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.

			social security numbers on irs.gov/Form990PF for inst				ZU 19
		ndar year 2019 or tax year beginning			ending	THE LANGE	Open to Public Inspection
Nar	ne of	f foundation				A Employer identification	number
_		·	<u></u>				
		MUNITY HEALTH SYSTEMS F			T	20-3323391	
		and street (or P O box number if mail is not delivered to street a	address)		Room/suite	B Telephone number	
		0 MERIDIAN BOULEVARD	voctal code			615-465-70	
		own, state or province, country, and ZIP or foreign p NKLIN , TN 37067	iostal code			C If exemption application is po	ending, check here
		call that apply: Initial return	Initial return of a f	ormer public	charity	D 1. Foreign organizations	, check here
		Final return	Amended return	,	•		
		Address change	Name change	·		Foreign organizations me check here and attach co	eting the 85% test, mputation
H_C	_	type of organization: X Section 501(c)(3) e:			04	E If private foundation sta	
, <u>L</u>			Other taxable private found			under section 507(b)(1)	(A), check here
		arket value of all assets at end of year J Account Part II, col. (c), line 16)	ing method: Cash ` ther (specify)	' X Acc	rual	F If the foundation is in a	
•	•\$	2,377,928. (Part I, colu		sis.)		under section 507(b)(1)	(B), check here
	irtil	Analysis of Revenue and Expenses	(a) Revenue and		nvestment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books		ome	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			建筑 化全体	N/A	
	2	Check X if the foundation is not required to attach Sch. 8			Martin IV.		ESTABLE TAR
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
		Gross rents	526 -7. 00/38885-1	3840 T. 1	7.88Ch. 1	2 4 4 5 5 5 5 5 5 6 6 6 6 6 6 7 6 7 6 6 6 6 6	
	l _	Net rental income or (loss)		2005 - 1 S	336230 3363241.562	THE ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS AND ANALYSIS ANALYSIS ANALYSIS ANALYSIS ANALYSIS	THE CONTRACTOR AND A
22 a		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					
202	7	assets on line 6a Capital gain net income (from Part IV, line 2)		\$385 -4-504 NO	0.	7	
က နှ	8	Net short-term capital gain	2011 A 10 10 10 10 10 10 10 10 10 10 10 10 10	A Company		1, 5,40	March Carloster
0	9	Income modifications		T. Control			
NA N	10a	Gross sales less returns and allowances	阿斯尔马子马维罗5057 次		24.87.安全	翻作 工程 通 证公约	Walter Committee Control
→	b	Less Cost of goods sold	と、不識的な主に被	際的公司	A.整个了公	がは、お客様などに観	
<u> </u>	C	Gross profit or (loss)					
Ž	11			ļ		ļ	
SCANNED -	12	Total, Add lines 1 through 11	0.		0.		MILES - 1988 15 15 15 15 15 15 15 15 15 15 15 15 15
3	13	Compensation of officers, directors, trustees, etc	<u> </u>		<u> </u>		0.
S)	14 15	Other employee salaries and wages Pension plans, employee benefits		.			
g		Legal fees					
Sus	ь.	Accounting fees			= 7		
Expense	c	Other professional fees	MECE	VCD			
Š	17	Interest	7-		280	k i	
rati		Taxes	12 NOV 1 8	- 2020			,
Minist	19	Depreciation and depletion	<u> </u>	- 2020	33	·	
d iii	1	Occupancy	L CODE]=		
⋖	21	Travel, conferences, and meetings	UGDE	N. UI	materials.		
a and	22	Printing and publications					
ti Di	23	Other expenses Total operating and administrative					
peratin	[~	expenses. Add lines 13 through 23	0.		0.		0.
ő	25		503,927.	2 1 Sec. 11			503,927.
,	i	Total expenses and disbursements.	,			The same of the first of	
	L	Add lines 24 and 25	503,927.		0.		503,927.
	27				(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		The special section of
•	a	Excess of revenue over expenses and disbursements	<503,927.>	200 (A)		#* 2014/200 = 100	
	ı	Net investment income (if negative, enter -0-)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	300000 N NOT 0 7	0.		
	l c	Adjusted net income (if negative, enter -0-)	1988年(全てのため、西郷野の名)。ここでか	150000083-7-12	1967 Sept. 1967	N/A	13086477 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

Total net assets or fund balances at beginning of year - Part II, column (a), line 29		
(must agree with end-of-year figure reported on prior year's return)		2,879,555.
Enter amount from Part I, line 27a	2	<503,927.>
Other increases not included in line 2 (itemize)	3	0.
Add lines 1, 2, and 3	4	2,375,628.
Decreases not included in line 2 (itemize)	5	0.
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	2,375,628.
	(must agree with end-of-year figure reported on prior year's return) Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize)	(must agree with end-of-year figure reported on prior year's return) 1 Enter amount from Part I, line 27a 2 Other increases not included in line 2 (itemize) 3 Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize) 5

) of property sold (for exar or common stock, 200 shs		te,	լ_թ} 	How at - Purc - Don	nase i		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a				·						
b NO:	NE									
<u>c</u>				<u>.</u>	ـــــ					
<u>d</u>				·						
e			_		<u> </u>					
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis expense of sale			· · · · · · · · · · · · · · · · · · ·	(h) G ((e) plus	ain or (loss s (f) minus) (g))
					-					
<u>b</u>					-					
<u>c</u>										
e										
Complete only for assets showing	o gain in o	column (h) and owned by t	he foundation	on 12/31/69.	$\neg \neg$		//\	Gains /C	Col. (h) gain	minus
(i) FMV as of 12/31/69		j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (I)				(k), but i	not less tha (from col. (n -0-) or
9				(,,,						
<u>a</u> b	 .				_					
c										
d					\neg					
e				-		•				
Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0	in Part I, line - in Part I, line	7 7	}	2				
Net short-term capital gain or (los	ss) as defi	ned in sections 1222(5) an	d (6):							
If gain, also enter in Part I, line 8,			. , -		1					
If (loss), enter -0- in Part I, line 8 Part V Qualification U	- d C	ection 4940(e) for	D	N-A		3				
if section 4940(d)(2) applies, leave th Was the foundation liable for the sect If "Yes," the foundation doesn't qualif	tion 4942	tax on the distributable am		•	ıod?					Yes X No
1 Enter the appropriate amount in					ntries.					,
(a) Base period years Calendar year (or tax year beginnii	ng in)	(b) Adjusted qualifying dist	tributions	Net value of no	(c) inchar		use assets		Distrit (col. (b) div	(d) oution ratio rided by col. (c))
2018		88	0,569.		3	,11	2,536.		· · · · · · · · · · · · · · · · · · ·	.282910
2017		1,52	6,587.		4	, 53	1,177.	.]		.336907
2016			9,893.		5	<u>,40</u>	5,513.			.118378
_2015			<u>6,655.</u>				7,019.			.123495
2014	<u>_</u>	49	1,760.		6	<u>,74</u>	<u>0,047</u> .	4		.072961
2 Total of line 1, column (d)								2		.934651
3 Average distribution ratio for the	5-year bas	e period - divide the total o	on line 2 by 5.0), or by the numb	er of y	ears/				
the foundation has been in exister	nce if less	than 5 years		•	•			3		.186930
4 Enter the net value of noncharitab	le-use ass	ets for 2019 from Part X, I	ine 5					4		2,526,577.
5 Multiply line 4 by line 3								5		472,293.
5 Enter 1% of net investment incom	ie (1% of l	Part I, line 27b)						6		0.
7 Add lines 5 and 6								7		472,293.
. B Enter qualifying distributions from	n Part XII,	line 4						8		503,927.
If line 8 is equal to or greater than See the Part VI instructions.	i line 7, ch	eck the box in Part VI, line	1b, and comp	lete that part usin	g a 19	% tax r	ate.			

_	at VIII Evolge Toy Deced on Investment Income /Continue 4	NDATION	0/6\ 4040/6\ 4/	140			
1a	rt VI Excise Tax Based on Investment Income (Section 4			#4 ඊ - [(885 년 8년	see instru	ction	S)
	Exempt operating foundations described in section 4940(d)(2), check here	nd enter "N/A" o	n line 1.				
	Date of ruling or determination letter: (attach copy of letter i			· 10			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	1	And America		0.		
	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	r 4% of Part I, I	ine 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	y; others, enter ·	-0-)	2			<u> </u>
3	Add lines 1 and 2			3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations on	ly; others, enter	-0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5			0.
6	Credits/Payments:					7	<i>}</i> *\
8	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0.				77 (j. l.)
b	Exempt foreign organizations - tax withheld at source	6b	0.				rijar 📗
C	Tax paid with application for extension of time to file (Form 8868)	6c	0.	207		,,,	1.5
đ	Backup withholding erroneously withheld	64	0.	200	19 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ئىن
7	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 overpa	id	. •	10			
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax		Refunded >	11			
∦Pa	rt,VII-A Statements Regarding Activities	-					
1a	During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did	l it participate or intervene	ın		Yes	No
	any political campaign?				1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political pa	urposes? See th	e instructions for the defin	ition	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop				· · · · · · · · · · · · · · · · · · ·	4 7 4	- 4
	distributed by the foundation in connection with the activities.	-	•			. `	
C	Did the foundation file Form 1120-POL for this year?						X
d					` 1c	1	Ι Δ.
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year:			10	, ,	
_	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during (1) On the foundation. > \$ 0 • (2) On foundation mana		Ó.		1 <u>0</u>	1	
е	(1) On the foundation. \$ (2) On foundation mana	gers. 🕨 💲		•	. *	,	A
е		gers. 🕨 💲			16		•
	(1) On the foundation. \$\Bigsless \textbf{0.} \text{(2) On foundation mana}\$ Enter the reimbursement (if any) paid by the foundation during the year for political exp managers. \$\Bigsless \textbf{0.}\$	gers. > \$ enditure tax imp			16		X
	(1) On the foundation. \$\bigs\\$ 0. (2) On foundation mana Enter the reimbursement (if any) paid by the foundation during the year for political exp	gers. > \$ enditure tax imp			, 3 , 2 , 3 , 4 , 7 , 7 , 7		, , , , , ,
2	(1) On the foundation. \$\(\) \(\) \(\) \(\) \(\) \(\) On foundation mana Enter the reimbursement (if any) paid by the foundation during the year for political exp managers. \$\(\) \(\	gers. > \$enditure tax imp	oosed on foundation		, 3 , 2 , 3 , 4 , 7 , 7 , 7		, , , , , ,
2	(1) On the foundation. \$\(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) On foundation mana Enter the reimbursement (if any) paid by the foundation during the year for political exp managers. \$\(\) \(\	gers. > \$enditure tax imp	oosed on foundation		2		X
2	(1) On the foundation. \$\(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) On foundation manalester the reimbursement (if any) paid by the foundation during the year for political expendangers. \$\(\) \(\	gers. > \$enditure tax imp the IRS?	oosed on foundation		2		X
2 3 4a	(1) On the foundation. \$\(\) \(\)	gers. > \$enditure tax imp the IRS?	oosed on foundation		2 3 4a		X
2 3 4a b	(1) On the foundation. \$\(\) \(\)	gers. \(\simeger \) \\$enditure tax implies the IRS? Ing instrument, year?	oosed on foundation		2 3 4a 4b		X X X
2 3 4a b	(1) On the foundation. \$\(\) \(\)	gers. \(\simeger \) \\$enditure tax implies the IRS? Ing instrument, year?	oosed on foundation		2 3 4a		X
2 3 4a b 5	(1) On the foundation. \$\(\) \(\)	gers. \(\bigs \\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	oosed on foundation		2 3 4a 4b		X X X
2 3 4a b 5	(1) On the foundation. \$\(\) \(\)	gers. \(\bigs \\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	oosed on foundation		2 3 4a 4b	のない。	X X X
2 3 4a b 5	(1) On the foundation. \$\(\) \(\)	gers. > \$enditure tax implementax implements? Ing instrument, year? ear? ed either:	oosed on foundation	N	2 3 4a 4b		X X X
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2 3 4a b 5 6	Enter the reimbursement (if any) paid by the foundation during the year for political exp managers. \$\int 0.\$ That the foundation engaged in any activities that have not previously been reported to the fif "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its govern bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. Did the foundation have unrelated business gross income of \$1,000 or more during the If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the y If "Yes," attach the statement required by *General Instruction T** Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mand remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," or "Yes," or "I was a section of the section have at least \$5,000 in assets at any time during the year? If "Yes," or "Yes," or "I was a section have at least \$5,000 in assets at any time during the year? If "Yes," or "I was a section section that the foundation have at least \$5,000 in assets at any time during the year? If "Yes," or "I was a section	gers. > \$enditure tax implementax implements. sometimes are implementation in the i	articles of incorporation, or	N	2 3 4a 4b 5	X	X X X
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2 3 4a b 5 6	Enter the reimbursement (if any) paid by the foundation during the year for political exp managers. \$\instruction \textbf{\$0.}\$ That the foundation engaged in any activities that have not previously been reported to the If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its govern bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. Did the foundation have unrelated business gross income of \$1,000 or more during the If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the y If "Yes," attach the statement required by *General Instruction T** Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mand remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," content the states to which the foundation reports or with which it is registered. See instruction TN.	gers. > \$enditure tax implementation in the IRS? Ing instrument, year? ear? ed either: atory directions omplete Part II,	articles of incorporation, or that conflict with the state	N	2 3 4a 4b 5	X	X X X
2 3 4a b 5 6	Enter the reimbursement (if any) paid by the foundation during the year for political exp managers. \$\int 0.\$ That the foundation engaged in any activities that have not previously been reported to the If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its govern bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. Did the foundation have unrelated business gross income of \$1,000 or more during the If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the y If "Yes," attach the statement required by *General Instruction T** Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies. By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mand remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," controlled the states to which the foundation reports or with which it is registered. See instrument TN If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the states.	gers. > \$enditure tax implementation in the IRS? Ing instrument, year? ear? ed either: atory directions omplete Part II,	articles of incorporation, or that conflict with the state	N	2 3 4a 4b 5	X	X X X
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2 3 4a b 5 6	Enter the reimbursement (if any) paid by the foundation during the year for political exp managers. **D** **D** **D** **D** **D** **D** **Has the foundation engaged in any activities that have not previously been reported to the If "Yes," attach a detailed description of the activities. **Has the foundation made any changes, not previously reported to the IRS, in its govern bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. Did the foundation have unrelated business gross income of \$1,000 or more during the If "Yes," has it filed a tax return on Form 990-T for this year? **Was there a liquidation, termination, dissolution, or substantial contraction during the yif "Yes," attach the statement required by **General Instruction T** **Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied* **By language in the governing instrument, or* **By state legislation that effectively amends the governing instrument so that no mand remain in the governing instrument?* **Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," concentration that the foundation reports or with which it is registered. See instruction in the states to which the foundation reports or with which it is registered. See instruction in the state as required by **General Instruction G?** If "No," attach explanation is the foundation claiming status as a private operating foundation within the meaning of the foundation claiming status as a private operating foundation within the meaning of the foundation claiming status as a private operating foundation within the meaning of the foundation claiming status as a private operating foundation within the meaning of the foundation within	gers. \(\bigs \\$ enditure tax imp the IRS? ing instrument, year? ear? ed either: atory directions omplete Part II, uctions. \(\bigs \) the Attorney Gen	that conflict with the state col. (c), and Part XV	N law	2 3 4a 4b 5	X	X X X
2 3 4a b 5 6	Enter the reimbursement (if any) paid by the foundation during the year for political exp managers. \$\int 0.\$ That the foundation engaged in any activities that have not previously been reported to the If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its govern bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. Did the foundation have unrelated business gross income of \$1,000 or more during the If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the y If "Yes," attach the statement required by *General Instruction T** Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies. By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mand remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," or the foundation have at least \$5,000 in assets at any time during the year? If "Yes," or the foundation have at least \$5,000 in assets at any time during the year? If "Yes," or the foundation have at least \$5,000 in assets at any time during the year? If "Yes," or the foundation have at least \$5,000 in assets at any time during the year? If "Yes," or the foundation furnished a copy of Form 990-PF to the foundation state as required by *General Instruction G?* If "No," attach explanation.	gers. \$enditure tax implementax implements? sing instrument, year? ear? ed either: atory directions omplete Part II, uctions. \$ he Attorney Gen of section 4942(complete Part X	that conflict with the state col. (c), and Part XV eral (or designate)	N law	2 3 4a 4b 5	X	X X X

	Continued)	Term -		
			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		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		. ,	
	If "Yes," attach statement. See instructions SEE STATEMENT 1 SEE STATEMENT 2	12	X	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
44	Website address ► N/A The books are in care of ► COMMUNITY HEALTH SYSTEMS Telephone no. ► 615-46	5-71	100	 -
14	Located at \$\int 4000 MERIDIAN BOULEVARD, FRANKLIN, TN ZIP+4 \$\int 37		700	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	007		\Box
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	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	6.5	\$5\$\$\$	5.379
	foreign country			
Pa	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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			CS.
	(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)			
	a disqualified person?			37
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		(%) %	`^}_
	(5) Transfer any income or assets to a disqualified person (or make any of either available		8	. 1
	for the benefit or use of a disqualified person)? (C) Assest a property of property of property of the proper		۰ _۱ ۰ ۱	1
	(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.) Yes X No			2.4
	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1	: 24 : 43
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		7. S	46×34
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			.3. J
	before the first day of the tax year beginning in 2019?	1c	********	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1982	, , ,	
	defined in section 4942(j)(3) or 4942(j)(5)):			' ']
8	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines		[고]	<u>,</u> , .]
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years >			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b	77- 190	<u>,, 3</u>
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	* 1		
٠.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		£ 5.8°	`, _{\$} }
38	during the year? Wes X No		<i>.</i>	1.23
,	of the year? If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after		7 15 Is	33
	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		88	
	of holdings acquired by gift or bequest or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	1.7		
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b	· · · · · · · · · · · · · · · · · · ·	234-7525-3
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	$\neg \dagger$	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	PACKET NAME OF		3.1
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		m 990	-PF	(2019)

Part VII-B Statements Regarding Activities for Which F	FOUNDATION		20-33233	91 Page 6
	orm 4720 May Be R	equired (contin	ued)	_
5a During the year, did the foundation pay or incur any amount to:			\$	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Y	es 🗶 No 🦓	
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire	ectly,		
any voter registration drive?		Y	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No 🚶	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? See instructions		Y	es 🗶 No 🖟	
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational purposes, or f			
the prevention of cruelty to children or animals?			es 🗶 No 🥈	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i			
section 53.4945 or in a current notice regarding disaster assistance? See instr	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance, check				8 L. 5 \$ 500
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned		
expenditure responsibility for the grant?			es 🗀 No 🛭	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	_	.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav nremilime on		, in the second	
a personal benefit contract?	pay promiums on		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a page 1.	perconal henefit contract?	*'	-	6b X
If "Yes" to 6b, file Form 8870.	ici sonai Deneni Contracti			後に 本意
7a At any time during the tax year, was the foundation a party to a prohibited tax.	chalter transaction?		es X No	
b 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		T		
• • • • • • • • • • • • • • • • • • • •		,	14/ ty	7b
8 is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or		্তি	
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trusto	Son Foundation Mon		es X No	*(* .] . · [.] 9°28
Part VIII Information About Officers, Directors, Trustor Paid Employees, and Contractors	ees, roundation Mar	lagers, nignly		
List all officers, directors, trustees, and foundation managers and to	heir compensation	<u> </u>		
List all officers, directors, dustees, and foundation managers and o		(c) Compensation	(d) Contributions to	(a) Eypansa
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	
			compensation	allowances
	-		Compensation	allowances
CEE CMAMENTA 2				
SEE STATEMENT 3	,	0.	O.	0.
		0.		
\		0.		
		0.		
\		0.		
\		0.		
\		0.		
\		0.		
\		0.		
a				
\	luded on line 1). If none, (0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, (b) Title, and average	enter "NONE."	(d) Contributions to employee benefit plans	(e) Expense
a	luded on line 1). If none, (0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other

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

Form 990-PF (2019) COMMUNITY HEALTH SYSTEMS FOUNDATIO	N 20-	3323391 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
7 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
	Landan and an all a	-
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produced		Expenses
1 N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	······································	†
2		
]
3		
		<u> </u>
4		
		1
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	s 1 and 2	Amount
1 N/A		71110011
		1
2		
All other program-related investments. See instructions.		
3	 	
<u></u>		
		1
		
Total, Add lines 1 through 3		0.

Part X Minimum Investment Return (All domestic foundations must complete this part	t. Foreign foundations, s	ee instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	<u>0.</u> 2,565,053.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	2,565,053.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	,
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	2,565,053.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	38,476.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,526,577.
6 Minimum investment return. Enter 5% of line 5	6	126,329.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	foundations and certain	
foreign organizations, check here 🕨 🔃 and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	126,329.
2a Tax on investment income for 2019 from Part VI, line 5		
b Income tax for 2019. (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	126,329.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	126,329.
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	126,329.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	503,927.
b Program-related investments - total from Part IX-B	16	<u>, 0.</u>
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:	<u> </u>	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	503,927.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	503,927.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether to 4940(e) reduction of tax in those years.	the foundation qualifies for	the section

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				126 220
line 7				126,329.
2 Undistributed income, if any, as of the end of 2019			0.	
a Enter amount for 2018 only b Total for prior years:		 .	<u></u>	
g rotation prior years.		0.		
3 Excess distributions carryover, if any, to 2019:		,		
a From 2014 125, 952.				
b From 2015 450,304.				
c From 2016 369, 61.7.	u.		•	
d From 2017 1,300,028.	apidimoidiji moograpa ta ta ta ma tumora t	1 1	ការបញ្ជាក់ ការប សេ	1 1
e From 2018 724, 942.				
f Total of lines 3a through e	2,970,843.			
4 Qualifying distributions for 2019 from	2,570,045.			
Part XII, line 4. ► \$ 503, 927.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior			· ·	
years (Election required - see instructions)		0.		
c I reated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount	•			126,329.
e Remaining amount distributed out of corpus	377,598.			120,327.
5 Excess distributions carryover applied to 2019 (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	0.			0.
indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,348,441.			
b Prior years' undistributed income. Subtract				
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.		
e Undistributed income for 2018. Subtract line	· · · · · · · · · · · · · · · · · · ·			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of		mpollumannuliikeeluliilillilliminek ee oo caaraan muliin	minorial minimum or a construction of the contract of the cont	
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 2014				
not applied on line 5 or line 7	125,952.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	3,222,489.			
10 Analysis of line 9:				
a Excess from 2015 450,304.				
b Excess from 2016 369,617.				
c Excess from 2017 1,300,028.				
d Excess from 2018 724, 942.				
e Excess from 2019 377, 598.				
923581 12-17-19				Form 990-PF (2019)

		TY HEALTH S			20-332	23391 Page 1
Pa	rt XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a	If the foundation has received a ruling of	or determination letter that	t it is a private operating			
	foundation, and the ruling is effective for	or 2019, enter the date of t	the ruling	▶		
Ь	Check box to indicate whether the found	d <u>ation is a private operatii</u>	ng foundation described i	n section	4942(j)(3) or 494	42(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		/
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for					
	each year listed					
Ь	85% of line 2a	-				
C	Qualifying distributions from Part XII,					
	line 4, for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct of		,		<i>/</i>	
	exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the		,			
a	alternative test relied upon: "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					
C	"Support" alternative test - enter:					
	(1) Total support other than gross					
	investment income (interest,	/	<i>Y</i>			
	dividends, rents, payments on securities loans (section					
	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	1				
P a	rtiXV Supplementary Info	rmation (Comple	te this part only it	f the foundation	had \$5,000 or more	in assets
	at any time during t	he year-see instr	uctions.)			
1	Information Regarding Foundation	n Managers:				
8	List any managers of the foundation wh	io have contributed more	than 2% of the total contr	ibutions received by the	foundation before the close	of any tax
	year (but only if they have contributed r			-		-
NO	NE					
b	List any managers of the foundation wh			or an equally large portion	on of the ownership of a par	tnership or
	other entity) of which the foundation ha	s a 10% or greater interes	st			
NO	NE					
2	Information Regarding Contributi	ion, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		,
	Check here ► X if the foundation of	only makes contributions	to preselected charitable o	organizations and does r	not accept unsolicited reques	sts for funds. If
	the foundation makes gifts, grants, etc.,	, to individuals or organiza	ations under other conditi	ons, complete items 2a,	b, c, and d.	
a	The name, address, and telephone num	ber or email address of th	e person to whom applica	ations should be address	sed:	
N/I	A.					
	The form in which applications should b	e submitted and informat	tion and materials they sh	ould include:		
N/I	<u> </u>				<u> </u>	
	Any submission deadlines:					_
N/Z	<u> </u>					<u> </u>
	Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or e	other factors:	
N/I	A					

Total

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

Enter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, on 514	(e)		
-	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt		
1 Program service revenue:	code	Alliount	code	Amount	function income		
a N/A							
b		,		,			
C							
d							
e							
1							
g Fees and contracts from government agencies							
2 Membership dues and assessments		· · · · · · · · · · · · · · · · · · ·	-				
·		<u> </u>	-	<u> </u>			
3 Interest on savings and temporary cash							
investments		.,	<u> </u>				
4 Dividends and interest from securities							
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal					" -		
property							
7 Other investment income			l				
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:				<u> </u>			
å			_	·			
b							
c					· · · · · · · · · · · · · · · · · · ·		
d		···	<u> </u>				
e			<u> </u>				
12 Subtotal. Add columns (b), (d), and (e)		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 Acco	mplishment of Exe	mpt	Purposes			
Line No. Explain below how each activity for which incom	e is reported	un column (a) of Part XVI-A	contrib	uited importantly to the accom	onlichment of		
the foundation's exempt purposes (other than by			COMMI	oteo importantiy to the accom	thusument of		
N/A	providing id-				<u> </u>		
							
				 			
-		·					
		 -					
		· · · · · · · · · · · · · · · · · · ·			•		
				 			
							
			-				
							

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Forn	1990-PF (2019) COMMUNITY	HEALTH	SYSTEMS	FOUNDATION	20-332	<u> 23391</u>
Pa	rt XVII	Information Regardir	g Transfer	s to and Tra	nsactions and Relation	onships With Nonchar	ritable
		Exempt Organization	s				
1	Did the organ	zation directly or indirectly eng	age in any of the	following with an	y other organization described	in section 501(c)	Y
	(other than se	ction 501(c)(3) organizations)	or in section 52	7, relating to politic	cal organizations?	`	
	T				-6		

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)]	Yes	No
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		_X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		Х
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	15(4)		_X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
	Sharing of facilities, equipment, mailing lists, other assets, or haid employees	10		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	
	. <u></u>		<u> </u>
			
	-,		
+			

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?

	37	
es .	x .	N

b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A

Sign Here	and be	penalties of perjury, I declare that I have examined this lief, it is true, correct, and complete Disclaration of produce the proficer or trustee		ion of which preparer has any knowledge	May the IRS discuss this return with the preparer shown below? See instruction X Yes No
Paid		Print/Type preparer's name FRANCIS J. BEDARD	Preparer's signature Tunes School	Date Check If self- employed	PTIN P00752421
Prepa Use (Firm's name DELOITTE TAX	LLP	Firm's EIN ► 8	6-1065772
		Firm's address ► 1033 DEMONE NASHVILLE,	REUN STREET, SUITE TN 37203		5-259-1800

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

EXPLANATION

THE FOUNDATION TREATED DISTRIBUTIONS TO A DONOR ADVISED FUND AS QUALIFIED DISTRIBUTIONS DURING TAX YEAR 2019.

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, DI FOUNDATION MANAG	RECTORS	STAT	EMENT 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.
MARTIN G. SCHWEINHART	PRESIDENT 1.00	0.	0.	0.
BEN C. FORDHAM	SENIOR VICE PRE	SIDENT & AS		0.
EDWARD W. LOMICKA	VICE PRESIDENT	& TREASUREI 0.		0.
KEVIN J. HAMMONS	SENIOR VICE PRE 1.00	SIDENT 0.	0.	0.
CHRISTOPHER G. COBB	SECRETARY 1.00	0.	0.	0.
THOMAS J. AARON	SENIOR VICE PRE	SIDENT 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

COMMUNITY HEALTH SYSTEMS FOUNDATION

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PART XV: SUPPLEMENTARY INFORMATION

Statement 4

Grants and Contributions Paid During the Year or Approved for Future Payment

Line 3a. Paid during the year

NAME	ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
16WAYS FOUNDATION	18766 BRIGHTON DRIVE, MACOMB, MI 48042	PC	MATCHING GRANT OR GIFT	200
ALIVE HOSPICE	1718 PATTERSON STREET, NASHVILLE, TN 37203	PC	MATCHING GRANT OR GIFT	250
ASSUMPTION DANCE TEAM	2170 TYLER LANE, LOUISVILLE, KY 4020S	PC	MATCHING GRANT OR GIFT	1,000
AUBURN UNIVERSITY FOUNDATION	317 SOUTH COLLEGE STREET, AUBURN, AL 36849- 5170	PC	MATCHING GRANT OR GIFT	100,000
BATTLE GROUND ACADEMY	150 FRANKLIN ROAD, FRANKLIN, TN 37064	PC	MATCHING GRANT OR GIFT	200
BRENTWOOD ACADEMY	219 GRANNY WHITE PIKE, BRENTWOOD, TN 37027	PC	MATCHING GRANT OR GIFT	200
BRIGHTSTONE, INC	140 SOUTHEAST PARKWAY COURT, FRANKLIN, TN 37064	ЪС	MATCHING GRANT OR GIFT	1,000
CENTRAL METHODIST UNIVERSITY	411 CENTRAL METHODIST SQUARE, ADV & ALUMNI RELATIONS, FAYETTE, MO 65248-1198	PC	MATCHING GRANT OR GIFT	400
CHS CARES FUND OF COMMUNITY FOUNDATION OF MIDDLE TN	3833 CLEGHORN AVENUE, NASHVILLE, TN 37215- 2519	PC	MATCHING GRANT OR GIFT	1,102
COMMUNITY FOUNDATION OF MIDDLE TN - STEADFAST FUND	3833 CLEGHORN AVENUE, NASHVILLE, TN 37215	PC	MATCHING GRANT OR GIFT	2,000
COMMUNITY FOUNDATION OF MIDDLE TN - T MARK & DENA COBB BUFORD FUND	3833 CLEGHORN AVENUE, NASHVILLE, TN 37215	PC	MATCHING GRANT OR GIFT	20,000
COMMUNITY FOUNDATION OF MIDDLE TN - THE HINGTGEN FAMILY CHARITABLE FUND	3833 CLEGHORN AVENUE, NASHVILLE, TN 37215	PC	MATCHING GRANT OR GIFT	25,000
COMMUNITY FOUNDATION OF MIDDLE TN - THE KEVIN & DARLA HAMMONS CHARITABLE FUND	3833 CLEGHORN AVENUE, NASHVILLE, TN 37215	PC	MATCHING GRANT OR GIFT	25,000
COMMUNITY FOUNDATION OF MIDDLE TN - THE MICHAEL & KELLY LYND FAMILY FUND	3833 CLEGHORN AVENUE, NASHVILLE, TN 37215	PC	MATCHING GRANT OR GIFT	25,000
COMMUNITY FOUNDATION OF MIDDLE TN - THE RON & DIANE SHAFER CHARITABLE FUND	3833 CLEGHORN AVENUE, NASHVILLE, TN 37215	PC	MATCHING GRANT OR GIFT	25,000
COMMUNITY FOUNDATION OF MIDDLE TN - THE WILLIS FAMILY ADVISED FUND	3833 CLEGHORN AVENUE, NASHVILLE, TN 37215	PC	MATCHING GRANT OR GIFT	25,000

COMMUNITY HEALTH SYSTEMS FOUNDATION

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PART XV: SUPPLEMENTARY INFORMATION

Statement 4

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Line 3a. Paid during the year

NAME	ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CUMBERLAND UNIVERSITY	1 CUMBERLAND SQUARE, LEBANON, TN 37087-3408	PC	MATCHING GRANT OR GIFT	2,500
DREXEL UNIVERSITY	3141 CHESTNUT STREET, PHILADELPHIA, PA 19104	PC	MATCHING GRANT OR GIFT	12,500
FIDELITY CHARITABLE - PHYLLIS A & HARVEY KELIN CHARITABLE FUND	P O. BOX 770001 CINCINNATI, OH 45277-0053	PC	MATCHING GRANT OR GIFT	25,000
FRANKLIN & MARSHALL COLLEGE	P O BOX 3003, LANCASTER, PA 17604-3003	PC	MATCHING GRANT OR GIFT	2,500
FRIENDS OF MILL RIDGE PARK	P O BOX 676, ANTIOCH, TN 37011	PC	MATCHING GRANT OR GIFT	10,000
GILDA'S CLUB OF LOUISVILLE	633 BAXTER AVENUE, LOUISVILLE, KY 40204	PC	MATCHING GRANT OR GIFT	10,000
GOODWILL INDUSTRIES OF MIDDLE TN, INC	1015 HERMAN STREET, NASHVILLE, TN 37208	PC	MATCHING GRANT OR GIFT	200
HEALING HOUSING	P O BOX 2385, BRENTWOOD, TN 37024	PC	MATCHING GRANT OR GIFT	300
нібн нореs	301 HIGH HOPES COURT, FRANKLIN, TN 37064	PC	MATCHING GRANT OR GIFT	200
LAFAYETTE COLLEGE	307 MARKLE HALL, EASTON, PA 18042	PC	MATCHING GRANT OR GIFT	2,500
LEGAL AID SOCIETY OF MIDDLE TENNESSEE	1321 MURFREESBORO PIKE, NASHVILLE, TN 37217	PC	MATCHING GRANT OR GIFT	1,000
MIDDLE TENNESSEE COUNCIL BOY SCOUTS OF AMERICA	3414 HILLSBORO PIKE, NASHVILLE, TN 37215	PC	MATCHING GRANT OR GIFT	7,850
NASHVILLE LAUNCH PAD	444 EZELL PIKE, NASHVILLE, TN 37217	PC	MATCHING GRANT OR GIFT	1,000
NATIONAL MS SOCIETY MID-SOUTH CHAPTER	214 OVERLOOK CIRCLE, SUITE 153, BRENTWOOD, TN 37027	PC	MATCHING GRANT OR GIFT	1,300
NATIONAL MUSEUM OF AFRICAN AMERICAN MUSIC	211 7TH AVENUE N, NASHVILLE, TN 37219	PC	MATCHING GRANT OR GIFT	25,000
NATIONAL PHILANTHROPIC TRUST	165 TOWNSHIP LINE ROAD, JENKINTOWN, PA 19046	PC	MATCHING GRANT OR GIFT	25,000

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COMMUNITY HEALTH SYSTEMS FOUNDATION

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PART XV: SUPPLEMENTARY INFORMATION

Statement 4

Grants and Contributions Paid During the Year or Approved for Future Payment

Line 3a. Paid during the year

OPEN TABLE OF NASHVILLE, INC. SAFE HAVEN FAMILY SHELTER SAINT LOUIS ZOO SECOND HARVEST FOOD BANK SECOND HARVEST FOOD BANK SOUTHEASTERN GUIDE DOGS, INC THE AARON FAMILY FUND ST. FRANCIS PREPATORY SCHOOL TENNESSEE BAPTIST CHILDREN'S HOMES, INC. P. O. BOX 2206, BRE	P O BOX 110266, NASHVILLE, TN 37222 1234 3RD AVENUE SOUTH, NASHVILLE, TN 37210			
	D AVENUE SOUTH, NASHVILLE, TN 37210	7	MATCHING GRANT OR GIFT	005'99
		PC	MATCHING GRANT OR GIFT	12,325
	ONE GOVERNMENT DRIVE, ST LOUIS, MO 63110	PC	MATCHING GRANT OR GIFT	1,000
	331 GREAT CIRCLE ROAD, NASHVILLE, TN 37228	PC	MATCHING GRANT OR GIFT	5,000
HOMES, INC	4210 77TH STREET EAST, PALMETTO, FL 34221	PC	MATCHING GRANT OR GIFT	1,000
	6100 FRANCIS LEWIS BOULEVARD, FRESH MEADOWS, NY 11365	PC	MATCHING GRANT OR GIFT	10,000
	P O BOX 2206, BRENTWOOD, TN 37027	PC	MATCHING GRANT OR GIFT	200
THE SHIPLEY SCHOOL	814 YARROW STREET, BRYN MAWR, PA 19010	PC	MATCHING GRANT OR GIFT	2,500
UNITED WAY OF NASHVILLE TOCQUEVILLE SOCIETY	250 VENTURE CIRCLE, NASHVILLE, TN 37228	PC	MATCHING GRANT OR GIFT	10,000
STÜRGILL PHILANT UNIVERSITY OF KENTUCKY 40506-0015	STURGILL PHILANTHROPY BUILDING, LEXINGTON, KY 40506-0015	PC	MATCHING GRANT OR GIFT	, 250
VANGUARD CHARITABLE - THE TOM & JULIE AARON COMMUNITY FUND P.O. BOX 9509, WA	P.O. BOX 9509, WARWICK, RI 02889-9509	PC	MATCHING GRANT OR GIFT	14,400
WASHINGTON UNIVERSITY COUIS, MO 63130	CAMPUS BOX 1082, ONE BROOKINGS DRIVE, ST LOUIS, MO 63130	DG.	MATCHING GRANT OR GIFT	250
BROOKWOOD CEN WAVES, INC	BROOKWOOD CENTER/LIFT TABLE FUND, 145 SOUTHEAST PKWY, FRANKLIN, TN 37064	PC	MATCHING GRANT OR GIFT	200

TOTAL 3a.

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COMMUNITY HEALTH SYSTEMS FOUNDATION

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PART XV: SUPPLEMENTARY INFORMATION

Statement 4

Grants and Contributions Pald During the Year or Approved for Future Payment

Line 3b. Approved for future payment

NONE