	. <u>-</u>	
	13	Compensation of officers, directors, trustees, etc	O.	<u> </u>	0.		0.
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits	RECEIVE	ED.			
9000	168	Legal fees	11000	8		 	
è	91	Accounting fees	2 NOV 1 5 00		-		
ŭ	4	Other professional fees Interest	NOV 15 ^	 ' 			
	18	Taxes		'-			
Aministrative	19	Depreciation and depletion	GGDEN,				
	20	Occupancy				1	A CONTRACTOR OF THE CONTRACTOR
2 2 E	21	Travel, conferences, and meetings					,
Ď š	22	Printing and publications					
ē	100	Other expenses					
Onerating	24	Total operating and administrative					
9		expenses. Add lines 13 through 23	0.		. 0.		0.
ç	25	Contributions, gifts, grants paid	1,526,587.	The state of		1990年 1990年 1990年	1,526,587.
		Total expenses and disbursements.				,	
_	L	Add lines 24 and 25	1,526,587.		0.		1,526,587.
	27	Subtract line 26 from line 12:	光光·李瑟				
	a	Excess of revenue over expenses and disbursements	<1,526,587.>			PER LANGE LEVEL SERVICE	STATE OF THE STATE
	Ь	Net investment income (If negative, enter -0-)		The Culture can re-	0.		
	<u> </u>	Adjusted net income (If negative, enter -0-)	是一种一种工作	HE LANGE	型的数	N/A	医不正式和音节的
7225	01 01	-03-18 LHA For Paperwork Reduction Act Notice	e. see instructions.	,			Form 990-PF (2017)

For	m 99	0-PF (2017) COMMUNITY HEALTH SYSTEM		20-	3323391 Page 2
- -	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		f year
267	<u>art</u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	5,289,081.	3,762,494.	3,762,494.
	2	Savings and temporary cash investments			
	3	Accounts receivable -			
	1	Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			在新疆 中
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	٠.	disqualified persons			
	7	Other notes and loans receivable		医静态的影响。	经验证的证据
		Less: allowance for doubtful accounts			
Ø	8	Inventories for sale or use			·
Assets	9	Prepaid expenses and deferred charges			
Š	10a	Investments - U.S. and state government obligations			
	ь	Investments - corporate stock			
	ε	Investments - corporate bonds			
	11	investments - land, buildings, and equipment, basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other ·			
	14	Land, buildings, and equipment basis	建设工程等进行		
		Less accumulated depreciation			
	15	Other assets (describe	l		
	16	Total assets (to be completed by all filers - see the			1
		instructions. Also, see page 1, item I)	5,289,081.	3,762,494.	3,762,494.
	17	Accounts payable and accrued expenses	2,300.	2,300.	
	18	Grants payable		\	
w	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	,		
abi	21	Mortgages and other notes payable			
تَ	22	Other liabilities (describe			
•					
	23	Total liabilities (add lines 17 through 22)	2,300.	2,300.	
		Foundations that follow SFAS 117, check here	^		
		and complete lines 24 through 26, and lines 30 and 31.			
9	24	Unrestricted	5,286,781.	3,760,194.	
Net Assets or Fund Balances	25	Temporarily restricted	`		
Bal	26	Permanently restricted			
pu		Foundations that do not follow SFAS 117, check here		•	
Ē		and complete lines 27 through 31.	' i		
ō	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ą	29	Retained earnings, accumulated income, endowment, or other funds			
žet	30	Total net assets or fund balances	5,286,781.	3,760,194.	
_			1	-	
_	31	Total liabilities and net assets/tund balances	5,289,081.	3,762,494.	有一种的一种。
ΓP	art	Analysis of Changes in Net Assets or Fund Ba	alances		
=				- T	<u></u>
1		net assets or fund balances at beginning of year - Part II, column (a), line	30		E 006 701
		st agree with end-of-year figure reported on prior year's return)	• •	1	5,286,781.
		r amount from Part I, line 27a		. 2	<1,526,587.>
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	•	. 4	3,760,194.
-		eases not included in line 2 (itemize)		5	,0.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	3,760,194.
			•		Form 990-PF /(2017)

20-3323391

Form 990-PF (2017) COMMUNITY HEALTH SYSTEMS FOUNDATION

[Part IV] Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			I, b	How a - Purc - Don			acquired lay, yr.)	(d) Date sold (mo., day, yr.)		
1a										
b NO	ONE									
<u>c</u>					L.					
<u>d</u>					┞					
<u>e</u>					Ц,					
(e) Gross sales price	(1)	epreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus	
8	_				_					
<u>b</u>	<u> </u>									
<u> </u>	<u> </u>									
<u>d</u>										
e		alvers (h) and average has	ha farradatra a	10/01/00						·
Complete only for assets show	7	` '							Col. (h) gain not less thai	
(i) FMV as of 12/31/69	(1	i) Adjusted basis as of 12/31/69		ccess of col. (i)					(from col. (
<u>a</u>	ļ									
<u>b</u>	ļ									
<u>c</u>										
<u>d</u>	ļ									
<u>e</u>	l									
2 Capital gain net income or (net o	capital loss)	If gain, also enter If (loss), enter -0-			}	2				
3 Net short-term capital gain or (lo	oss) as defir	ied in sections 1222(5) an	d (6):							
If gain, also enter in Part I, line 8			- (-)-		J					
If (loss), enter -0- in Part I, line Part V Qualification	8				$oldsymbol{L}$	3		-		
If section 4940(d)(2) applies, leave Was the foundation liable for the se If "Yes," the foundation doesn't qual 1 Enter the appropriate amount in	ction 4942 t lify under se	ax on the distributable am ction 4940(e). Do not com	plete this part							Yes X No
(a) Base period years	1	(b)			(c)			Т		(d)
Base periód years Calendar year (or tax year beginr	nina in)	Adjusted qualifying dist	tributions	Net value of no			use assets			oùtion ratio rided by col. (c))
2016	<u>.</u>	63	9,893.		5	.40	5,513		1 7-6-	.118378
2015			6,655.				7,019			.123495
2014			1,760.				0,047			.072961
2013		38	7,925.		7	,21	0,393	•		.053801
2012			5,168.		7	,55	6,847	•		.037736
				•						
2 Total of line 1, column (d)								2		.406371
3 Average distribution ratio for the	5-year base	period - divide the total of	on line 2 by 5.0	O, or by the numbe	er of y	ears/				
the foundation has been in exist	ence if less t	han 5 years						3		.081274
4 Enter the net value of noncharita	ible-use ass	ets for 2017 from Part X, I	ine 5					4		<u>4,531,177.</u>
5 Multiply line 4 by line 3								5		<u>368,267.</u>
6 Enter 1% of net investment inco	me (1% of F	art I, line 27b)						6		0.
		•								
7 Add lines 5 and 6							-	7		368,267.
	6	4								1 526 507
8 Enter qualifying distributions fro	=							8		<u>1,526,587.</u>
If line 8 is equal to or greater that See the Part VI instructions.	an line 7, che	eck the box in Part VI, line	1b, and comp	olete that part using	g a 1	% tax r	ate.			

Form	990-PF (2017) COMMUNITY HEALTH SYSTEMS FOUNDATION	<u> 20-</u>	<u>33233</u>	91	Page 4
Pã	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	<u> 48 -</u>	see ins	truction	s)
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		是要能力	NEW SHEET	经验
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		No.		
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			0.
_	of Part I, line 27b	MAC	WEST TO	设在数据的	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2	20 50 30 30 70 20	STORES WIND	0.
2	Add lines 1 and 2	3			0.
A	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			0.
-	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0.
9	Credits/Payments:	200 m	建始起源原	S. A. S.	34.55 Ta
0	· · · · · · · · · · · · · · · · · · ·				
				克泽泽	
	,				
			West Control	NATION OF THE PARTY	人
_	Total credits and payments. Add lines 6a through 6d	7	 		0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	 		0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	-		0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax	11			
_	rt_VII-A Statements Regarding Activities		18	2	T 8.1 -
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	3	Yes	
	any political campaign?			<u>1a</u>	X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	tion	_	1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or "		1		
	distributed by the foundation in connection with the activities.		15		
C	Did the foundation file Form 1120-POL for this year?		Ĺ	1c	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		200	Se lie	
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ 0.				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		5		
	managers. ► \$ · O •		1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		L	2	X
	If "Yes," attach a detailed description of the activities.		37 46		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	1	T	经证明	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		L	3	_X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. L	4a	X
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A _	4b	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	X
	If "Yes," attach the statement required by General Instruction T		<u> </u>	《 图》	が開発
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		19		100
	By language in the governing instrument, or		-53. ₁ .	海	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	2		清潔
	remain in the governing instrument?		[*	6 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			7 X	
•	, , , , , , , , , , , , , , , , , , ,		35	WE SEE	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.		3		
	TN			经间歇 2	建銅
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			翻腳	
	of each state as required by General Instruction G? If "No," attach explanation		l ^s	8b X	700 TAZO.
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ıdar	ş.		建 顿
3	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	. 44	[9	X
10	Did any persons become substantial contributors during the tax year? If Yes, attach a schedule listing ther names and addresses		-	10	X
-10	יום מווץ אינוסווס טפטוווים טשטיםותומו כטווויושעטוס משוווישן עווכ עבא אָכמו י וו 'Yes,' attach a schedule listing ther names and addresses		Form	990-PF	
			1 01111		(-01/)

	artivities (continued)			
	/	整理	Yes	No
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		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		_ ·	<u> </u>
٠.	If "Yes," attach statement. See instructions SEE STATEMENT 1 SEE STATEMENT 2	12	X	
44	,	13	X	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		
	Website address ► N/A	· - 7	000	
14	The books are in care of ► COMMUNITY HEALTH SYSTEMS Telephone no. ► 615-46		000	
	Located at ► 4000 MERIDIAN BOULEVARD, FRANKLIN, TN ZIP+4 ►3	7067		
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	N	/ <u>A</u>	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	-
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	THE STATE OF		
	foreign country	1	學都是	經經
P	art: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.	500	Yes	No
1:	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			7.72
	a disqualified person?	1		克斯特
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	李		
	(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)? Yes X No		部建	
	· · · · · · · · · · · · · · · · · · ·		新装	
	(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.)	10%		
ŀ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			172.72
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . N/A	1b	hame and and	
	Organizations relying on a current notice regarding disaster assistance, check here		1	
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	200	整	更認
	before the first day of the tax year beginning in 2017?	16		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	经验		野鹭
	defined in section 4942(j)(3) or 4942(j)(5)):		基準	
8	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017? Yes X No		器	繆記
	If "Yes," list the years			
ŧ	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			類
	statement - see instructions.) N/A	2b	1.5	
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
30	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			對達
98	during the year?			影響
	of "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	85765	T. S.	
Ľ	· · · · · · · · · · · · · · · · · · ·	328 H	经	
	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			影響
	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,	35.0%	- S. 1745	於聖祖
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	9900 F4	X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		E SE	
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
	· \	rm 99 0	-PF	/ウロイブ\

Form 990-PF (2017) COMMUNITY HEALTH SYSTEMS			20-33233	91	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)	·	
Part VII-B: Statements Regarding Activities for Which For During the year, did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance? See instru Organizations relying on a current notice regarding disaster assistance, check h c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant? 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 pa personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a per of "Yes" to 6b, file Form 8870.	4945(e))? to carry on, directly or indirectly or electrons or educational purposes, or followed the exceptions described in ctions erectly on the tax because it maintain Notational Programmer or indirectly or in	Your Your	es X No es X No es X No es X No N/A N/A N/A N/A N/A N/A	Yes 5b	No X
7a At any time during the tax year, was the foundation a party to a prohibited tax si	haltar transaction?		es 🗓 No		
h If "Yes," did the foundation receive any proceeds or have any net income attributed the foundation of the foundation receive any proceeds or have any net income attributed the foundation of		14	· 	<u>7</u> b	School 9
Part VIII Information About Officers, Directors, Truste		agers, Highly	-12.44		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and th	eir 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) Exp account allowa	, other
SEE STATEMENT 3		0.	0.		0.
			·		
Compensation of five highest-paid employees (other than those incl	uded on line 1). If none	pater "NONE "			
	(b) Title, and average	MONE.	(d) Contributions to	(e) Exp	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deterred compensation	account allowa	, other
NONE					
		,			
,					
		`			
		<u> </u>			
Total number of other employees paid over \$50,000			_ _		0

Form 990-PF (2017) COMMUNITY HEALTH SYSTEMS FOUNDAT		323391 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ition Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
HOND	 	
		
		
		
		
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part X-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	etical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/A		
2		
3		
<u> </u>		
4		
Part X-B Summary of Program-Related Investments	\	
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 N/A		
2		
1		
All other program-related investments. See instructions.		
3		
		•
Total. Add lines 1 through 3		0.

Form **990-PF** (2017)

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations, se	ee instructions.)
1 Fa	air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	verage monthly fair market value of securities	1a	0.
	verage of monthly cash balances	1b	4,600,180.
	air market value of all other assets	1c	
d To	otal (add lines 1a, b, and c)	1d	4,600,180.
	eduction claimed for blockage or other factors reported on lines 1a and		
10	c (attach detailed explanation)	0.	
2 A	equisition indebtedness applicable to line 1 assets	2	0.
3 S	ubtract line 2 from line 1d	3	4,600,180.
4 C	ash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	69,003.
5 N	et value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,531,177.
6 M	inimum investment return. Enter 5% of line 5	6	226,559.
Par	t XI§: Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations, check here and do not complete this part.)	ns and certain	
1 M	inimum investment return from Part X, line 6	11	226,559.
	ax on investment income for 2017 from Part VI, line 5	477	
	come tax for 2017. (This does not include the tax from Part VI.)		
	dd lines 2a and 2b	2¢	0.
	istributable amount before adjustments. Subtract line 2c from line 1	3	226,559.
-	ecoveries of amounts treated as qualifying distributions	4	0.
	dd lines 3 and 4	5	226,559.
_	eduction from distributable amount (see instructions)	6	0.
	istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	226,559.
Par	Qualifying Distributions (see instructions)	I sport than I	
	mounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	The state of the s	1 526 507
	openses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,526,587.
	rogram-related investments - total from Part IX-B	16	<u> </u>
	mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	mounts set aside for specific charitable projects that satisfy the:	1	
	uitability test (prior IRS approval required)	3a	
	ash distribution test (attach the required schedule)	3b	1,526,587.
	ualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,340,307.
	oundations that qualify under section 4940(e) for the reduced rate of tax on net investment		0.
	come. Enter 1% of Part I, line 27b	6	1,526,587.
	djusted qualifying distributions. Subtract line 5 from line 4		
N	ote: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the founda 4940(e) reduction of tax in those years.	uon quannes für t	IIC 2CCIOII

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

,	- (a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				226,559.
2 Undistributed income, if any, as of the end of 2017				3000000000000000000000000000000000000
a_Enter amount for 2016 only		这种是可以对于	· 0.	
b Total for prior years:				
, ,, ,		0.	和建設是於	
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
e From 2014 125,952.				
d From 2015 450,304.				
e From 2016 369,617.	945,873.			
f Total of lines 3a through e	943,0/3.	THE STREET STREET STREET		
4 Qualifying distributions for 2017 from Part XII, line 4: ►\$ 1,526,587.				
			0.	
a Applied to 2016, but not more than line 2a b Applied to undistributed income of prior	CONTRACTOR OF THE PROPERTY OF	大学 全年的政治是一個學者不可以不可以不過一個學行	AND THE PROPERTY OF	PROPERTY OF THE PARTY OF THE PA
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	b b a married and -arrang careeb conference			
(Election required - see instructions)	0.	全部,这个部分的		
d Applied to 2017 distributable amount			MENTED TO THE	226,559.
e Remaining amount distributed out of corpus	1,300,028.		TOWNS THE PROPERTY OF THE PARTY	
5 Excess distributions carryover applied to 2017	0.	网络斯拉斯斯斯		· 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	2,245,901.			
b Prior years' undistributed income. Subtract				医性感觉性
line 4b from line 2b		0.		
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				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	のかは という ないない できる
e Undistributed income for 2016. Subtract line			0.	
4a from line 2a. Taxable amount - see instr. f Undistributed income for 2017. Subtract		に対する。 には、 には、 には、 には、 には、 には、 には、 には、		of the property affects of the transfer to property and
lines 4d and 5 from line 1. This amount must				,
be distributed in 2018				, 0.
7 Amounts treated as distributions out of	Control Street Transaction and Control of the			
corpus to satisfy requirements imposed by	,			
section 170(b)(1)(F) or 4942(g)(3) (Election	,			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	•			
not applied on line 5 or line 7	0.			
9. Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	2,245,901.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014 125, 952.				
e Excess from 2015 450,304.				
d Excess from 2016 369,617.				
e Excess from 2017 1,300,028.			20% 10% 10% 10% 10% 10% 10% 10% 10% 10% 1	经验证证据

	TY HEALTH S				23391 Page 1
Part XIV Private Operating F	oundations (see ins	structions and Part VI	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2017, enter the date of t	he ruling	▶		<u> </u>
b Check box to indicate whether the found	iation is a private operatin	g foundation described i	n section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years]
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a				,4	
c Qualifying distributions from Part XII,			/		
line 4 for each year listed					
d Amounts included in line 2c not	:		/	1	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.			Y		
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		/			
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)		/	 -		
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed		/	_	<u> </u>	<u> </u>
c "Support" alternative test - enter:	l /			· · · · ·	
 Total support other than gross investment income (interest, 	/				
dividends, rents, payments on	/				
securities loans (section	/				i
512(a)(5)), or royalties)	/	****			
(2) Support from general public and 5 or more exempt	/				
organizations as provided in section 4942(j)(3)(B)(iii)	/				
(3) Largest amount of support from					
an exempt organization	/				
(4) Gross investment income	<u> </u>				
Part XV Supplementary Info	rmation (Complet	e this part only i	f the foundation	had \$5,000 or mo	re in assets
at any time during the					
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	-	han 2% of the total cont	ributions received by th	e foundation before the clos	e of any tax
year (but only if they have contributed in	nore than \$5,000). (See se	ection 507(d)(2).)			,
NONE					
b List any managers of the foundation who	o own 10% or more of the	stock of a corporation (or an equally large port	tion of the ownership of a pa	rtnership or
other entity) of which the foundation has	s a 10% or greater interes	L		•	
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here $ ightharpoonup oxed{X}$ if the foundation o					ests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	tions under other condit	ons, complete items 2a	ı, b, c, and d.	
a The name, address, and telephone numb	ber or email address of the	e person to whom applic	ations should be addre	ssed:	
N/A					
b The form in which applications should b	e submitted and informat	on and materials they sl	ioniq lucinge;		
N/A					
c Any submission deadlines; N/A					-
d Any restrictions or limitations on awards	s such as by gengraphica	l areas charitable fields	kinds of institutions of	other factors:	
			Milling of Highringings in	טנווטו ופטנטוס.	

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Form **990-PF** (2017)

Form 990-PF (2017) COMMUNITY HEAD	TH SYSTEM	AS FOUNDATION	ON	20-	3323391 Page 12
Part XVI-A Analysis of Income-Prod	ucing Activitie	es	_		
Enter gross amounts unless otherwise indicated.		business income		ad by section 512, 513, or 514	(e)
	(a) Business	(b)	Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a N/A	_		\vdash		
b	_		╁─┼	· -	
c	-		+		
d	- 		\vdash		
e			+		 -
	-		┼─┼		
g Fees and contracts from government agencies	 		+		
2 Membership dues and assessments			╁┷┼		
3 Interest on savings and temporary cash investments	1 1				
4 Dividends and interest from securities			+		
5 Net rental income or (loss) from real estate:				- 3 To , 1 1/2 , 9 ,	* * 10 (25, 10)
a Debt-financed property	 	<u>-</u>		***	
b Not debt-financed property	· -	 			
6 Net rental income or (loss) from personal					
property			1 1		}
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			1	•	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_	·			
b	_	<u> </u>			
c,	_				
ď			↓		
e	_		1		
12 Subtotal. Add columns (b), (d), and (e)	1.20	0.		0.	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 the Accom	plishment of Exe	empt F	Purposes	
Li- No Fundam halam ham anah asturut far mitrah m		and the second s		ted importantly to the secon	nalishment of
Line No. Explain below how each activity for which in the foundation's exempt purposes (other that			CONTRIBU	ted importantly to the accon	iplishment of
N/A	an by providing rands	, tor oddir purpossey.		· — <u>-</u>	
					
					
	·				
			_		
					
I					

7) COMMUNITY HEALTH SYSTEMS FOUNDATION 20-3323391 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Form 990-PF (2017) Part XVII | II

1 Did the o	rganization directly or indi	rectly engage in any	of the following	ig with any other organizati	on described in sec	tion 501(c)		Yes	No
(other tha	an section 501(c)(3) organ	nizations) or in sectio	n 527, relating	g to political organizations?			,	- 1	' " '
a Transfers	from the reporting found	ation to a noncharita	ble exempt or	ganization of:			. t. . .	· , , , ,	٠
(1) Cash	1						1a(1)		X
(2) Othe	r assets						1a(2)		X
b Other train	nsactions;							: ج المست عقدياً.	
(1) Sale:	s of assets to a noncharita	ble exempt organiza	tion				1b(1)		_X
(2) Purc	hases of assets from a no	ncharitable exempt o	rganization				1b(2)		X
(3) Rent	al of facilities, equipment,	or other assets					1b(3)		X
(4) Reim	nbursement arrangements	-	•				1b(4)		X
(5) Loar	ns or Ioan guarantees						1b(5)		X
(6) Perfo	ormance of services or me	mbership or fundrai	sıng solıcıtatıo	ns .		•	1b(6)		X
c Sharing o	of facilities, equipment, ma	uling lists, other asse	ets, or paid em	ployees			1c_		X
d If the ans	wer to any of the above is	"Yes," complete the	following sche	dule. Column (b) should al	lways show the fair	market value of the g	joods, other ass	ets,	
or service	es given by the reporting fo	oundation. If the fou	ndation receive	ed less than fair market valu	ue in any transaction	n or sharing arrangen	nent, show in		
column (d) the value of the goods,	other assets, or serv	ices received.						
(a) Line no	(b) Amount involved	(c) Name o		e exempt organization	(d) Description	on of transfers, transaction	ns, and sharing arr	ingemen	ts
			N/A			·			
		<u> </u>					. <u>-</u>		
	·								
					_				
									·
2a Is the fou	indation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
ın section	501(c) (other than section	n 501(c)(3)) or in se	ction 527?				Yes	X] No
b If "Yes," c	omplete the following schi	edule.							
	(a) Name of org	ganization		(b) Type of organization	`	(c) Description of re	lationship		
	N/A								
					I	-			
1				accompanying schedules and st	•		May the IRS o	iscuss th	nis
Sign L	eller, it is true, correct, and com	piete. Declaration of pre	parer (outer tran	taxpayer) is based on all informa	L		return with the shown below	prepare See ins	r tr
Here	K. Clair I	ich I		11/12/18	> SVP of	Lorp Tax	X Yes		No
Sig	nature of officer or trustee			Date	Trtle				
	Print/Type preparer's na	ime	Preparer's si	gnature	Date	Check if	PTIN		
				1110		self- employed			
Paid	FRANCIS J.	BEDARD	Lynn	o Medard	11/5/2018		P00752	<u>42</u> 1	
Preparer	Firm's name ► DEL	OITTE TAX	LLP	V		Firm's EIN ▶ 8			
Use Only						1			
	Firm's address ▶ 10	33 DEMONB	REUN S'	TREET, SUITE	400				
		SHVILLE,				Phone no. 615	5-259-1	800	
	-							DE	

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 12 STATEMENT 1
QUALIFYING DISTRIBUTION STATEMENT

EXPLANATION

THE COMMUNITY HEALTH SYSTEMS FOUNDATION TREATED DISTRIBUTIONS TO A DONOR ADVISED FUND AS QUALIFIED DISTRIBUTIONS DURING TAX YEAR 2017.

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 12 SECTION 170(C)(2)(B) STATEMENT

STATEMENT 2

EXPLANATION

THE FUNDS DISTRIBUTED OUT OF THE DONOR ADVISED FUNDS WILL BE USED FOR CHARITABLE PURPOSES AS DESCRIBED IN SECTION 170(C)(2)(B).

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DIRECTORS FOUNDATION MANAGERS		STATEMENT 3	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
WAYNE T. SMITH	CHAIRMAN OF THE	BOARD/CEO 0.	0.	0.
MARTIN G. SCHWEINHART	PRESIDENT 1.00	0.	0.	0.
BEN C. FORDHAM	SENIOR VICE PRE	SIDENT & AS		TARY 0.
EDWARD W. LOMICKA	VICE PRESIDENT 8	& TREASURER	0.	0.
KEVIN J. HAMMONS	SENIOR VICE PRES	SIDENT 0.	0.	0.
CHRISTOPHER G. COBB	SECRETARY 1.00	0.	0.	0.
THOMAS J. AARON	SENIOR VICE PRES	SIDENT 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.