

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2009</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>01/01/2009</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>01/01/2009</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CHS/COMMUNITY HEALTH SYSTEMS, INC</u> <u>4000 MERIDIAN BLVD</u> <u>PO BOX 689020</u> <u>FRANKLIN, TN 37067-6325</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>76-0137985</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>615-465-3431</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>76-0137985</u>	2c Plan Sponsor's telephone number <u>615-465-3431</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>76-0137985</u>					
2c Plan Sponsor's telephone number <u>615-465-3431</u>					
2d Business code (see instructions) <u>622000</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	JAMES DOUCETTE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	JAMES DOUCETTE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor RETIREMENT COMMITTEE OF CHS/COMMUNITY HEALTH SYSTEMS, INC. 4000 MERIDIAN BLVD FRANKLIN, TN 37067-6325	3b Administrator's EIN 76-0137985 3c Administrator's telephone number 615-465-3431
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 96210
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 83267
a(2) Total number of active participants at the end of the plan year	6a(2) 81512
b Retired or separated participants receiving benefits	6b 10
c Other retired or separated participants entitled to future benefits.....	6c 10350
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 91872
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 48
f Total. Add lines 6d and 6e	6f 91920
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 63821
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 870
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 6 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 CHS/COMMUNITY HEALTH SYSTEMS, INC	D Employer Identification Number (EIN) 76-0137985

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

PRUDENTIAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	GA 62425	91920	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **.23%**

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	118728
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 CHS/COMMUNITY HEALTH SYSTEMS, INC	D Employer Identification Number (EIN) 76-0137985

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	GA 8-8853	91920	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ .25%**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	118360
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 CHS/COMMUNITY HEALTH SYSTEMS, INC	D Employer Identification Number (EIN) 76-0137985

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

VOYA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	60217	91920	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end.....	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **.15%**

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year.....	7b	
c Additions: (1) Contributions deposited during the year.....	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	90738
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 CHS/COMMUNITY HEALTH SYSTEMS, INC	D Employer Identification Number (EIN) 76-0137985

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

MONUMENTAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0419790	66281	MDA-01102TR	91920	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ .25%**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	120560
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 CHS/COMMUNITY HEALTH SYSTEMS, INC	D Employer Identification Number (EIN) 76-0137985

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	32986	91920	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)** 5000000(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 48048(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 5048048**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 5048048**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 5048048

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004	
C Plan sponsor's name as shown on line 2a of Form 5500 CHS/COMMUNITY HEALTH SYSTEMS, INC	D Employer Identification Number (EIN) 76-0137985	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	--

1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	805027	91920	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	262602207

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHS/COMMUNITY HEALTH SYSTEMS, INC</u>	D Employer Identification Number (EIN) <u>76-0137985</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	1643606	Yes ☒ No ☐	Yes ☒ No ☐	204203	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

CHS/COMMUNITY HEALTH SYSTEMS

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 64	ACCOUNTANT	0	Yes ☒ No ☐	Yes ☐ No ☒	7820	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

LPL FINANCIAL - RPCP

04-3046611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 64	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	400405	Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	204203
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	CONTRACT ADMINISTRATOR	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHS/COMMUNITY HEALTH SYSTEMS	10 64	7820
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	ACCOUNTING	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL - RPCP	27 64	400405
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHS/COMMUNITY HEALTH SYSTEMS, INC</u>	D Employer Identification Number (EIN) <u>76-0137985</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&P 500 INDEX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>88661783</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-028</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28226934</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP S&P 400 IDX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-023</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>106192528</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP GROWTH I SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-070</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39520962</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RET TARGET 2010 SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-140</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62342680</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RET TARGET 2015 SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-141</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>203594361</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB INSTL FIX INC CR PLUS</u>				
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB BANK</u>				
c EIN-PN <u>81-0625170-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>95417769</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: RET TARGET 2020 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-142	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	385096609
a Name of MTIA, CCT, PSA, or 103-12 IE: RET TARGET 2025 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-143	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	347159258
a Name of MTIA, CCT, PSA, or 103-12 IE: RET TARGET 2030 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-144	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	280953331
a Name of MTIA, CCT, PSA, or 103-12 IE: RET TARGET 2035 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-145	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	221446374
a Name of MTIA, CCT, PSA, or 103-12 IE: RET TARGET 2040 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-146	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	166410367
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN AST GBL STRAT INC R3			
b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY			
c EIN-PN 74-2008758-152	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	74385112
a Name of MTIA, CCT, PSA, or 103-12 IE: RET TARGET 2045 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-147	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	102669491
a Name of MTIA, CCT, PSA, or 103-12 IE: RET TARGET 2050 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-148	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	61507898
a Name of MTIA, CCT, PSA, or 103-12 IE: RET TARGET 2055 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-149	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11289927
a Name of MTIA, CCT, PSA, or 103-12 IE: RET TARGET 2060 SEP ACCT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-150	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1000059

a Name of MTIA, CCT, PSA, or 103-12 IE: RET STRATEGIC INC SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-139	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19195145
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRU TRUST CO COLLECTIVE TRUST**b** Name of sponsor of entity listed in (a): PRUDENTIAL

c EIN-PN 22-1211670-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66852885
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN</u>		B Three-digit plan number (PN) ► <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHS/COMMUNITY HEALTH SYSTEMS, INC</u>		D Employer Identification Number (EIN) <u>76-0137985</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	898352	450278
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	88651136	78418023
(2) Participant contributions.....	1b(2)	6190306	6062486
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	18757111	17635757
(2) U.S. Government securities	1c(2)	56927568	39702897
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	131468253	115490999
(B) All other.....	1c(3)(B)	99821	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	73548347	78121662
(9) Value of interest in common/collective trusts	1c(9)	46379904	236655766
(10) Value of interest in pooled separate accounts	1c(10)	133066341	262602207
(11) Value of interest in master trust investment accounts	1c(11)	0	1862665500
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2290956917	337091746
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	5048048
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	35157844	44046060
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2882101900	3083991429

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2882101900	3083991429
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	78423169	
(B) Participants	2a(1)(B)	197211033	
(C) Others (including rollovers)	2a(1)(C)	59004511	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		334638713
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2736801	
(F) Other	2b(1)(F)	3108188	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5844989
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	10350327	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10350327
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4124207	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3428327	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		695880
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	11911806	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		11911806

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1834735
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		17143836
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		-3634424
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		117215201
c Other income.....	2c		547
d Total income. Add all income amounts in column (b) and enter total.....	2d		496001610

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	280937990	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	137081	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		281075071
f Corrective distributions (see instructions).....	2f		45031
g Certain deemed distributions of participant loans (see instructions).....	2g		685908
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	1645275	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1645275
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		283451285

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		212550325
l Transfers of assets:			
(1) To this plan.....	2l(1)		12576220
(2) From this plan.....	2l(2)		23237016

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **LPMC, PC**

(2) EIN: **62-1199757**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a	☒	☐	3771
4b	☐	☒	0

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	0
e Was this plan covered by a fidelity bond?	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CHS/COMMUNITY HEALTH SYSTEMS, INC. SPOKANE 401(K) PLAN	76-0137985	005
CHS/COMMUNITY HEALTH SYSTEMS, INC. STANDARD 401(K) PALN	76-0137985	006
CHS/COMMUNITY HEALTH SYSTEMS, INC. 401(K) PLAN	76-0137985	001
MAT-SU REGIONAL MEDICAL CENTER 401(K) PLAN	62-1762371	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN
-------------------------	-----------------------

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☐ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ROCKWOOD CLINIC 401(K) PLAN	91-1352993	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHS/COMMUNITY HEALTH SYSTEMS, INC</u>	D Employer Identification Number (EIN) <u>76-0137985</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**CHS/COMMUNITY HEALTH SYSTEMS, INC.
RETIREMENT SAVINGS PLAN**

Financial Statements and Supplemental Schedules

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN

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Independent Auditors' Report

The Plan Sponsor of and Participants in
CHS/Community Health Systems, Inc. Retirement Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of CHS/Community Health Systems, Inc. Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2014, the related statement of changes in net assets available for benefits for the year then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Principal Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the 2014 financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2014 financial statements. Accordingly, we do not express an opinion on the 2014 financial statements.

Other Matter – Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of December 31, 2014 and the schedule of delinquent participant contributions for the year ended December 31, 2014 are required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Other Matter – 2013 Financial Statements

The financial statements of the Plan as of and for the year ended December 31, 2013 were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee of the Plan. Their report, dated September 22, 2014, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL's Rules and Regulations 2014

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

LBMC, PC

Brentwood, Tennessee
October 9, 2015

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments at fair value - participant-directed investments	\$ <u>2,921,389,258</u>	\$ <u>2,713,712,111</u>
Receivables:		
Participant contributions	6,062,486	6,190,306
Employer matching contributions	78,418,023	88,651,136
Notes receivable from participants (including accrued interest of \$318,526 and \$273,736 at December 31, 2014 and 2013, respectively)	<u>78,121,662</u>	<u>73,548,347</u>
Total receivables	<u>162,602,171</u>	<u>168,389,789</u>
Net assets available for benefits, at fair value	3,083,991,429	2,882,101,900
Adjustment from fair value to contract value for fully benefit-responsive stable value fund	<u>(3,171,222)</u>	<u>(1,336,487)</u>
Net assets available for benefits	\$ <u>3,080,820,207</u>	\$ <u>2,880,765,413</u>

See accompanying notes to the financial statements.

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Changes to net assets attributed to:		
Net change resulting from investment activity:		
Net appreciation in fair value of investments	\$ 143,556,928	\$ 337,171,105
Dividend income	10,350,327	42,546,980
Interest income on stable value fund	2,883,565	2,660,138
Other income	<u>1,017</u>	<u>2,835</u>
Net change resulting from investment activity	<u>156,791,837</u>	<u>382,381,058</u>
Interest income on notes receivable from participants	<u>2,736,801</u>	<u>2,339,024</u>
Contributions:		
Employer	78,423,170	88,694,596
Participants	197,211,033	196,487,975
Rollovers	<u>59,004,510</u>	<u>20,893,506</u>
Total contributions	<u>334,638,713</u>	<u>306,076,077</u>
Transfers into plan	<u>12,576,220</u>	<u>3,934,795</u>
Total additions	<u>506,743,571</u>	<u>694,730,954</u>
Deductions from net assets attributed to:		
Benefits paid	281,806,487	262,547,743
Transfers out of plan	23,237,016	19,222,758
Administrative expenses	<u>1,645,274</u>	<u>1,081,449</u>
Total deductions	<u>306,688,777</u>	<u>282,851,950</u>
Net increase	200,054,794	411,879,004
Net assets available for benefits at beginning of year	<u>2,880,765,413</u>	<u>2,468,886,409</u>
Net assets available for benefits at end of year	<u>\$ 3,080,820,207</u>	<u>\$ 2,880,765,413</u>

See accompanying notes to the financial statements.

Notes to the Financial Statements

December 31, 2014 and 2013

(1) Description of plan

The following description of the CHS/Community Health Systems, Inc. Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. CHS/Community Health Systems, Inc. and Subsidiaries (the "Company"), a wholly-owned subsidiary of Community Health Systems, Inc. is the sponsor of the Plan ("Plan Sponsor").

(a) General

The Plan is a defined contribution plan and covers substantially all salaried employees of the Company who have six months of service and have attained age 21. Employees who are not eligible to participate in the Plan include leased employees and employees who are eligible to participate in the CHS 401(k) Plan or another retirement plan maintained by the Company that is intended to be qualified under Internal Revenue Code (the "Code") Section 401(a) that also provides for a cash-or-deferred arrangement or contains a qualified Roth contribution arrangement. The Retirement Committee of the Board of Directors of the Company (the "Administrator") controls and manages the operation and administration of the Plan. Principal Trust Company serves as the trustee of the Plan and holds, invests and administers the trust assets and contributions of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

When the Company acquires or divests of hospitals or other businesses, the employees of those entities either become eligible or are no longer eligible to participate in the Plan. Depending on the terms of the acquisition or divestiture, the Plan may accept participant rollovers (in the case of acquisitions) or distribute participant assets (in the case of divestitures).

(b) Contributions

Each year, participants may contribute up to 50% of compensation, not to exceed the maximum amount as determined by the Code. The Company may contribute a discretionary matching contribution equal to a uniform percentage of eligible employee contributions. The percentage is to be determined each year by the Company. Additional discretionary contributions may be contributed at the discretion of the Company. No additional discretionary contributions were made by the Company for the years ended December 31, 2014 and 2013.

(c) Participant accounts

Each participant's account is credited (charged) with the participant's contributions, allocations of Company contributions, investment earnings (losses) and administrative expenses. Allocations are based on participant compensation or account balances as defined in the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes to the Financial Statements

December 31, 2014 and 2013

(d) Investment options

Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions to the Plan are invested by the Trustee according to the participant's instruction in one or a combination of several fund options. Participants may change their investment elections or initiate transfers between funds by giving notice to the Trustee. The Plan currently offers a variety of mutual funds, separate accounts, pooled separate accounts, collective investment trusts and a stable value fund as investment options for participants. The common stock of Community Health Systems, Inc. ("CHS Common Stock") is not currently offered as an investment option by the Plan. Participants who currently hold the CHS Common Stock either elected it as an investment option in 2009 or contributed it from a predecessor plan and are able to hold it or sell it.

(e) Vesting

Participants are vested immediately in their participant contributions plus actual earnings thereon. Participants who commenced participation in the Plan prior to the January 1, 2012 restatement became vested in the Company contributions after two years of service. Participants who commence participation in the Plan on or after January 1, 2012 generally become 20% vested in the Company contributions after one year of service and an additional 20% for each year of service thereafter until fully vested after five years of service. Termination of participation in the Plan prior to the scheduled vesting period results in forfeiture of the unvested portion of the account balance.

(f) Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the vested balance in the participant's account and bear interest at fixed rates ranging from 3.25% to 10.50%, which was commensurate with local prevailing rates as determined by the plan administrator at the time the loan was taken. Principal and interest are collected ratably through payroll deductions.

(g) Payment of benefits

Distributions from the Plan are permitted upon a participant's death, disability or retirement. In addition, certain payments are permitted if a participant terminates employment for any other reason. On termination of service, if a participant's vested account balance exceeds \$5,000, the participant may generally elect to receive a single, lump-sum payment or installments over a period of time not to exceed the participant's assumed life expectancy. Account balances that do not exceed \$5,000 generally may only be distributed as a lump-sum payment. In-service withdrawals are available for a participant upon attainment of age 59½.

Notes to the Financial Statements

December 31, 2014 and 2013

(h) Forfeited accounts

Any portion of Plan forfeitures not allocated in the Plan year in which they are forfeited ("Forfeiture Year") may be allocated in the following Plan year to pay Plan expenses or to offset the Company contributions for the Forfeiture Year. At December 31, 2014 and 2013, forfeited non-vested accounts totaled \$1,359,243 and \$4,411,551, respectively. The forfeited non-vested accounts were applied against the Company contributions during the years ended December 31, 2014 and 2013, which were reduced by \$4,411,555 and \$4,512,283, respectively.

(i) Hardship withdrawals

The Plan permits distributions in the event of a hardship, as defined in the plan agreement. These distributions are taxable and subject to a tax penalty equal to 10% of the hardship distribution amount if the participant is younger than age 59½. Hardship withdrawals are limited to the participant's elective account balance. Participants are not eligible to make contributions to the Plan for six months after taking a hardship withdrawal.

(j) Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants, transaction expenses, and investment management services are charged directly to the participant's account and are included in administrative expenses. Fees incurred by the plan for recordkeeping are paid through a combination of direct payments and indirect payments which are included in net appreciation in fair value of investments, as they are partially paid through revenue sharing, rather than a direct payment from the Plan.

(k) Plan termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Notes to the Financial Statements

December 31, 2014 and 2013

(2) Summary of significant accounting policies(a) Recently issued accounting standards

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)*, ("ASU 2015-07"). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value practical expedient provided by Accounting Standards Codification Topic 820, *Fair Value Measurement* ("ASC 820"). Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 is effective for entities (other than public business entities) for fiscal years beginning after December 15, 2016, with retrospective application to all periods presented. Early application is permitted. Management is currently evaluating the impact on the financial statements of adopting this standard.

In July 2015, the FASB issued Accounting Standards Update 2015-12, *Plan Accounting: Defined Benefit Pension Plan (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient* ("ASU 2015-12"). ASU 2015-12 simplifies accounting for employee benefit plans as follows:

Part I

- fully benefit-responsive investment contracts to be measured, presented, and disclosed only at contract value and accordingly removes the requirement to reconcile their contract value to fair value,

Part II

- the requirement to disclose investments that represent five percent or more of net assets available for benefits has been eliminated,
- the net appreciation or depreciation in investments for the period should be presented in the aggregate, but are no longer required to be disaggregated and disclosed by general type,
- investments should be grouped by general type, eliminating the requirement to disaggregate by nature, characteristics, or risks,
- it eliminates the requirement to disclose the investment strategy for certain investments that are measured using net asset value per share using the practical expedient in the FASB ASC 820,

Notes to the Financial Statements

December 31, 2014 and 2013

Part III

- provides a practical expedient to permit employee benefit plans to measure investments and investment-related accounts as of the month-end that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with a month-end, while requiring certain additional disclosures.

The amendments in Parts I and II of this standard are effective retrospectively for fiscal years beginning after December 15, 2015 and early adoption is permitted. The amendments in Part III of this standard are effective prospectively for fiscal years beginning after December 15, 2015 and early adoption is permitted. Management is currently evaluating the impact on the financial statements of adopting this standard.

(b) Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment contracts held by a defined-contribution plan that includes benefit-responsive investment contracts are presented at fair value in the statement of net assets available for benefits and the amount representing the difference between fair value and contract value of these investments also is presented on the face of the statement of net assets available for benefits. The statement of changes in net assets available for benefits is prepared on a contract value basis.

(c) Investment valuation and income recognition

Investments of the Plan are stated at fair value or contract value as reported by the trustee. Quoted market prices are used to value the investments, if available. See Note 4.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

(d) Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document.

(e) Payment of benefits

Benefits are recorded when paid.

Notes to the Financial Statements

December 31, 2014 and 2013

(f) Transfers

The Company sponsors other defined contribution plans in which participants of this Plan may become eligible participants. Similarly, participants in the Company's other defined contribution plans may become eligible to participate in this Plan. In such situations, the employees' respective participant accounts are transferred to or from these other plans sponsored by the Company. These transactions are presented as transfers into or out of the Plan in the statements of changes in net assets available for benefits.

(g) Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(h) Events occurring after the reporting date

The Plan has evaluated events and transactions that occurred between December 31, 2014 and October 9, 2015, which is the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

(i) Reclassifications

Certain items in the 2013 financial statements have been reclassified to conform to the presentation in the 2014 financial statements. These reclassifications had no effect on net assets available for benefits, or changes therein, as previously reported.

(3) Summary of information certified by trustee

The following information was certified as complete and accurate by Principal Trust Company, as of and for the years ending December 31, 2014 and 2013.

	<u>2014</u>	<u>2013</u>
Participant-directed investments*	\$ <u>2,918,218,036</u>	\$ <u>2,712,375,624</u>
Notes receivable from participants	\$ <u>78,121,662</u>	\$ <u>73,548,347</u>
Net change resulting from investment activity	\$ <u>156,791,837</u>	\$ <u>382,381,058</u>
Interest on notes receivable from participants	\$ <u>2,736,801</u>	\$ <u>2,339,024</u>

*Participant-directed investments were certified at fair value, except for the CHS stable value fund, which was certified at contract value.

Notes to the Financial Statements

December 31, 2014 and 2013

(4) Fair value measurements

FASB ASC 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

- (i) *CHS Common Stock*: Valued on a per-share basis at the closing price reported on the NYSE on the last day of the Plan year.
- (ii) *Mutual funds*: Valued at the net asset value of shares held by the Plan at year end based on quoted market prices in an active market.
- (iii) *Separate accounts (Note 12)*: Valued at net asset value, which is based on the market value of the underlying investments held by the separate account at year end. The net asset value is not a publicly-quoted price in an active market. Each separate account provides for daily redemptions by the Plan at reported net asset values per share with no advance notice requirement.

Notes to the Financial Statements

December 31, 2014 and 2013

- (iv) *Pooled separate accounts:* Valued at net asset value, which is based on the market value of the underlying investments held by the pooled separate account at year end. The net asset value is not a publicly-quoted price in an active market. Each pooled separate account provides for daily redemptions by the Plan at reported net asset values per share with no advance notice requirement.
- (v) *Collective investment trusts:* The value of the Plan's interest in the collective investment trusts is based upon the current value of the net investment gain or loss relating to the units of participation held by the Plan. The collective investment trusts are redeemable daily and there are no restrictions on redemptions.
- (vi) *CHS stable value fund:* The CHS stable value fund (the "Fund") contains investment contracts which are fully benefit-responsive. The statements of net assets available for benefits present the investment contracts, including the underlying investments, at fair value less its liabilities, which is the net asset value of the contracts' underlying investments. The fair value of the investment contracts is based on the net asset value of its underlying investments, while contract value is the principal balance plus accrued interest. The statements of net assets available for benefits additionally include a line item showing an adjustment for fully benefit-responsive contracts from fair value to contract value. Activity of the Fund in the statements of changes in net assets available for benefits is presented on a contract value basis. The valuation methods for the Fund are:

Cash equivalents – Held primarily in short-term money market commingled funds, which are valued at cost plus accrued interest.

U. S. government securities – Valued by an independent third-party pricing service using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds – Valued by an independent third-party pricing service using pricing models maximizing the use of observable inputs for similar securities.

Common/collective trust – Valued at the net asset value of units of an insurance company collective trust. The net asset value is based on the fair market value of the underlying investments held by the fund less its liabilities. The net asset value is not a publicly-quoted price in an active market. They provide for daily redemptions by the Plan at reported net asset value per share with no advance notice requirement.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN

Notes to the Financial Statements

December 31, 2014 and 2013

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

Fair Value Measurements as of
December 31, 2014 using the following inputs

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
CHS Common Stock	\$ <u>44,046,060</u>	\$ <u>44,046,060</u>	\$ <u>-</u>	\$ <u>-</u>
Mutual funds:				
Domestic stock funds	220,973,531	220,973,531	-	-
International stock funds	116,068,485	116,068,485	-	-
Fixed income funds	<u>49,730</u>	<u>49,730</u>	<u>-</u>	<u>-</u>
Total mutual funds	<u>337,091,746</u>	<u>337,091,746</u>	<u>-</u>	<u>-</u>
Separate accounts - balanced funds	<u>1,862,665,499</u>	<u>-</u>	<u>1,862,665,499</u>	<u>-</u>
Pooled separate accounts - domestic stock funds	<u>262,602,207</u>	<u>-</u>	<u>262,602,207</u>	<u>-</u>
Collective investment trusts	<u>169,802,881</u>	<u>-</u>	<u>169,802,881</u>	<u>-</u>
Stable value fund	<u>245,180,865</u>	<u>18,086,035</u>	<u>227,094,830</u>	<u>-</u>
Total	<u>\$ 2,921,389,258</u>	<u>\$ 399,223,841</u>	<u>\$ 2,522,165,417</u>	<u>\$ -</u>

Fair Value Measurements as of
December 31, 2013 using the following inputs

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
CHS Common Stock	\$ <u>35,157,844</u>	\$ <u>35,157,844</u>	\$ <u>-</u>	\$ <u>-</u>
Mutual funds:				
Domestic stock funds	300,200,218	300,200,218	-	-
Balanced funds	1,708,865,555	1,708,865,555	-	-
International stock funds	119,683,881	119,683,881	-	-
Fixed income funds	<u>162,207,263</u>	<u>162,207,263</u>	<u>-</u>	<u>-</u>
Total mutual funds	<u>2,290,956,917</u>	<u>2,290,956,917</u>	<u>-</u>	<u>-</u>
Pooled separate accounts - domestic stock funds	<u>133,066,341</u>	<u>-</u>	<u>133,066,341</u>	<u>-</u>
Stable value fund	<u>254,531,009</u>	<u>19,655,463</u>	<u>234,875,546</u>	<u>-</u>
Total	<u>\$ 2,713,712,111</u>	<u>\$ 2,345,770,224</u>	<u>\$ 367,941,887</u>	<u>\$ -</u>

Notes to the Financial Statements

December 31, 2014 and 2013

(5) Investments and investment income

The fair value of investments that represent 5% or more of the Plan's net assets as of December 31, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
CHS Stable Value Fund	\$ <u>245,180,865</u>	\$ <u>254,531,009</u>
Principal Retirement Target 2015 Separate Account	\$ <u>203,594,361</u>	**
Principal Retirement Target 2020 Separate Account	\$ <u>385,096,609</u>	**
Principal Retirement Target 2025 Separate Account	\$ <u>347,159,258</u>	**
Principal Retirement Target 2030 Separate Account	\$ <u>280,953,331</u>	**
Principal Retirement Target 2035 Separate Account	\$ <u>221,446,374</u>	**
Principal Retirement Target 2040 Separate Account	\$ <u>166,410,367</u>	**
Principal LifeTime 2020 Inst Fund	**	\$ <u>357,781,358</u>
Principal LifeTime 2025 Inst Fund	**	\$ <u>314,661,386</u>
Principal LifeTime 2030 Inst Fund	**	\$ <u>251,693,157</u>
Principal LifeTime 2015 Inst Fund	**	\$ <u>211,215,695</u>
Principal LifeTime 2035 Inst Fund	**	\$ <u>194,168,155</u>

** Investment does not represent 5% or more of the Plan's net assets for the respective year.

During 2014 and 2013, the Plan's investments (including net gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2014</u>	<u>2013</u>
CHS Common Stock	\$ 12,607,945	\$ 8,908,103
Mutual funds	117,214,977	296,685,405
Separate accounts	(3,634,453)	-
Pooled separate accounts	17,143,836	31,577,597
Collective investment trusts	<u>224,623</u>	<u>-</u>
	\$ <u>143,556,928</u>	\$ <u>337,171,105</u>

(6) CHS stable value fund

The Fund is a stable value investment option to participants that seeks current income through investment in several synthetic guaranteed investment certificates ("GICs") which simulate the performance of guaranteed investment contracts through an issuer's guarantee of a specific interest rate (the "wrapper contract") and a portfolio of instruments that are owned by the Plan and which offer stability of principal.

Notes to the Financial Statements

December 31, 2014 and 2013

The beneficial interest of each participant is represented by units. Units may be issued daily based on the Fund's value. The synthetic GICs include underlying assets, or investment contracts, (consisting primarily of bonds, fixed income securities and interest-bearing cash) which are held in a trust owned by the Plan and utilize benefit-responsive wrapper contracts issued by Principal Life Insurance Company, State Street Bank and Trust Company, Monumental Life Insurance Company, Prudential Retirement and ING Life Insurance & Annuity Company in 2014 and 2013. The contracts generally provide that participants execute transactions at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals. The interest crediting rates of the Fund are reset monthly based on market rates of other similar investments, the current yield of the underlying investments and the spread between the market value and contract value. Certain events such as Plan termination or a Plan merger initiated by the Company may limit the ability of the Fund to transact at contract value or may allow for the termination of the wrapper contracts which may result in transacting at less than contract value. Plan management believes that the occurrence of events that would cause the Fund to transact at less than contract value is not probable.

The average yield of the Fund based on annualized earnings was approximately 1.48% and 1.39% for the years ended December 31, 2014 and 2013, respectively. The average yield credited to participants was 1.62% and 1.35% for the years ended December 31, 2014 and 2013, respectively.

(7) Income tax status

The Plan obtained a favorable determination letter on March 1, 2013, in which the Internal Revenue Service ("IRS") stated that the Plan was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and is, therefore, qualified and exempt from taxation.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

(8) Untimely remittance of participant contributions and loan repayments

The Plan Sponsor is required by DOL regulation to remit participant contributions and participant note repayments as soon as practicable, but by no later than the fifteenth business day following the end of the month in which the amounts were withheld from wages. During 2014, participant contributions of \$2,884 and participant note repayments of \$887 were not remitted timely.

Notes to the Financial Statements

December 31, 2014 and 2013

(9) Related party transactions

Mutual funds, separate accounts, pooled separate accounts and the stable value fund are managed by the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. The Plan also holds notes receivable from participants and CHS Common Stock which qualify as party-in-interest transactions. Administrative expenses of \$1,645,274 and \$1,081,449 in 2014 and 2013, respectively, were paid by the Plan to the trustee.

(10) Reconciliation of financial statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 3,080,820,207	\$ 2,880,765,413
Adjustment from fair value to contract value for fully benefit-responsive stable value fund	<u>3,171,222</u>	<u>1,336,487</u>
Net assets available for benefits per the Form 5500	<u>\$ 3,083,991,429</u>	<u>\$ 2,882,101,900</u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Change in net assets available for benefits per the financial statements	\$ 200,054,794	\$ 411,879,004
Change in adjustment from fair value to contract value for fully benefit-responsive stable value fund	1,834,735	(3,529,495)
Transfers into plan	(12,576,220)	(3,934,795)
Transfers out of plan	<u>23,237,016</u>	<u>19,222,758</u>
Change in net assets available for benefits per the Form 5500	<u>\$ 212,550,325</u>	<u>\$ 423,637,472</u>

Notes to the Financial Statements

December 31, 2014 and 2013

(11) Risks and uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

(12) Subsequent event

On January 1, 2015, the Company and Principal Trust Company executed a master trust agreement (the "Master Trust"). The Master Trust, which includes six participating plans of the Company, provides for pooling and commingling of assets, solely for investment purposes, and facilitates the investment of such assets on a diversified basis. The separate accounts (Note 4) with target date investment strategies, were specifically designed for the Trust and replaced the Principal Trust Company target date mutual funds. The separate accounts were offered as investment options to the participants in the Plan prior to the formation of the Master Trust.

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN

EIN 76-0137985, PLAN No. 004

Schedule H, Line 4i—

Schedule of Assets (Held at End of Year)

December 31, 2014

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>	
* Common stock of plan sponsor - Community Health Systems, Inc.	Common Stock	** \$	44,046,060	
Mutual funds:				
Allianz Global Investment Fund Mgmt	AllianzGI NFJ International Value R6 Fund	**	28,651,372	
Allianz Global Investment Fund Mgmt	AllianzGI NFJ Small Cap Value R6 Fund	**	28,653,527	
American Century Investment Mgmt	American Century Growth R6 Fund	**	103,872,275	
Capital Research and Mgmt Co	American Funds Europacific Growth R6 Fund	**	38,924,633	
Dimensional Fund Advisors	DFA Global Real Estate Securities I Fund	**	5,389,767	
Invesco	Invesco Diversified Dividend R6 Fund	**	88,447,729	
Oppenheimer Funds, Inc.	Oppenheimer Developing Markets Y Fund	**	22	
Oppenheimer Funds, Inc.	Oppenheimer Developing Markets I Fund	**	19,249,163	
Oppenheimer Funds, Inc.	Oppenheimer International Growth I Fund	**	23,853,528	
PIMCO	Pimco Total Return Admin Fund	**	49,730	
Total mutual funds			<u>337,091,746</u>	
Separate accounts:				
* Principal Management Corp	Retirement Strategic Income Separate Account	**	19,195,144	
* Principal Management Corp	Retirement Target 2010 Separate Account	**	62,342,680	
* Principal Management Corp	Retirement Target 2015 Separate Account	**	203,594,361	
* Principal Management Corp	Retirement Target 2020 Separate Account	**	385,096,609	
* Principal Management Corp	Retirement Target 2025 Separate Account	**	347,159,258	
* Principal Management Corp	Retirement Target 2030 Separate Account	**	280,953,331	
* Principal Management Corp	Retirement Target 2035 Separate Account	**	221,446,374	
* Principal Management Corp	Retirement Target 2040 Separate Account	**	166,410,367	
* Principal Management Corp	Retirement Target 2045 Separate Account	**	102,669,491	
* Principal Management Corp	Retirement Target 2050 Separate Account	**	61,507,898	
* Principal Management Corp	Retirement Target 2055 Separate Account	**	11,289,927	
* Principal Management Corp	Retirement Target 2060 Separate Account	**	1,000,059	
Total separate accounts			<u>1,862,665,499</u>	
Pooled separate accounts:				
* Principal Global Investors	Large Cap S&P 500 Index Separate Account	**	88,661,783	
Alliance Bern/CCI/Brown/Emerald	Small Cap Growth I Separate Account Z	**	39,520,962	
* Principal Global Investors	Mid Cap S&P 400 Index Separate Account	**	106,192,528	
* Principal Global Investors	Small Cap S&P 600 Index Separate Account	**	28,226,934	
Total pooled separate accounts			<u>262,602,207</u>	
Collective investment trusts -				
Schwab Funds	Institutional Fixed Income Core Plus Fund	**	95,417,769	
Western Asset Management Co	Global Strategic Income R3 Fund	**	74,385,112	
Total collective investment trusts			<u>169,802,881</u>	
* Morley Financial Services, Inc. - CHS Stable Value Fund:				
CASH	Non-interest bearing cash	**	450,278	
CASH	Interest bearing cash	**	17,635,757	
ABS - Auto Loans	AMOT 5 A2	**	588,827	
ABS - Auto Loans	ALLYL SN1 A4	**	210,220	
ABS - Auto Loans	ALLYL SN1 A3	**	109,832	
ABS - Auto Loans	ALLYA 1 A3	**	219,307	
ABS - Auto Loans	ALLYL SN2 A3	**	459,061	

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN

EIN 76-0137985, PLAN No. 004

Schedule H, Line 4i—

Schedule of Assets (Held at End of Year)

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(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
ABS - Auto Loans	ALLYA 2 A3	**	449,563	
ABS - Auto Loans	BWSTA 1 A3	**	175,156	
ABS - Auto Loans	CCART AA A3	**	100,249	
ABS - Auto Loans	FITAT 1 A4	**	189,497	
ABS - Auto Loans	FITAT 2 A3	**	174,658	
ABS - Auto Loans	FITAT 3 A3	**	353,701	
ABS - Auto Loans	FORDL B A4	**	30,069	
ABS - Auto Loans	HDMOT 1 A3	**	179,746	
ABS - Auto Loans	HAROT 1 A3	**	3,916	
ABS - Auto Loans	HAROT 4 A3	**	414,168	
ABS - Auto Loans	HART A A3	**	24,245	
ABS - Auto Loans	HALST B A3	**	180,542	
ABS - Auto Loans	HART A A3	**	69,936	
ABS - Auto Loans	HALST A A4	**	80,103	
ABS - Auto Loans	HART B A3	**	124,714	
ABS - Auto Loans	HALST B A3	**	299,594	
ABS - Auto Loans	MTBAT 1A A3	**	516,848	
ABS - Auto Loans	MBALT A A4	**	234,984	
ABS - Auto Loans	MBART 1 A3	**	69,842	
ABS - Auto Loans	NAROT B A4	**	34,975	
ABS - Auto Loans	NAROT A A4	**	13,870	
ABS - Auto Loans	NALT A A4	**	49,945	
ABS - Auto Loans	NALT B A3	**	453,382	
ABS - Auto Loans	PILOT 1 A3	**	414,543	
ABS - Auto Loans	TAOT A A4	**	84,977	
ABS - Auto Loans	TAOT B A4	**	454,713	
ABS - Auto Loans	TAOT A A4	**	50,135	
ABS - Auto Loans	TAOT A A4	**	59,851	
ABS - Auto Loans	USAOT 1 A4	**	159,862	
ABS - Auto Loans	VWALT A A4	**	44,814	
ABS - Auto Loans	WOART A A4	**	80,174	
ABS - Credit Cards	AMXCA 2 A	**	139,743	
ABS - Credit Cards	AMXCA 3 A	**	170,267	
ABS - Credit Cards	AMXCA 4 A	**	289,619	
ABS - Credit Cards	BACCT A1 A1	**	1,022,872	
ABS - Credit Cards	DROCK 3 A	**	227,654	
ABS - Credit Cards	DROCK 5 A	**	189,541	
ABS - Credit Cards	CABMT 2A A1	**	346,510	
ABS - Credit Cards	COMET A3 A3	**	104,890	
ABS - Credit Cards	COMET A3 A3	**	274,105	
ABS - Credit Cards	COMET A5 A	**	470,415	
ABS - Credit Cards	CHAIT A3 A3	**	1,537,527	
ABS - Credit Cards	CHAIT A1 A1	**	208,004	
ABS - Credit Cards	CHAIT A6 A6	**	164,546	
ABS - Credit Cards	CHAIT A7 A	**	468,420	
ABS - Credit Cards	CCCIT A8 A8	**	196,880	
ABS - Credit Cards	CCCIT A2 A2	**	599,886	
ABS - Credit Cards	CCCIT A6 A6	**	519,996	
ABS - Credit Cards	CCCIT A8 A8	**	694,202	
ABS - Credit Cards	DCENT A1 A1	**	778,705	
ABS - Credit Cards	DCENT A6 A6	**	407,716	

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN

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Schedule H, Line 4i—

Schedule of Assets (Held at End of Year)

December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	ABS - Credit Cards	DCENT A3 A3	**	159,814
	ABS - Credit Cards	DCENT A4 A4	**	381,205
	ABS - Credit Cards	DCENT A5 A	**	559,177
	ABS - Equipment Loan/Lease	CNH C A3	**	308,539
	ABS - Equipment Loan/Lease	GEEMT 1 A4	**	35,054
	ABS - Equipment Loan/Lease	GEET 2 A4	**	320,286
	ABS - Equipment Loan/Lease	GEET 2 A3	**	275,650
	ABS - Equipment Loan/Lease	GEEST 1A A3	**	384,355
	ABS - Equipment Loan/Lease	GEET 1 A3	**	64,965
	ABS - Equipment Loan/Lease	GEEMT 1 A4	**	54,961
	ABS - Equipment Loan/Lease	GEEMT 1 A3	**	175,530
	ABS - Equipment Loan/Lease	JDOT A A4	**	75,163
	ABS - Equipment Loan/Lease	JDOT A A3	**	339,983
	ABS - Rate Reduction Bonds	CNP A A4	**	463,061
	ABS - Rate Reduction Bonds	CNP 1 A2	**	193,260
	ABS - Rate Reduction Bonds	CNP 1 A1	**	50,781
	ABS - Rate Reduction Bonds	CNP 1 A2	**	358,746
	ABS - Rate Reduction Bonds	LCDA ELL A1	**	182,840
	Commercial Mortgage-Backed Securities	BACM 5 A4	**	141,989
	Commercial Mortgage-Backed Securities	BACM 6 A4	**	251,972
	Commercial Mortgage-Backed Securities	BACM 3 A4	**	578,570
	Commercial Mortgage-Backed Securities	BACM 5 AAB	**	17,091
	Commercial Mortgage-Backed Securities	CD CD1 A4	**	353,392
	Commercial Mortgage-Backed Securities	CFCRE C2 A2	**	391,807
	Commercial Mortgage-Backed Securities	COMM CR12 A1	**	489,126
	Commercial Mortgage-Backed Securities	COMM LC15 A1	**	163,215
	Commercial Mortgage-Backed Securities	COMM UBS3 A1	**	68,008
	Commercial Mortgage-Backed Securities	COMM CR19 A1	**	152,446
	Commercial Mortgage-Backed Securities	COMM CR20 A1	**	417,310
	Commercial Mortgage-Backed Securities	COMM CR20 A2	**	189,388
	Commercial Mortgage-Backed Securities	COMM LC17 A1	**	258,486
	Commercial Mortgage-Backed Securities	COMM UBS6 A1	**	339,031
	Commercial Mortgage-Backed Securities	COMM LC4 A2	**	127,594
	Commercial Mortgage-Backed Securities	COMM CR2 A1	**	122,446
	Commercial Mortgage-Backed Securities	COMM CR2 A2	**	152,142
	Commercial Mortgage-Backed Securities	COMM CR7 A1	**	174,709
	Commercial Mortgage-Backed Securities	COMM LC13 A1	**	174,637
	Commercial Mortgage-Backed Securities	COMM CR18 A1	**	116,888
	Commercial Mortgage-Backed Securities	CGCMT GC11 A1	**	141,355
	Commercial Mortgage-Backed Securities	CGCMT GC15 A1	**	188,551
	Commercial Mortgage-Backed Securities	CGCMT GC25 A1	**	171,020
	Commercial Mortgage-Backed Securities	FNA M8 ASQ2	**	135,258
	Commercial Mortgage-Backed Securities	FNA M8 A1	**	64,279
	Commercial Mortgage-Backed Securities	FNA M8 AB1	**	198,622
	Commercial Mortgage-Backed Securities	FNA M14 AB1	**	746,941
	Commercial Mortgage-Backed Securities	GSMS GC5 A2	**	545,332
	Commercial Mortgage-Backed Securities	GSMS GC6 A2	**	240,206
	Commercial Mortgage-Backed Securities	GSMS GC20 A1	**	292,498
	Commercial Mortgage-Backed Securities	GSMS GC24 A1	**	129,871
	Commercial Mortgage-Backed Securities	JPMCC LDP5 A4	**	570,927
	Commercial Mortgage-Backed Securities	JPMCC C8 A2	**	554,034

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Schedule of Assets (Held at End of Year)

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(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
Commercial Mortgage-Backed Securities	JPMBB C15 A1	**	188,002	
Commercial Mortgage-Backed Securities	JPMBB C21 A1	**	84,304	
Commercial Mortgage-Backed Securities	JPMBB C22 A1	**	181,171	
Commercial Mortgage-Backed Securities	JPMBB C24 A1	**	205,471	
Commercial Mortgage-Backed Securities	JPMBB C25 A1	**	112,510	
Commercial Mortgage-Backed Securities	MLMT LC1 A4	**	68,466	
Commercial Mortgage-Backed Securities	MSC IQ10 A4A	**	43,954	
Commercial Mortgage-Backed Securities	MSC HQ6 A4A	**	484,549	
Commercial Mortgage-Backed Securities	MSC C3 A2	**	176,107	
Commercial Mortgage-Backed Securities	MSBAM C8 A1	**	527,734	
Commercial Mortgage-Backed Securities	MSBAM C10 A1	**	339,775	
Commercial Mortgage-Backed Securities	MSBAM C17 A1	**	75,920	
Commercial Mortgage-Backed Securities	MSBAM C18 A1	**	249,480	
Commercial Mortgage-Backed Securities	MSBAM C19 A1	**	310,083	
Commercial Mortgage-Backed Securities	USBB C2 A1	**	193,629	
Commercial Mortgage-Backed Securities	WFRBS C20 A1	**	54,102	
Commercial Mortgage-Backed Securities	WFRBS C7 A1	**	166,507	
Commercial Mortgage-Backed Securities	WFRBS C16 A1	**	185,344	
Commercial Mortgage-Backed Securities	WFRBS C23 A2	**	93,645	
Commercial Mortgage-Backed Securities	WFRBS C24 A1	**	147,681	
Commercial Mortgage-Backed Securities	WFRBS C25 A1	**	617,772	
Commercial Mortgage-Backed Securities	WBCMT C21 A4	**	197,920	
Credits - Financials	AFL 2.650 0217	**	150,644	
Credits - Financials	AET 2.200 0319	**	149,981	
Credits - Financials	AXP 1.550 0518	**	322,456	
Credits - Financials	AXP 2.375 0317	**	442,490	
Credits - Financials	AXP 2.125 0319	**	150,724	
Credits - Financials	AXP 2.250 0819	**	105,909	
Credits - Financials	AIG 5.850 0118	**	294,243	
Credits - Financials	BBT 2.450 0120	**	179,549	
Credits - Financials	BAC 5.300 0317	**	223,403	
Credits - Financials	BAC 2.000 0118	**	539,646	
Credits - Financials	BAC 2.600 0119	**	147,866	
Credits - Financials	BAC 2.650 0419	**	740,191	
Credits - Financials	BMO 1.450 0418	**	485,575	
Credits - Financials	BMO 1.300 0717	**	175,317	
Credits - Financials	BK VAR 0617	**	55,851	
Credits - Financials	BK 1.300 0118	**	249,060	
Credits - Financials	BK 2.200 0319	**	65,701	
Credits - Financials	BK 2.200 0519	**	90,505	
Credits - Financials	BACR 2.750 1119	**	244,458	
Credits - Financials	CM 1.550 0118	**	185,348	
Credits - Financials	COF 3.150 0716	**	208,594	
Credits - Financials	COF 2.450 0419	**	225,510	
Credits - Financials	C 4.450 0117	**	77,632	
Credits - Financials	C 1.750 0518	**	743,413	
Credits - Financials	C 2.500 0918	**	71,280	
Credits - Financials	C 2.550 0419	**	298,675	
Credits - Financials	CMA 2.125 0519	**	64,711	
Credits - Financials	RABOBK 3.375 0117	**	232,842	
Credits - Financials	CS 1.375 0517	**	301,514	

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN

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Schedule H, Line 4i—

Schedule of Assets (Held at End of Year)

December 31, 2014

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
Credits - Financials	CS 2.300 0519	**	210,082	
Credits - Financials	DE 1.950 1218	**	15,011	
Credits - Financials	DE 1.950 0319	**	204,703	
Credits - Financials	DB 1.400 0217	**	150,492	
Credits - Financials	DB 2.500 0219	**	91,964	
Credits - Financials	DB 1.350 0517	**	153,874	
Credits - Financials	F 2.375 0319	**	310,071	
Credits - Financials	GE 5.625 0518	**	300,671	
Credits - Financials	GE 2.950 0516	**	568,392	
Credits - Financials	GE 2.300 0417	**	308,502	
Credits - Financials	GE 1.600 1117	**	231,832	
Credits - Financials	GE 2.300 0119	**	164,260	
Credits - Financials	GE 1.250 0517	**	130,384	
Credits - Financials	GS 2.375 0118	**	382,721	
Credits - Financials	GS 2.625 0119	**	315,306	
Credits - Financials	GS 2.550 1019	**	215,250	
Credits - Financials	HUM 2.625 1019	**	65,479	
Credits - Financials	JPM 3.150 0716	**	745,986	
Credits - Financials	JPM 1.625 0518	**	991,079	
Credits - Financials	JPM 6.000 0717	**	138,002	
Credits - Financials	JPM 2.200 1019	**	144,361	
Credits - Financials	MMC 2.350 0919	**	221,916	
Credits - Financials	MET VAR 1217	**	105,428	
Credits - Financials	MET VAR 1217	**	65,203	
Credits - Financials	MS 2.125 0418	**	110,492	
Credits - Financials	MS 2.500 0119	**	313,661	
Credits - Financials	MS 2.375 0719	**	463,098	
Credits - Financials	MS 4.750 0317	**	285,738	
Credits - Financials	GS VAR 0317	**	84,742	
Credits - Financials	PNC 2.700 0916	**	465,574	
Credits - Financials	PNC 6.000 1217	**	498,606	
Credits - Financials	PLD 2.750 0219	**	215,179	
Credits - Financials	RGA 6.450 1119	**	285,689	
Credits - Financials	RBS 1.875 0317	**	145,572	
Credits - Financials	RY 1.200 0117	**	341,542	
Credits - Financials	RY 2.150 0319	**	313,398	
Credits - Financials	SCGAU 2.375 1119	**	209,243	
Credits - Financials	SPG 2.150 0917	**	291,636	
Credits - Financials	SPG 2.200 0219	**	147,093	
Credits - Financials	STI 2.350 1118	**	314,129	
Credits - Financials	SYF 3.000 0819	**	235,200	
Credits - Financials	TIAAGL 2.950 1119	**	322,219	
Credits - Financials	TD 2.125 0719	**	291,703	
Credits - Financials	USB 1.650 0517	**	459,355	
Credits - Financials	USB 2.200 0419	**	312,668	
Credits - Financials	UNH 2.300 1219	**	125,700	
Credits - Financials	VTR 4.000 0419	**	79,880	
Credits - Financials	WFDAU 2.700 0919	**	201,502	
Credits - Financials	VNO 2.500 0619	**	307,336	
Credits - Financials	WFC 2.100 0517	**	331,514	
Credits - Financials	WFC 1.500 0118	**	811,136	

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Schedule of Assets (Held at End of Year)

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(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
Credits - Financials	WFC 2.150 0119	**	91,130	
Credits - Financials	WFC 2.125 0419	**	286,086	
Credits - Financials	WSTP 2.250 0718	**	655,399	
Credits - Financials	WSTP 1.200 0517	**	139,575	
Credits - Industrials	ABBNVX 1.625 0517	**	115,654	
Credits - Industrials	T 0.900 0216	**	406,300	
Credits - Industrials	T 2.375 1118	**	95,949	
Credits - Industrials	T 2.300 0319	**	221,315	
Credits - Industrials	ABBV 1.750 1117	**	281,357	
Credits - Industrials	ACT 1.300 0617	**	73,677	
Credits - Industrials	ACT 2.450 0619	**	63,962	
Credits - Industrials	ARG 1.650 0218	**	268,111	
Credits - Industrials	ALB 3.000 1219	**	150,485	
Credits - Industrials	AGN 1.350 0318	**	63,541	
Credits - Industrials	MO 2.625 0120	**	171,076	
Credits - Industrials	HNDA 2.125 1018	**	141,521	
Credits - Industrials	AMT 3.400 0219	**	309,199	
Credits - Industrials	ABC 1.150 0517	**	94,337	
Credits - Industrials	APH 2.550 0119	**	305,295	
Credits - Industrials	APA 1.750 0417	**	115,313	
Credits - Industrials	ARW 3.000 0318	**	150,138	
Credits - Industrials	BPLN 1.375 1117	**	118,944	
Credits - Industrials	BPLN 1.375 0518	**	19,684	
Credits - Industrials	BPLN 2.241 0918	**	156,355	
Credits - Industrials	BPLN 2.521 0120	**	160,826	
Credits - Industrials	BDX 2.675 1219	**	71,004	
Credits - Industrials	BFB 2.500 0116	**	174,911	
Credits - Industrials	CNQC 5.900 0218	**	73,532	
Credits - Industrials	CAH 2.400 1119	**	69,968	
Credits - Industrials	CAT 1.625 0617	**	120,909	
Credits - Industrials	CAT 1.250 1117	**	174,506	
Credits - Industrials	CAT 1.000 0317	**	30,017	
Credits - Industrials	CCI 2.381 1217	**	277,729	
Credits - Industrials	CSCO 2.125 0319	**	146,709	
Credits - Industrials	COP 1.050 1217	**	390,133	
Credits - Industrials	DAIGR 2.400 0417	**	184,726	
Credits - Industrials	DAIGR 1.375 0817	**	290,308	
Credits - Industrials	DE 2.000 0117	**	210,378	
Credits - Industrials	DE 1.200 1017	**	24,925	
Credits - Industrials	DE 1.550 1217	**	205,924	
Credits - Industrials	DTV 2.400 0317	**	225,706	
Credits - Industrials	DTV 1.750 0118	**	155,229	
Credits - Industrials	DISCA 5.625 0819	**	142,986	
Credits - Industrials	DOW 5.700 0518	**	64,811	
Credits - Industrials	EBAY 2.200 0819	**	329,730	
Credits - Industrials	ETP 6.700 0718	**	150,537	
Credits - Industrials	EPD 2.550 1019	**	223,962	
Credits - Industrials	ESRX 2.250 0619	**	297,088	
Credits - Industrials	F 2.875 1018	**	158,834	
Credits - Industrials	F 2.375 0118	**	269,420	
Credits - Industrials	FCX 2.375 0318	**	149,400	

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Schedule of Assets (Held at End of Year)

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(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>	
Credits - Industrials	HOG 2.400 0919	**	322,219	
Credits - Industrials	HPQ 2.600 0917	**	153,964	
Credits - Industrials	HPQ 2.750 0119	**	359,982	
Credits - Industrials	HD 2.000 0619	**	120,401	
Credits - Industrials	JBHT 2.400 0319	**	307,318	
Credits - Industrials	ITW 1.950 0319	**	85,598	
Credits - Industrials	KMI 5.950 0218	**	394,268	
Credits - Industrials	KMI 3.050 1219	**	109,452	
Credits - Industrials	MDLZ 4.125 0216	**	126,411	
Credits - Industrials	LOW 2.125 0416	**	234,826	
Credits - Industrials	LYB 5.000 0419	**	214,757	
Credits - Industrials	MCK 1.400 0318	**	292,570	
Credits - Industrials	MDT 2.500 0320	**	65,265	
Credits - Industrials	MON 2.125 0719	**	130,901	
Credits - Industrials	NSANY 2.350 0319	**	192,153	
Credits - Industrials	NUE 5.750 1217	**	177,574	
Credits - Industrials	OXY 1.500 0218	**	457,699	
Credits - Industrials	OKS 2.000 1017	**	134,921	
Credits - Industrials	ORCL 1.200 1017	**	469,518	
Credits - Industrials	ORCL 2.250 1019	**	202,466	
Credits - Industrials	PCAR 2.200 0919	**	276,947	
Credits - Industrials	PENSKE 3.750 0517	**	283,585	
Credits - Industrials	PENSKE 2.500 0619	**	238,803	
Credits - Industrials	RIOLN 1.625 0817	**	442,400	
Credits - Industrials	ROSW 2.250 0919	**	318,807	
Credits - Industrials	ROP 2.050 1018	**	164,484	
Credits - Industrials	R 2.500 0317	**	303,673	
Credits - Industrials	R 2.450 1118	**	100,326	
Credits - Industrials	SABL 2.450 0117	**	232,102	
Credits - Industrials	SANFP 1.250 0418	**	163,889	
Credits - Industrials	SEP 2.950 0918	**	154,689	
Credits - Industrials	SY 2.350 1019	**	91,013	
Credits - Industrials	TGT 2.300 0619	**	303,786	
Credits - Industrials	TOYOTA 1.375 0118	**	395,480	
Credits - Industrials	TOYOTA 2.125 0719	**	278,461	
Credits - Industrials	TEL 2.350 0819	**	156,386	
Credits - Industrials	VZ 3.650 0918	**	384,327	
Credits - Industrials	VZ 2.550 0619	**	75,669	
Credits - Industrials	VOD 1.625 0317	**	306,251	
Credits - Industrials	VW 2.125 0519	**	164,504	
Credits - Industrials	VW 2.125 1118	**	400,207	
Credits - Industrials	WAG 1.800 0917	**	226,303	
Credits - Industrials	ACT 1.875 1017	**	235,191	
Credits - Industrials	XR 2.950 0317	**	304,641	
Credits - Industrials	XR 2.750 0319	**	313,284	
Credits - Industrials	ZTS 1.875 0218	**	169,798	
Credits - Utilities	AES 1.875 0916	**	254,142	
Credits - Utilities	EXC 6.200 1017	**	304,216	
Credits - Utilities	BRKHEC 2.400 0319	**	56,233	
Credits - Utilities	NEE 2.400 0919	**	65,398	
Credits - Utilities	PEG 2.450 1118	**	306,441	

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Schedule H, Line 4i—
Schedule of Assets (Held at End of Year)

December 31, 2014

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
Credits - Utilities	SO 2.450 0918	**	92,582	
Credits - Utilities	SO 2.150 0919	**	135,172	
Credits - Utilities	TE 6.572 1117	**	123,230	
Credits - Utilities	TACN 1.900 0617	**	264,269	
MBS - Agency CMO	FNR 30 AB	**	520,565	
MBS - Agency CMO	FNR 17 VA	**	877,952	
MBS - Agency CMO	FNR 50 WB	**	370,753	
MBS - Agency CMO	FHR 3718 BC	**	72,377	
MBS - Agency CMO	FHR 4202 DL	**	632,971	
MBS - Agency CMO	FHR 4203 CD	**	250,837	
MBS - Agency CMO	FHR 4206 DA	**	195,665	
MBS - Agency CMO	FHR 4229 MA	**	907,622	
MBS - Agency CMO	FHR 4281 MP	**	516,240	
MBS - Agency CMO	FHR 4308 AH	**	408,793	
MBS - Agency CMO	FHR 4367 YA	**	1,019,518	
MBS - Agency CMO	FNR 14 AN	**	207,780	
MBS - Agency CMO	FHR 2513 DB	**	73,988	
MBS - Agency CMO	FHR 2590 OA	**	265,321	
MBS - Agency CMO	FHR 2643 ME	**	86,090	
MBS - Agency CMO	FNR 5 UN	**	76,959	
MBS - Agency CMO	FNR 6 BA	**	51,534	
MBS - Agency CMO	FHR 3501 AC	**	40,161	
MBS - Agency CMO	FHR 3501 JA	**	76,885	
MBS - Agency CMO	FHR 3567 ND	**	88,241	
MBS - Agency CMO	FHR 3609 LE	**	34,203	
MBS - Agency CMO	FNR 50 AD	**	9,518	
MBS - Agency CMO	FNR 57 AQ	**	8,334	
MBS - Agency CMO	FNR 66 QA	**	233,837	
MBS - Agency CMO	FNR 64 AD	**	97,592	
MBS - Agency CMO	FNR 93 AH	**	32,284	
MBS - Agency CMO	FHR 3645 EH	**	118,115	
MBS - Agency Pass Thrus	FG 2.500 0128	**	1,260,402	
MBS - Agency Pass Thrus	FG 5.000 0422	**	29,539	
MBS - Agency Pass Thrus	FG 5.000 0124	**	268,151	
MBS - Agency Pass Thrus	FG 5.000 0224	**	110,105	
MBS - Agency Pass Thrus	FG 4.000 1025	**	261,722	
MBS - Agency Pass Thrus	FG 5.000 1224	**	72,577	
MBS - Agency Pass Thrus	FG 5.000 1222	**	74,713	
MBS - Agency Pass Thrus	FG 2.500 0128	**	653,725	
MBS - Agency Pass Thrus	FG 4.500 0926	**	496,203	
MBS - Agency Pass Thrus	FG 2.500 0527	**	538,360	
MBS - Agency Pass Thrus	FG 2.500 0228	**	677,961	
MBS - Agency Pass Thrus	FG 2.500 0528	**	655,445	
MBS - Agency Pass Thrus	FG 4.500 0724	**	197,013	
MBS - Agency Pass Thrus	FG 3.000 0427	**	403,579	
MBS - Agency Pass Thrus	FG 4.500 0425	**	360,651	
MBS - Agency Pass Thrus	FG 3.500 1225	**	589,621	
MBS - Agency Pass Thrus	FG 3.500 1225	**	402,605	
MBS - Agency Pass Thrus	FG 3.500 0326	**	306,101	
MBS - Agency Pass Thrus	FG 3.500 0426	**	511,997	
MBS - Agency Pass Thrus	FG 3.500 0426	**	586,274	

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN

EIN 76-0137985, PLAN No. 004
Schedule H, Line 4i—
Schedule of Assets (Held at End of Year)

December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	MBS - Agency Pass Thrus	FG 4.000 0421	**	217,492
	MBS - Agency Pass Thrus	FG 3.000 0427	**	457,999
	MBS - Agency Pass Thrus	FG 2.500 0727	**	532,270
	MBS - Agency Pass Thrus	FG 3.000 1027	**	346,108
	MBS - Agency Pass Thrus	FG 3.000 0827	**	720,968
	MBS - Agency Pass Thrus	FG 3.000 0529	**	460,459
	MBS - Agency Pass Thrus	FN 3.500 0126	**	88,978
	MBS - Agency Pass Thrus	FN 4.000 0226	**	590,772
	MBS - Agency Pass Thrus	FN 3.500 0426	**	127,408
	MBS - Agency Pass Thrus	FN 4.500 0426	**	379,879
	MBS - Agency Pass Thrus	FN 3.500 1126	**	361,442
	MBS - Agency Pass Thrus	FN 3.000 1026	**	158,486
	MBS - Agency Pass Thrus	FN 3.500 1026	**	1,219,719
	MBS - Agency Pass Thrus	FN 3.500 1126	**	194,189
	MBS - Agency Pass Thrus	FN 3.000 0127	**	1,284,271
	MBS - Agency Pass Thrus	FN 3.000 0127	**	614,501
	MBS - Agency Pass Thrus	FN 4.000 0226	**	476,820
	MBS - Agency Pass Thrus	FN 4.000 0826	**	220,596
	MBS - Agency Pass Thrus	FN 3.000 0527	**	388,724
	MBS - Agency Pass Thrus	FN 2.500 0227	**	193,217
	MBS - Agency Pass Thrus	FN 2.500 0328	**	675,948
	MBS - Agency Pass Thrus	FN 3.000 0727	**	551,138
	MBS - Agency Pass Thrus	FN 3.000 0827	**	816,624
	MBS - Agency Pass Thrus	FN 2.500 1027	**	572,467
	MBS - Agency Pass Thrus	FN 2.500 1227	**	728,371
	MBS - Agency Pass Thrus	FN 2.500 1127	**	978,999
	MBS - Agency Pass Thrus	FN 3.000 0328	**	528,075
	MBS - Agency Pass Thrus	FN 5.000 0719	**	200,837
	MBS - Agency Pass Thrus	FN 4.000 0424	**	162,838
	MBS - Agency Pass Thrus	FN 4.500 0824	**	78,706
	MBS - Agency Pass Thrus	FN 4.000 0725	**	87,105
	MBS - Agency Pass Thrus	FN 3.000 0126	**	506,578
	MBS - Agency Pass Thrus	FN 4.000 0326	**	364,529
	MBS - Agency Pass Thrus	FN 2.500 0627	**	1,027,933
	MBS - Agency Pass Thrus	FN 2.500 0327	**	199,823
	MBS - Agency Pass Thrus	FN 2.500 0927	**	496,537
	MBS - Agency Pass Thrus	FN 2.500 0128	**	822,688
	MBS - Agency Pass Thrus	FN 2.500 0328	**	769,335
	MBS - Agency Pass Thrus	FN 2.500 0528	**	909,166
	MBS - Agency Pass Thrus	FN 4.000 0924	**	465,251
	MBS - Agency Pass Thrus	FN 4.500 0125	**	628,025
	MBS - Agency Pass Thrus	FN 4.000 1125	**	295,564
	MBS - Agency Pass Thrus	FN 4.000 0326	**	198,997
	MBS - Agency Pass Thrus	FN 3.000 0727	**	175,864
	MBS - Agency Pass Thrus	FN 5.000 0224	**	256,464
	MBS - Agency Pass Thrus	FN 4.000 0925	**	34,411
	MBS - Agency Pass Thrus	FN 5.500 0124	**	268,406
	MBS - Agency Pass Thrus	FN 4.000 0925	**	234,947
	MBS - Agency Pass Thrus	FN 3.500 1025	**	231,160
	MBS - Agency Pass Thrus	FN 3.500 1125	**	172,336
	MBS - Agency Pass Thrus	G2 4.000 0626	**	243,318

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN

EIN 76-0137985, PLAN No. 004
Schedule H, Line 4i—
Schedule of Assets (Held at End of Year)

December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	U.S. Govt - U.S. Agencies	FNMA 0.875 0817	**	499,748
	U.S. Govt - U.S. Agencies	FNMA 0.500 0316	**	2,316,511
	U.S. Govt - U.S. Agencies	FHLMC 0.500 0516	**	1,726,757
	U.S. Govt - U.S. Agencies	FNMA 1.625 1015	**	1,420,040
	U.S. Govt - U.S. Treasuries	T 0.250 1215	**	2,714,595
	U.S. Govt - U.S. Treasuries	T 1.500 1019	**	363,713
	U.S. Govt - U.S. Treasuries	T 0.875 1117	**	1,076,085
	U.S. Govt - U.S. Treasuries	T 2.250 1124	**	595,689
	U.S. Govt - U.S. Treasuries	T 0.500 1116	**	1,926,023
	U.S. Govt - U.S. Treasuries	T 1.500 1119	**	2,368,078
	U.S. Govt - U.S. Treasuries	T 1.625 1219	**	1,842,428
	U.S. Govt - U.S. Treasuries	T 1.250 1015	**	1,287,990
	U.S. Govt - U.S. Treasuries	T 2.250 0316	**	1,713,334
	U.S. Govt - U.S. Treasuries	T 1.000 1016	**	1,160,236
	U.S. Govt - U.S. Treasuries	T 0.875 1116	**	995,093
	U.S. Govt - U.S. Treasuries	T 0.875 0217	**	5,509,565
	U.S. Govt - U.S. Treasuries	T 0.750 0617	**	3,392,302
	U.S. Govt - U.S. Treasuries	T 0.250 0715	**	500,890
	U.S. Govt - U.S. Treasuries	T 0.625 1117	**	2,449,589
	U.S. Govt - U.S. Treasuries	T 0.375 0316	**	145,174
	U.S. Govt - U.S. Treasuries	T 0.250 0516	**	1,207,841
	U.S. Govt - U.S. Treasuries	T 1.000 0518	**	2,557,273
	U.S. Govt - U.S. Treasuries	T 0.875 0916	**	1,793,963
	U.S. Govt - U.S. Treasuries	T 0.875 0617	**	139,981
	Common/Collective Trust	MSI Fund	**	14,247,643
	Common/Collective Trust	PTCCT	**	52,617,119
	Guaranteed Investment Contract	MetLife 1.25% Fund	**	5,036,174
	Total CHS Stable Value Fund			245,180,865
	* Notes receivable from participants	Interest rates ranging from 3.25% to 10.50% with various maturities	-	78,121,662
		Total	\$	2,999,510,920

* Represents a party-in-interest

** Not required for participant directed plans.

The above data is based upon information which has been certified as complete and accurate by Principal Trust Company, the trustee of the Plan, except for the CHS Stable Value Fund which was certified at contract value.

CHS/Community Health Systems, Inc. Retirement Savings Plan

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

EIN #76-0137985 Plan #004

Year Ended December 31, 2014

		Total that Constitute Nonexempt Prohibited Transactions				Total Fully Corrected Under VFCP and PTE <u>2002-51</u>
Check Here If Late Participant Loan Payments are <u>Included</u>	Participant Contributions Transferred Late to <u>the Plan</u>	Contributions not <u>Corrected</u>	Contributions Corrected Outside <u>VFCP</u>	Contributions Pending Correction <u>in VFCP</u>		
*	\$ 3,771	\$ 2,582	\$ 1,189	\$ -		\$ -

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN
EIN 76-0137985 PLAN NUMBER 004
PLAN YEAR 01-01-2014 TO 12-31-2014

<u>Inv Type</u>		<u>Security Description</u>	<u>Cusip</u>	<u>Final Maturity</u>	<u>Coupon</u>	<u>Market Value</u>
Cash-Int bearing		Northern Instl Fds-Govt Select	~CASH~CHS		0.011%	<u>\$17,635,757</u>
					Total	\$17,635,757.00
Cash-Non Int bearing		Cash	999991AY8		0.085%	<u>\$450,278</u>
					Total	\$450,278.00
Com/Col Trust	Morley Managed	MSI FUND	MSIFUNDXX		1.517%	\$14,247,643
Com/Col Trust	Western Asset Mgmt Co. Sub-Advised	WESTERN AST GBL STRAT INC R3 PTCCT	PTCCTXXX		1.910%	\$74,385,112 \$52,605,242
Com/Coll Trust	Charles Schwab Bank	SCHWAB INSTL FIX INC CR PLUS				<u>\$95,417,769.00</u>
					Total	\$236,655,766.28
Gov Securities	US Agencies	FNMA 0.875 0817	3135G0MZ3	08/28/2017	0.88%	\$499,748
Gov Securities		FNMA 0.500 0316	3135G0VA8	03/30/2016	0.50%	\$2,316,511
Gov Securities		FHLMC 0.500 0516	3137EADQ9	05/13/2016	0.50%	\$1,726,757
Gov Securities		FNMA 1.625 1015	31398A4M1	10/26/2015	1.63%	<u>\$1,420,040</u>
					sub total	\$5,963,056
Gov Securities	US Treasuries	T 0.250 1215	912828A67	12/31/2015	0.25%	\$2,714,595
Gov Securities		T 1.500 1019	912828F62	10/31/2019	1.50%	\$363,713
Gov Securities		T 0.875 1117	912828G20	11/15/2017	0.88%	\$1,076,085
Gov Securities		T 2.250 1124	912828G38	11/15/2024	2.25%	\$595,689
Gov Securities		T 0.500 1116	912828G46	11/30/2016	0.50%	\$1,926,023
Gov Securities		T 1.500 1119	912828G61	11/30/2019	1.50%	\$2,368,078
Gov Securities		T 1.625 1219	912828G95	12/31/2019	1.63%	\$1,842,428
Gov Securities		T 1.250 1015	912828PE4	10/31/2015	1.25%	\$1,287,990
Gov Securities		T 2.250 0316	912828QA1	03/31/2016	2.25%	\$1,713,334

Gov Securities	T 1.000 1016	912828RM4	10/31/2016	1.00%	\$1,160,236
Gov Securities	T 0.875 1116	912828RU6	11/30/2016	0.88%	\$995,093
Gov Securities	T 0.875 0217	912828SJ0	02/28/2017	0.88%	\$5,509,565
Gov Securities	T 0.750 0617	912828TB6	06/30/2017	0.75%	\$3,392,302
Gov Securities	T 0.250 0715	912828TD2	07/15/2015	0.25%	\$500,890
Gov Securities	T 0.625 1117	912828UA6	11/30/2017	0.63%	\$2,449,589
Gov Securities	T 0.375 0316	912828US7	03/15/2016	0.38%	\$145,174
Gov Securities	T 0.250 0516	912828VC1	05/15/2016	0.25%	\$1,207,841
Gov Securities	T 1.000 0518	912828VE7	05/31/2018	1.00%	\$2,557,273
Gov Securities	T 0.875 0916	912828VW7	09/15/2016	0.88%	\$1,793,963
Gov Securities	T 0.875 0617	912828WP1	06/15/2017	0.88%	<u>\$139,981</u>
				sub-total	\$33,739,842
				Total	\$39,702,898

Corp Debt Pref	ABS					
Corp Debt Pref	Auto Loans	AMOT 5 A2	02005AER5	10/15/2019	1.60%	\$588,827
Corp Debt Pref		ALLYL SN1 A4	02006KAD7	05/22/2017	0.90%	\$210,220
Corp Debt Pref		ALLYL SN1 A3	02006NAC3	02/21/2017	0.75%	\$109,832
Corp Debt Pref		ALLYA 1 A3	02006TAB2	10/15/2018	0.97%	\$219,307
Corp Debt Pref		ALLYL SN2 A3	02006UAD5	09/20/2017	1.03%	\$459,061
Corp Debt Pref		ALLYA 2 A3	02006WAC3	04/15/2019	1.25%	\$449,563
Corp Debt Pref		BWSTA 1 A3	065604AC4	03/15/2019	1.09%	\$175,156
Corp Debt Pref		CCART AA A3	17119RAC6	04/16/2018	0.91%	\$100,249
Corp Debt Pref		FITAT 1 A4	31679JAD5	10/15/2020	1.14%	\$189,497
Corp Debt Pref		FITAT 2 A3	31679KAD2	11/15/2018	0.89%	\$174,658
Corp Debt Pref		FITAT 3 A3	31679MAD8	03/15/2019	0.96%	\$353,701
Corp Debt Pref		FORDL B A4	34530LAE1	11/15/2017	1.10%	\$30,069
Corp Debt Pref		HDMOT 1 A3	41284AAD0	09/15/2019	1.10%	\$179,746
Corp Debt Pref		HAROT 1 A3	43813UAC4	01/15/2016	0.77%	\$3,916
Corp Debt Pref		HAROT 4 A3	43814JAC8	09/17/2018	0.99%	\$414,168
Corp Debt Pref		HART A A3	44890JAC3	07/17/2017	0.56%	\$24,245
Corp Debt Pref		HALST B A3	44890PAC9	10/17/2016	0.98%	\$180,542
Corp Debt Pref		HART A A3	44890RAC5	07/16/2018	0.79%	\$69,936
Corp Debt Pref		HALST A A4	44890TAD9	09/15/2017	1.01%	\$80,103

Corp Debt Pref		HART B A3	44890UAC8	12/17/2018	0.90%	\$124,714
Corp Debt Pref		HALST B A3	44890VAC6	11/15/2017	0.98%	\$299,594
Corp Debt Pref		MTBAT 1A A3	55292LAC8	11/15/2017	1.06%	\$516,848
Corp Debt Pref		MBALT A A4	58768EAF6	12/16/2019	0.90%	\$234,984
Corp Debt Pref		MBART 1 A3	587729AC8	10/15/2018	0.87%	\$69,842
Corp Debt Pref		NAROT B A4	65476GAD4	12/17/2018	0.66%	\$34,975
Corp Debt Pref		NAROT A A4	65476HAD2	09/15/2017	1.94%	\$13,870
Corp Debt Pref		NALT A A4	65477NAE6	10/15/2019	1.04%	\$49,945
Corp Debt Pref		NALT B A3	65490BAD7	09/15/2017	1.12%	\$453,382
Corp Debt Pref		PILOT 1 A3	73329AAC2	11/20/2017	1.03%	\$414,543
Corp Debt Pref		TAOT A A4	89231MAD7	06/17/2019	1.18%	\$84,977
Corp Debt Pref		TAOT B A4	89231NAD5	01/16/2018	0.61%	\$454,713
Corp Debt Pref		TAOT A A4	89236PAD5	08/15/2017	0.99%	\$50,135
Corp Debt Pref		TAOT A A4	89236RAD1	11/15/2018	0.69%	\$59,851
Corp Debt Pref		USAOT 1 A4	90290KAD7	05/15/2019	0.94%	\$159,862
Corp Debt Pref		VWALT A A4	92867QAE1	07/20/2018	0.99%	\$44,814
Corp Debt Pref		WOART A A4	98157HAC1	08/15/2018	0.85%	<u>\$80,174</u>

sub-total \$7,160,018

Corp Debt Pref	Credit Cards	AMXCA 2 A	02582JGS3	01/15/2020	1.26%	\$139,743
Corp Debt Pref		AMXCA 3 A	02582JGU8	04/15/2020	1.49%	\$170,267
Corp Debt Pref		AMXCA 4 A	02582JGW4	06/15/2020	1.43%	\$289,619
Corp Debt Pref		BACCT A1 A1	05522RAS7	06/15/2019	5.17%	\$1,022,872
Corp Debt Pref		DROCK 3 A	06742LAE3	07/15/2022	2.41%	\$227,654
Corp Debt Pref		DROCK 5 A	06742LAG8	09/15/2020	1.48%	\$189,541
Corp Debt Pref		CABMT 2A A1	126802CE5	06/15/2020	1.45%	\$346,510
Corp Debt Pref		COMET A3 A3	14041NCQ2	12/17/2018	5.05%	\$104,890
Corp Debt Pref		COMET A3 A3	14041NEM9	09/16/2019	0.96%	\$274,105
Corp Debt Pref		COMET A5 A	14041NET4	07/15/2020	1.48%	\$470,415
Corp Debt Pref		CHAIT A3 A3	161571BT0	04/15/2019	5.23%	\$1,537,527
Corp Debt Pref		CHAIT A1 A1	161571GJ7	01/15/2019	1.15%	\$208,004
Corp Debt Pref		CHAIT A6 A6	161571GP3	07/15/2019	1.26%	\$164,546
Corp Debt Pref		CHAIT A7 A	161571GQ1	11/15/2019	1.38%	\$468,420
Corp Debt Pref		CCCIT A8 A8	17305EDY8	09/20/2019	5.65%	\$196,880

Corp Debt Pref		CCCIT A2 A2	17305EFN0	02/22/2019	1.02%	\$599,886
Corp Debt Pref		CCCIT A6 A6	17305EFS9	07/15/2021	2.15%	\$519,996
Corp Debt Pref		CCCIT A8 A8	17305EFU4	04/09/2020	1.73%	\$694,202
Corp Debt Pref		DCENT A1 A1	254683AC9	03/16/2020	5.65%	\$778,705
Corp Debt Pref		DCENT A6 A6	254683AY1	01/18/2022	1.67%	\$407,716
Corp Debt Pref		DCENT A3 A3	254683BJ3	10/15/2019	1.22%	\$159,814
Corp Debt Pref		DCENT A4 A4	254683BK0	12/15/2021	2.12%	\$381,205
Corp Debt Pref		DCENT A5 A	254683BL8	04/15/2020	1.39%	<u>\$559,177</u>
					sub-total	\$9,911,693
Corp Debt Pref	Equipment Loan/Lease	CNH C A3	12632XAC2	11/15/2019	1.05%	\$308,539
Corp Debt Pref		GEEMT 1 A4	36161YAD6	09/22/2020	0.78%	\$35,054
Corp Debt Pref		GEET 2 A4	36163AAE4	09/24/2020	0.81%	\$320,286
Corp Debt Pref		GEET 2 A3	36163GAC5	09/25/2017	0.92%	\$275,650
Corp Debt Pref		GEEST 1A A3	36163LAC4	09/25/2017	0.95%	\$384,355
Corp Debt Pref		GEET 1 A3	36163NAC0	04/23/2018	0.97%	\$64,965
Corp Debt Pref		GEEMT 1 A4	36163TAD5	08/22/2023	1.59%	\$54,961
Corp Debt Pref		GEEMT 1 A3	36830NAC3	03/22/2017	0.95%	\$175,530
Corp Debt Pref		JDOT A A4	47787BAD7	06/15/2018	0.99%	\$75,163
Corp Debt Pref		JDOT A A3	47787VAC5	04/16/2018	0.92%	<u>\$339,983</u>
					sub-total	\$2,034,484
Corp Debt Pref	Rate Reduction Bonds	CNP A A4	15200DAD9	08/01/2019	5.17%	\$463,061
Corp Debt Pref		CNP 1 A2	15200NAB1	08/15/2019	3.46%	\$193,260
Corp Debt Pref		CNP 1 A1	15200WAA3	04/15/2018	0.90%	\$50,781
Corp Debt Pref		CNP 1 A2	15200WAB1	10/15/2021	2.16%	\$358,746
Corp Debt Pref		LCDA ELL A1	54627RAJ9	02/01/2022	1.66%	<u>\$182,840</u>
					sub-total	\$1,248,689
Corp Debt Pref	CMBS	BACM 5 A4	05947U2R8	10/10/2045	5.12%	\$141,989
Corp Debt Pref		BACM 6 A4	05947U4D7	09/10/2047	5.15%	\$251,972
Corp Debt Pref		BACM 3 A4	05947UR83	07/10/2043	4.67%	\$578,570
Corp Debt Pref		BACM 5 AAB	05950XAD8	09/10/2047	5.38%	\$17,091
Corp Debt Pref		CD CD1 A4	12513EAG9	07/15/2044	5.23%	\$353,392

Corp Debt Pref	CFCRE C2 A2	12527DAP5	12/15/2047	3.06%	\$391,807
Corp Debt Pref	COMM CR12 A1	12591KAA3	10/10/2046	1.30%	\$489,126
Corp Debt Pref	COMM LC15 A1	12591TAA4	04/10/2047	1.26%	\$163,215
Corp Debt Pref	COMM UBS3 A1	12591YAY1	06/10/2047	1.40%	\$68,008
Corp Debt Pref	COMM CR19 A1	12592GAY9	08/10/2047	1.42%	\$152,446
Corp Debt Pref	COMM CR20 A1	12592LBE1	11/10/2047	1.32%	\$417,310
Corp Debt Pref	COMM CR20 A2	12592LBF8	11/10/2047	2.80%	\$189,388
Corp Debt Pref	COMM LC17 A1	12592MBE9	10/10/2047	1.38%	\$258,486
Corp Debt Pref	COMM UBS6 A1	12592PBA0	12/10/2047	1.45%	\$339,031
Corp Debt Pref	COMM LC4 A2	126192AB9	12/10/2044	2.26%	\$127,594
Corp Debt Pref	COMM CR2 A1	12624KAA4	08/15/2045	0.82%	\$122,446
Corp Debt Pref	COMM CR2 A2	12624KAB2	08/15/2045	2.03%	\$152,142
Corp Debt Pref	COMM CR7 A1	12625FAA4	03/10/2046	0.72%	\$174,709
Corp Debt Pref	COMM LC13 A1	12626GAA1	08/10/2046	1.31%	\$174,637
Corp Debt Pref	COMM CR18 A1	12632QAS2	07/15/2047	1.44%	\$116,888
Corp Debt Pref	CGCMT GC11 A1	17320DAA6	04/10/2046	0.75%	\$141,355
Corp Debt Pref	CGCMT GC15 A1	17321JAA2	09/10/2046	1.38%	\$188,551
Corp Debt Pref	CGCMT GC25 A1	17322YAA8	10/10/2047	1.49%	\$171,020
Corp Debt Pref	FNA M8 ASQ2	3136A7MJ8	12/25/2019	1.52%	\$135,258
Corp Debt Pref	FNA M8 A1	3136A7MM1	05/25/2022	1.54%	\$64,279
Corp Debt Pref	FNA M8 AB1	3136A7MP4	05/25/2022	1.36%	\$198,622
Corp Debt Pref	FNA M14 AB1	3136A9MP0	09/25/2022	1.23%	\$746,941
Corp Debt Pref	GSMS GC5 A2	36191YAZ1	08/10/2044	3.00%	\$545,332
Corp Debt Pref	GSMS GC6 A2	36192BAX5	01/10/2045	2.54%	\$240,206
Corp Debt Pref	GSMS GC20 A1	36252WAT5	04/10/2047	1.34%	\$292,498
Corp Debt Pref	GSMS GC24 A1	36253GAA0	09/10/2047	1.51%	\$129,871
Corp Debt Pref	JPMCC LDP5 A4	46625YXP3	12/15/2044	5.24%	\$570,927
Corp Debt Pref	JPMCC C8 A2	46638UAB2	10/15/2045	1.80%	\$554,034
Corp Debt Pref	JPMBB C15 A1	46640NAA6	11/15/2045	1.23%	\$188,002
Corp Debt Pref	JPMBB C21 A1	46642EAU0	08/15/2047	1.32%	\$84,304
Corp Debt Pref	JPMBB C22 A1	46642NBA3	09/15/2047	1.45%	\$181,171
Corp Debt Pref	JPMBB C24 A1	46643GAA8	11/15/2047	1.54%	\$205,471
Corp Debt Pref	JPMBB C25 A1	46643PBA7	11/15/2047	1.52%	\$112,510
Corp Debt Pref	MLMT LC1 A4	59022HNC2	01/12/2044	5.29%	\$68,466

Corp Debt Pref		MSC IQ10 A4A	617451AF6	09/15/2042	5.23%	\$43,954
Corp Debt Pref		MSC HQ6 A4A	61745M6G3	08/13/2042	4.99%	\$484,549
Corp Debt Pref		MSC C3 A2	61760RAZ5	07/15/2049	3.22%	\$176,107
Corp Debt Pref		MSBAM C8 A1	61761QAA1	12/15/2048	0.78%	\$527,734
Corp Debt Pref		MSBAM C10 A1	61762MBS9	07/15/2046	1.39%	\$339,775
Corp Debt Pref		MSBAM C17 A1	61763UAA6	08/15/2047	1.55%	\$75,920
Corp Debt Pref		MSBAM C18 A1	61763XAA4	10/15/2047	1.69%	\$249,480
Corp Debt Pref		MSBAM C19 A1	61764PBQ4	12/15/2047	1.57%	\$310,083
Corp Debt Pref		UBSBB C2 A1	90269CAA8	05/10/2063	1.01%	\$193,629
Corp Debt Pref		WFRBS C20 A1	92890FAQ9	05/15/2047	1.28%	\$54,102
Corp Debt Pref		WFRBS C7 A1	92936TAA0	06/15/2045	2.30%	\$166,507
Corp Debt Pref		WFRBS C16 A1	92938EAC7	09/15/2046	1.41%	\$185,344
Corp Debt Pref		WFRBS C23 A2	92939HAV7	10/15/2057	3.19%	\$93,645
Corp Debt Pref		WFRBS C24 A1	92939KAA6	11/15/2047	1.39%	\$147,681
Corp Debt Pref		WFRBS C25 A1	92939LAA4	11/15/2047	1.52%	\$617,772
Corp Debt Pref		WBCMT C21 A4	9297667G2	10/15/2044	5.24%	<u>\$197,920</u>
					sub-total	\$13,363,268
Corp Debt Pref	Credits					
Corp Debt Pref	Financials	AFL 2.650 0217	001055AH5	02/15/2017	2.65%	\$150,644
Corp Debt Pref		AET 2.200 0319	00817YAN8	03/15/2019	2.20%	\$149,981
Corp Debt Pref		AXP 1.550 0518	025816BG3	05/22/2018	1.55%	\$322,456
Corp Debt Pref		AXP 2.375 0317	0258M0DD8	03/24/2017	2.38%	\$442,490
Corp Debt Pref		AXP 2.125 0319	0258M0DK2	03/18/2019	2.13%	\$150,724
Corp Debt Pref		AXP 2.250 0819	0258M0DP1	08/15/2019	2.25%	\$105,909
Corp Debt Pref		AIG 5.850 0118	02687QDG0	01/16/2018	5.85%	\$294,243
Corp Debt Pref		BBT 2.450 0120	05531FAS2	01/15/2020	2.45%	\$179,549
Corp Debt Pref		BAC 5.300 0317	06050TKN1	03/15/2017	5.30%	\$223,403
Corp Debt Pref		BAC 2.000 0118	06051GET2	01/11/2018	2.00%	\$539,646
Corp Debt Pref		BAC 2.600 0119	06051GEX3	01/15/2019	2.60%	\$147,866
Corp Debt Pref		BAC 2.650 0419	06051GFD6	04/01/2019	2.65%	\$740,191
Corp Debt Pref		BMO 1.450 0418	06366RMS1	04/09/2018	1.45%	\$485,575
Corp Debt Pref		BMO 1.300 0717	06366RVD4	07/14/2017	1.30%	\$175,317
Corp Debt Pref		BK VAR 0617	064058AA8	06/20/2017	1.97%	\$55,851
Corp Debt Pref		BK 1.300 0118	06406HCE7	01/25/2018	1.30%	\$249,060

Corp Debt Pref	BK 2.200 0319	06406HCR8	03/04/2019	2.20%	\$65,701
Corp Debt Pref	BK 2.200 0519	06406HCU1	05/15/2019	2.20%	\$90,505
Corp Debt Pref	BACR 2.750 1119	06738EAD7	11/08/2019	2.75%	\$244,458
Corp Debt Pref	CM 1.550 0118	136069FA4	01/23/2018	1.55%	\$185,348
Corp Debt Pref	COF 3.150 0716	14040HAX3	07/15/2016	3.15%	\$208,594
Corp Debt Pref	COF 2.450 0419	14040HBE4	04/24/2019	2.45%	\$225,510
Corp Debt Pref	C 4.450 0117	172967FW6	01/10/2017	4.45%	\$77,632
Corp Debt Pref	C 1.750 0518	172967GS4	05/01/2018	1.75%	\$743,413
Corp Debt Pref	C 2.500 0918	172967HC8	09/26/2018	2.50%	\$71,280
Corp Debt Pref	C 2.550 0419	172967HM6	04/08/2019	2.55%	\$298,675
Corp Debt Pref	CMA 2.125 0519	200340AP2	05/23/2019	2.13%	\$64,711
Corp Debt Pref	RABOBK 3.375 0117	21686CAD2	01/19/2017	3.38%	\$232,842
Corp Debt Pref	CS 1.375 0517	22546QAL1	05/26/2017	1.38%	\$301,514
Corp Debt Pref	CS 2.300 0519	22546QAN7	05/28/2019	2.30%	\$210,082
Corp Debt Pref	DE 1.950 1218	24422ESF7	12/13/2018	1.95%	\$15,011
Corp Debt Pref	DE 1.950 0319	24422ESK6	03/04/2019	1.95%	\$204,703
Corp Debt Pref	DB 1.400 0217	25152RVR1	02/13/2017	1.40%	\$150,492
Corp Debt Pref	DB 2.500 0219	25152RVS9	02/13/2019	2.50%	\$91,964
Corp Debt Pref	DB 1.350 0517	25152RWY5	05/30/2017	1.35%	\$153,874
Corp Debt Pref	F 2.375 0319	345397WP4	03/12/2019	2.38%	\$310,071
Corp Debt Pref	GE 5.625 0518	36962G3U6	05/01/2018	5.63%	\$300,671
Corp Debt Pref	GE 2.950 0516	36962G5C4	05/09/2016	2.95%	\$568,392
Corp Debt Pref	GE 2.300 0417	36962G5W0	04/27/2017	2.30%	\$308,502
Corp Debt Pref	GE 1.600 1117	36962G6K5	11/20/2017	1.60%	\$231,832
Corp Debt Pref	GE 2.300 0119	36962G7G3	01/14/2019	2.30%	\$164,260
Corp Debt Pref	GE 1.250 0517	36962G7J7	05/15/2017	1.25%	\$130,384
Corp Debt Pref	GS 2.375 0118	38141GRC0	01/22/2018	2.38%	\$382,721
Corp Debt Pref	GS 2.625 0119	38145XAA1	01/31/2019	2.63%	\$315,306
Corp Debt Pref	GS 2.550 1019	38148FAB5	10/23/2019	2.55%	\$215,250
Corp Debt Pref	HUM 2.625 1019	444859BC5	10/01/2019	2.63%	\$65,479
Corp Debt Pref	JPM 3.150 0716	46625HJA9	07/05/2016	3.15%	\$745,986
Corp Debt Pref	JPM 1.625 0518	46625HJL5	05/15/2018	1.63%	\$991,079
Corp Debt Pref	JPM 6.000 0717	48121CVZ6	07/05/2017	6.00%	\$138,002
Corp Debt Pref	JPM 2.200 1019	48127HAA7	10/22/2019	2.20%	\$144,361

Corp Debt Pref	MMC 2.350 0919	571748AW2	09/10/2019	2.35%	\$221,916
Corp Debt Pref	MET VAR 1217	59156RBE7	12/15/2017	1.76%	\$105,428
Corp Debt Pref	MET VAR 1217	59156RBK3	12/15/2017	1.90%	\$65,203
Corp Debt Pref	MS 2.125 0418	6174467U7	04/25/2018	2.13%	\$110,492
Corp Debt Pref	MS 2.500 0119	61746BDM5	01/24/2019	2.50%	\$313,661
Corp Debt Pref	MS 2.375 0719	61746BDR4	07/23/2019	2.38%	\$463,098
Corp Debt Pref	MS 4.750 0317	61747YDT9	03/22/2017	4.75%	\$285,738
Corp Debt Pref	GS VAR 0317	62718QAA3	03/09/2017	4.65%	\$84,742
Corp Debt Pref	PNC 2.700 0916	693476BM4	09/19/2016	2.70%	\$465,574
Corp Debt Pref	PNC 6.000 1217	69349LAD0	12/07/2017	6.00%	\$498,606
Corp Debt Pref	PLD 2.750 0219	74340XAV3	02/15/2019	2.75%	\$215,179
Corp Debt Pref	RGA 6.450 1119	759351AG4	11/15/2019	6.45%	\$285,689
Corp Debt Pref	RBS 1.875 0317	780099CG0	03/31/2017	1.88%	\$145,572
Corp Debt Pref	RY 1.200 0117	78010UNX1	01/23/2017	1.20%	\$341,542
Corp Debt Pref	RY 2.150 0319	78010USN8	03/15/2019	2.15%	\$313,398
Corp Debt Pref	SCGAU 2.375 1119	806213AA2	11/05/2019	2.38%	\$209,243
Corp Debt Pref	SPG 2.150 0917	828807CJ4	09/15/2017	2.15%	\$291,636
Corp Debt Pref	SPG 2.200 0219	828807CQ8	02/01/2019	2.20%	\$147,093
Corp Debt Pref	STI 2.350 1118	867914BF9	11/01/2018	2.35%	\$314,129
Corp Debt Pref	SYF 3.000 0819	87165BAB9	08/15/2019	3.00%	\$235,200
Corp Debt Pref	TIAAGL 2.950 1119	87246YAA4	11/01/2019	2.95%	\$322,219
Corp Debt Pref	TD 2.125 0719	89114QAS7	07/02/2019	2.13%	\$291,703
Corp Debt Pref	USB 1.650 0517	91159HHD5	05/15/2017	1.65%	\$459,355
Corp Debt Pref	USB 2.200 0419	91159HHH6	04/25/2019	2.20%	\$312,668
Corp Debt Pref	UNH 2.300 1219	91324PCG5	12/15/2019	2.30%	\$125,700
Corp Debt Pref	VTR 4.000 0419	92276MAY1	04/30/2019	4.00%	\$79,880
Corp Debt Pref	WFDAU 2.700 0919	92890HAB8	09/17/2019	2.70%	\$201,502
Corp Debt Pref	VNO 2.500 0619	929043AH0	06/30/2019	2.50%	\$307,336
Corp Debt Pref	WFC 2.100 0517	94974BFD7	05/08/2017	2.10%	\$331,514
Corp Debt Pref	WFC 1.500 0118	94974BFG0	01/16/2018	1.50%	\$811,136
Corp Debt Pref	WFC 2.150 0119	94974BFQ8	01/15/2019	2.15%	\$91,130
Corp Debt Pref	WFC 2.125 0419	94974BFU9	04/22/2019	2.13%	\$286,086
Corp Debt Pref	WSTP 2.250 0718	961214CC5	07/30/2018	2.25%	\$655,399
Corp Debt Pref	WSTP 1.200 0517	961214CH4	05/19/2017	1.20%	<u>\$139,575</u>

					sub-total	\$22,589,852
Corp Debt Pref	Industrials	ABBNVX 1.625 0517	00037BAA0	05/08/2017	1.63%	\$115,654
Corp Debt Pref		T 0.900 0216	00206RBR2	02/12/2016	0.90%	\$406,300
Corp Debt Pref		T 2.375 1118	00206RCA8	11/27/2018	2.38%	\$95,949
Corp Debt Pref		T 2.300 0319	00206RCC4	03/11/2019	2.30%	\$221,315
Corp Debt Pref		ABBV 1.750 1117	00287YAJ8	11/06/2017	1.75%	\$281,357
Corp Debt Pref		ACT 1.300 0617	00507UAB7	06/15/2017	1.30%	\$73,677
Corp Debt Pref		ACT 2.450 0619	00507UAD3	06/15/2019	2.45%	\$63,962
Corp Debt Pref		ARG 1.650 0218	009363AN2	02/15/2018	1.65%	\$268,111
Corp Debt Pref		ALB 3.000 1219	012725AB3	12/01/2019	3.00%	\$150,485
Corp Debt Pref		AGN 1.350 0318	018490AP7	03/15/2018	1.35%	\$63,541
Corp Debt Pref		MO 2.625 0120	02209SAT0	01/14/2020	2.63%	\$171,076
Corp Debt Pref		HNDA 2.125 1018	02665WAC5	10/10/2018	2.13%	\$141,521
Corp Debt Pref		AMT 3.400 0219	03027XAC4	02/15/2019	3.40%	\$309,199
Corp Debt Pref		ABC 1.150 0517	03073EAK1	05/15/2017	1.15%	\$94,337
Corp Debt Pref		APH 2.550 0119	032095AC5	01/30/2019	2.55%	\$305,295
Corp Debt Pref		APA 1.750 0417	037411BB0	04/15/2017	1.75%	\$115,313
Corp Debt Pref		ARW 3.000 0318	042735BB5	03/01/2018	3.00%	\$150,138
Corp Debt Pref		BPLN 1.375 1117	05565QCC0	11/06/2017	1.38%	\$118,944
Corp Debt Pref		BPLN 1.375 0518	05565QCE6	05/10/2018	1.38%	\$19,684
Corp Debt Pref		BPLN 2.241 0918	05565QCG1	09/26/2018	2.24%	\$156,355
Corp Debt Pref		BPLN 2.521 0120	05565QCT3	01/15/2020	2.52%	\$160,826
Corp Debt Pref		BDX 2.675 1219	075887BE8	12/15/2019	2.68%	\$71,004
Corp Debt Pref		BFB 2.500 0116	115637AK6	01/15/2016	2.50%	\$174,911
Corp Debt Pref		CNQC 5.900 0218	136385AN1	02/01/2018	5.90%	\$73,532
Corp Debt Pref		CAH 2.400 1119	14149YAZ1	11/15/2019	2.40%	\$69,968
Corp Debt Pref		CAT 1.625 0617	14912L5E7	06/01/2017	1.63%	\$120,909
Corp Debt Pref		CAT 1.250 1117	14912L5J6	11/06/2017	1.25%	\$174,506
Corp Debt Pref		CAT 1.000 0317	14912L5Z0	03/03/2017	1.00%	\$30,017
Corp Debt Pref		CCI 2.381 1217	14987BAD5	12/15/2017	2.38%	\$277,729
Corp Debt Pref		CSCO 2.125 0319	17275RAR3	03/01/2019	2.13%	\$146,709
Corp Debt Pref		COP 1.050 1217	20826FAB2	12/15/2017	1.05%	\$390,133
Corp Debt Pref		DAIGR 2.400 0417	233851AP9	04/10/2017	2.40%	\$184,726
Corp Debt Pref		DAIGR 1.375 0817	233851BF0	08/01/2017	1.38%	\$290,308

Corp Debt Pref	DE 2.000 0117	24422ERL5	01/13/2017	2.00%	\$210,378
Corp Debt Pref	DE 1.200 1017	24422ERW1	10/10/2017	1.20%	\$24,925
Corp Debt Pref	DE 1.550 1217	24422ESR1	12/15/2017	1.55%	\$205,924
Corp Debt Pref	DTV 2.400 0317	25459HBE4	03/15/2017	2.40%	\$225,706
Corp Debt Pref	DTV 1.750 0118	25459HBH7	01/15/2018	1.75%	\$155,229
Corp Debt Pref	DISCA 5.625 0819	25470DAA7	08/15/2019	5.63%	\$142,986
Corp Debt Pref	DOW 5.700 0518	260543BV4	05/15/2018	5.70%	\$64,811
Corp Debt Pref	EBAY 2.200 0819	278642AH6	08/01/2019	2.20%	\$329,730
Corp Debt Pref	ETP 6.700 0718	29273RAH2	07/01/2018	6.70%	\$150,537
Corp Debt Pref	EPD 2.550 1019	29379VBD4	10/15/2019	2.55%	\$223,962
Corp Debt Pref	ESRX 2.250 0619	30219GAH1	06/15/2019	2.25%	\$297,088
Corp Debt Pref	F 2.875 1018	345397WL3	10/01/2018	2.88%	\$158,834
Corp Debt Pref	F 2.375 0118	34540UAA7	01/16/2018	2.38%	\$269,420
Corp Debt Pref	FCX 2.375 0318	35671DBD6	03/15/2018	2.38%	\$149,400
Corp Debt Pref	HOG 2.400 0919	41283LAD7	09/15/2019	2.40%	\$322,219
Corp Debt Pref	HPQ 2.600 0917	428236BW2	09/15/2017	2.60%	\$153,964
Corp Debt Pref	HPQ 2.750 0119	428236BY8	01/14/2019	2.75%	\$359,982
Corp Debt Pref	HD 2.000 0619	437076BE1	06/15/2019	2.00%	\$120,401
Corp Debt Pref	JBHT 2.400 0319	445658CC9	03/15/2019	2.40%	\$307,318
Corp Debt Pref	ITW 1.950 0319	452308AU3	03/01/2019	1.95%	\$85,598
Corp Debt Pref	KMI 5.950 0218	494550AY2	02/15/2018	5.95%	\$394,268
Corp Debt Pref	KMI 3.050 1219	49456BAE1	12/01/2019	3.05%	\$109,452
Corp Debt Pref	MDLZ 4.125 0216	50075NBB9	02/09/2016	4.13%	\$126,411
Corp Debt Pref	LOW 2.125 0416	548661CS4	04/15/2016	2.13%	\$234,826
Corp Debt Pref	LYB 5.000 0419	552081AG6	04/15/2019	5.00%	\$214,757
Corp Debt Pref	MCK 1.400 0318	58155QAF0	03/15/2018	1.40%	\$292,570
Corp Debt Pref	MDT 2.500 0320	585055BF2	03/15/2020	2.50%	\$65,265
Corp Debt Pref	MON 2.125 0719	61166WAS0	07/15/2019	2.13%	\$130,901
Corp Debt Pref	NSANY 2.350 0319	654740AH2	03/04/2019	2.35%	\$192,153
Corp Debt Pref	NUE 5.750 1217	670346AG0	12/01/2017	5.75%	\$177,574
Corp Debt Pref	OXY 1.500 0218	674599CD5	02/15/2018	1.50%	\$457,699
Corp Debt Pref	OKS 2.000 1017	68268NAH6	10/01/2017	2.00%	\$134,921
Corp Debt Pref	ORCL 1.200 1017	68389XAN5	10/15/2017	1.20%	\$469,518
Corp Debt Pref	ORCL 2.250 1019	68389XAX3	10/08/2019	2.25%	\$202,466

Corp Debt Pref		PCAR 2.200 0919	69371RM29	09/15/2019	2.20%	\$276,947
Corp Debt Pref		PENSKE 3.750 0517	709599AE4	05/11/2017	3.75%	\$283,585
Corp Debt Pref		PENSKE 2.500 0619	709599AQ7	06/15/2019	2.50%	\$238,803
Corp Debt Pref		RIOLN 1.625 0817	76720AAE6	08/21/2017	1.63%	\$442,400
Corp Debt Pref		ROSW 2.250 0919	771196BA9	09/30/2019	2.25%	\$318,807
Corp Debt Pref		ROP 2.050 1018	776696AF3	10/01/2018	2.05%	\$164,484
Corp Debt Pref		R 2.500 0317	78355HJS9	03/01/2017	2.50%	\$303,673
Corp Debt Pref		R 2.450 1118	78355HJV2	11/15/2018	2.45%	\$100,326
Corp Debt Pref		SABLN 2.450 0117	78573AAB6	01/15/2017	2.45%	\$232,102
Corp Debt Pref		SANFP 1.250 0418	801060AB0	04/10/2018	1.25%	\$163,889
Corp Debt Pref		SEP 2.950 0918	84756NAC3	09/25/2018	2.95%	\$154,689
Corp Debt Pref		SYU 2.350 1019	871829AS6	10/02/2019	2.35%	\$91,013
Corp Debt Pref		TGT 2.300 0619	87612EBB1	06/26/2019	2.30%	\$303,786
Corp Debt Pref		TOYOTA 1.375 0118	89233P7E0	01/10/2018	1.38%	\$395,480
Corp Debt Pref		TOYOTA 2.125 0719	89236TBP9	07/18/2019	2.13%	\$278,461
Corp Debt Pref		TEL 2.350 0819	902133AQ0	08/01/2019	2.35%	\$156,386
Corp Debt Pref		VZ 3.650 0918	92343VBP8	09/14/2018	3.65%	\$384,327
Corp Debt Pref		VZ 2.550 0619	92343VCB8	06/17/2019	2.55%	\$75,669
Corp Debt Pref		VOD 1.625 0317	92857WAX8	03/20/2017	1.63%	\$306,251
Corp Debt Pref		VW 2.125 0519	928668AB8	05/23/2019	2.13%	\$164,504
Corp Debt Pref		VW 2.125 1118	928670AX6	11/20/2018	2.13%	\$400,207
Corp Debt Pref		WAG 1.800 0917	931422AJ8	09/15/2017	1.80%	\$226,303
Corp Debt Pref		ACT 1.875 1017	942683AG8	10/01/2017	1.88%	\$235,191
Corp Debt Pref		XRX 2.950 0317	984121CF8	03/15/2017	2.95%	\$304,641
Corp Debt Pref		XRX 2.750 0319	984121CG6	03/15/2019	2.75%	\$313,284
Corp Debt Pref		ZTS 1.875 0218	98978VAG8	02/01/2018	1.88%	<u>\$169,798</u>
					sub-total	\$19,133,696
Corp Debt Pref	Utilities	AES 1.875 0916	240019BS7	09/15/2016	1.88%	\$254,142
Corp Debt Pref		EXC 6.200 1017	30161MAE3	10/01/2017	6.20%	\$304,216
Corp Debt Pref		BRKHEC 2.400 0319	595620AJ4	03/15/2019	2.40%	\$56,233
Corp Debt Pref		NEE 2.400 0919	65339KAL4	09/15/2019	2.40%	\$65,398
Corp Debt Pref		PEG 2.450 1118	69362BAZ5	11/15/2018	2.45%	\$306,441
Corp Debt Pref		SO 2.450 0918	842587CJ4	09/01/2018	2.45%	\$92,582
Corp Debt Pref		SO 2.150 0919	842587CL9	09/01/2019	2.15%	\$135,172

Corp Debt Pref		TE 6.572 1117	87875UAH5	11/01/2017	6.57%	\$123,230
Corp Debt Pref		TACN 1.900 0617	89346DAG2	06/03/2017	1.90%	<u>\$264,269</u>
					sub-total	\$1,601,683
Corp Debt Pref	MBS					
Corp Debt Pref	Agency CMO	FNR 30 AB	3136ADMJ5	01/25/2043	2.00%	\$520,565
Corp Debt Pref		FNR 17 VA	3136AJXQ4	05/25/2027	3.00%	\$877,952
Corp Debt Pref		FNR 50 WB	3136AKXN8	08/25/2044	3.00%	\$370,753
Corp Debt Pref		FHR 3718 BC	3137A1BX0	02/15/2025	2.00%	\$72,377
Corp Debt Pref		FHR 4202 DL	3137B23Q1	05/15/2028	3.00%	\$632,971
Corp Debt Pref		FHR 4203 CD	3137B2BX7	05/15/2033	2.25%	\$250,837
Corp Debt Pref		FHR 4206 DA	3137B2FD7	05/15/2033	2.00%	\$195,665
Corp Debt Pref		FHR 4229 MA	3137B3GL6	05/15/2041	3.50%	\$907,622
Corp Debt Pref		FHR 4281 MP	3137B6PZ8	12/15/2043	3.75%	\$516,240
Corp Debt Pref		FHR 4308 AH	3137B7NL9	02/15/2029	3.00%	\$408,793
Corp Debt Pref		FHR 4367 YA	3137BCLZ9	07/15/2044	3.00%	\$1,019,518
Corp Debt Pref		FNR 14 AN	31392JDX4	03/25/2033	3.50%	\$207,780
Corp Debt Pref		FHR 2513 DB	31392XBH0	10/15/2017	5.00%	\$73,988
Corp Debt Pref		FHR 2590 OA	31393NK57	03/15/2033	4.00%	\$265,321
Corp Debt Pref		FHR 2643 ME	31394GB44	03/15/2018	3.50%	\$86,090
Corp Debt Pref		FNR 5 UN	31397QNA2	02/25/2021	3.00%	\$76,959
Corp Debt Pref		FNR 6 BA	31397QUQ9	06/25/2020	2.75%	\$51,534
Corp Debt Pref		FHR 3501 AC	31397YS44	08/15/2023	4.00%	\$40,161
Corp Debt Pref		FHR 3501 JA	31397YSE2	04/15/2037	4.00%	\$76,885
Corp Debt Pref		FHR 3567 ND	31398J4Z3	12/15/2017	4.00%	\$88,241
Corp Debt Pref		FHR 3609 LE	31398LNM6	12/15/2024	3.00%	\$34,203
Corp Debt Pref		FNR 50 AD	31398PR76	01/25/2024	3.00%	\$9,518
Corp Debt Pref		FNR 57 AQ	31398RB79	08/25/2024	3.00%	\$8,334
Corp Debt Pref		FNR 66 QA	31398RFJ9	08/25/2039	4.50%	\$233,837
Corp Debt Pref		FNR 64 AD	31398RT39	12/25/2020	3.00%	\$97,592
Corp Debt Pref		FNR 93 AH	31398TSG7	08/25/2020	2.50%	\$32,284
Corp Debt Pref		FHR 3645 EH	31398VEK8	12/15/2020	3.00%	<u>\$118,115</u>
					sub-total	\$7,274,135
Corp Debt Pref	Agency Pass thrus	FG 3.500 1225	3128PTJ63	12/01/2025	3.50%	\$402,605

Corp Debt Pref	FG 3.500 0326	3128PUCN0	03/01/2026	3.50%	\$306,101
Corp Debt Pref	FG 3.500 0426	3128PUP48	04/01/2026	3.50%	\$511,997
Corp Debt Pref	FG 3.500 0426	3128PUQS4	04/01/2026	3.50%	\$586,274
Corp Debt Pref	FG 4.000 0421	3128PUXC1	04/01/2021	4.00%	\$217,492
Corp Debt Pref	FG 3.000 0427	31294MNG2	04/01/2027	3.00%	\$457,999
Corp Debt Pref	FG 2.500 0727	31294UAE3	07/01/2027	2.50%	\$532,270
Corp Debt Pref	FG 3.000 1027	31294UAN3	10/01/2027	3.00%	\$346,108
Corp Debt Pref	FG 3.000 0827	31306XEF6	08/01/2027	3.00%	\$720,968
Corp Debt Pref	FG 3.000 0529	31307HEG8	05/01/2029	3.00%	\$460,459
Corp Debt Pref	FN 3.500 0126	3138A4Y58	01/01/2026	3.50%	\$88,978
Corp Debt Pref	FN 4.000 0226	3138A6LX6	02/01/2026	4.00%	\$590,772
Corp Debt Pref	FN 3.500 0426	3138ABL31	04/01/2026	3.50%	\$127,408
Corp Debt Pref	FN 4.500 0426	3138AFAG5	04/01/2026	4.50%	\$379,879
Corp Debt Pref	FN 3.500 1126	3138ARCA0	11/01/2026	3.50%	\$361,442
Corp Debt Pref	FN 3.000 1026	3138AVRH0	10/01/2026	3.00%	\$158,486
Corp Debt Pref	FN 3.500 1026	3138AVRP2	10/01/2026	3.50%	\$1,219,719
Corp Debt Pref	FN 3.500 1126	3138AYW96	11/01/2026	3.50%	\$194,189
Corp Debt Pref	FN 3.000 0127	3138E2GB5	01/01/2027	3.00%	\$1,284,271
Corp Debt Pref	FN 3.000 0127	3138E5B31	01/01/2027	3.00%	\$614,501
Corp Debt Pref	FN 4.000 0226	3138EGAD6	02/01/2026	4.00%	\$476,820
Corp Debt Pref	FN 4.000 0826	3138EGU77	08/01/2026	4.00%	\$220,596
Corp Debt Pref	FN 3.000 0527	3138EH3Z3	05/01/2027	3.00%	\$388,724
Corp Debt Pref	FN 2.500 0227	3138EHQU9	02/01/2027	2.50%	\$193,217
Corp Debt Pref	FN 2.500 0328	3138EKRR8	03/01/2028	2.50%	\$675,948
Corp Debt Pref	FN 3.000 0727	3138LQS70	07/01/2027	3.00%	\$551,138
Corp Debt Pref	FN 3.000 0827	3138M8HE6	08/01/2027	3.00%	\$816,624
Corp Debt Pref	FN 2.500 1027	3138MD2E1	10/01/2027	2.50%	\$572,467
Corp Debt Pref	FN 2.500 1227	3138MLJS4	12/01/2027	2.50%	\$728,371
Corp Debt Pref	FN 2.500 1127	3138MPGX7	11/01/2027	2.50%	\$978,999
Corp Debt Pref	FN 3.000 0328	3138W5YA0	03/01/2028	3.00%	\$528,075
Corp Debt Pref	FN 5.000 0719	31403DEP0	07/01/2019	5.00%	\$200,837
Corp Debt Pref	FN 4.000 0424	31412PEV9	04/01/2024	4.00%	\$162,838
Corp Debt Pref	FN 4.500 0824	31412QE08	08/01/2024	4.50%	\$78,706
Corp Debt Pref	FN 4.000 0725	31416WLZ3	07/01/2025	4.00%	\$87,105

Corp Debt Pref		FN 3.000 0126	31416XLG3	01/01/2026	3.00%	\$506,578
Corp Debt Pref		FN 4.000 0326	31416XYQ7	03/01/2026	4.00%	\$364,529
Corp Debt Pref		FN 2.500 0627	31417B5S2	06/01/2027	2.50%	\$1,027,933
Corp Debt Pref		FN 2.500 0327	31417BFK8	03/01/2027	2.50%	\$199,823
Corp Debt Pref		FN 2.500 0927	31417C6W0	09/01/2027	2.50%	\$496,537
Corp Debt Pref		FN 2.500 0128	31417EH20	01/01/2028	2.50%	\$822,688
Corp Debt Pref		FN 2.500 0328	31417FQD3	03/01/2028	2.50%	\$769,335
Corp Debt Pref		FN 2.500 0528	31417GPN0	05/01/2028	2.50%	\$909,166
Corp Debt Pref		FN 4.000 0924	31417MTG8	09/01/2024	4.00%	\$465,251
Corp Debt Pref		FN 4.500 0125	31417V4Y6	01/01/2025	4.50%	\$628,025
Corp Debt Pref		FN 4.000 1125	31417YT80	11/01/2025	4.00%	\$295,564
Corp Debt Pref		FN 4.000 0326	31417YXG7	03/01/2026	4.00%	\$198,997
Corp Debt Pref		FN 3.000 0727	31418AGL6	07/01/2027	3.00%	\$175,864
Corp Debt Pref		FN 5.000 0224	31418MVX7	02/01/2024	5.00%	\$256,464
Corp Debt Pref		FN 4.000 0925	31418XLU0	09/01/2025	4.00%	\$34,411
Corp Debt Pref		FN 5.500 0124	31419AP68	01/01/2024	5.50%	\$268,406
Corp Debt Pref		FN 4.000 0925	31419BC29	09/01/2025	4.00%	\$234,947
Corp Debt Pref		FN 3.500 1025	31419GCZ5	10/01/2025	3.50%	\$231,160
Corp Debt Pref		FN 3.500 1125	31419KKY0	11/01/2025	3.50%	\$172,336
Corp Debt Pref		G2 4.000 0626	36202FUD6	06/20/2026	4.00%	<u>\$243,318</u>
					sub-total	<u>\$31,173,482</u>
					Total	\$115,490,999
Gua Inv Contract	Metropolitan Lf Ins Co	MetLife	GAC32986X	06/29/2017	1.25%	<u>\$5,048,048</u>
					Total	\$5,048,048

					<u>Cost</u>	<u>Current Value</u>
Reg Inv Co	Allianz	ALLIANZGI NFJ INTL VALUE R6 FD			\$0.00	\$28,651,371.55
Reg Inv Co	Allianz	ALLIANZGI NFJ SMCAP VALUE R6			\$0.00	\$28,653,527.20
Reg Inv Co	American Cent Inv	AM CENT GROWTH R6 FUND			\$0.00	\$103,872,275.42
Reg Inv Co	The American Funds	AM FDS EUROPACIFIC GRTH R6 FD			\$0.00	\$38,924,632.89
Reg Inv Co	Dimensional Inv Grp	DFA GLOBAL REAL ESTATE SC I FD			\$0.00	\$5,389,767.12
Reg Inv Co	Invesco Funds Group, Inc.	INVESCO DIVERS DIVIDEND R6 FD			\$0.00	\$88,447,729.46
Reg Inv Co	Oppenheimer	Oppenheimer Dev Mkts Y Fund			\$0.00	\$20.85

	Reg Inv Co	Oppenheimer	OPPENHEIMER DEV MARKETS I FUND	\$0.00	\$19,249,162.96
	Reg Inv Co	Oppenheimer	OPPENHEIMER INT'L GROWTH I FD	\$0.00	\$23,853,528.34
	Reg Inv Co	PIMCO Funds	PIMCO Total Return Adm Fund	\$0.00	<u>\$49,730.37</u>
					\$337,091,746.16
*	Pooled Sep Acct	Prinicpal Life Ins Co	Prin LgCp S&P 500 Index SA-Z	\$0.00	\$88,661,783.22
*	Pooled Sep Acct	Prinicpal Life Ins Co	Prin MidCap S&P 400 Idx SA-Z	\$0.00	\$106,192,527.53
*	Pooled Sep Acct	Prinicpal Life Ins Co	Prin SmCap S&P 600 Index SA-Z	\$0.00	\$28,226,933.94
*	Pooled Sep Acct	Prinicpal Life Ins Co	Prin Smcap Growth I Sep Acct-Z	\$0.00	<u>\$39,520,961.86</u>
					\$262,602,206.55
*	Employer Security	Comm Health Sys Inc	Community Health Sys. Inc. Stk	\$0.00	<u>\$44,046,059.72</u>
					\$44,046,059.72
*	Master Trusts	Prinicpal Life Ins Co	RET STRATEGIC INC SEP ACCT	0	\$19,195,145.37
*	Master Trusts	Prinicpal Life Ins Co	RET TARGET 2010 SEP ACCT	0	\$62,342,680.07
*	Master Trusts	Prinicpal Life Ins Co	RET TARGET 2015 SEP ACCT	0	\$203,594,361.08
*	Master Trusts	Prinicpal Life Ins Co	RET TARGET 2020 SEP ACCT	0	\$385,096,609.09
*	Master Trusts	Prinicpal Life Ins Co	RET TARGET 2025 SEP ACCT	0	\$347,159,257.50
*	Master Trusts	Prinicpal Life Ins Co	RET TARGET 2030 SEP ACCT	0	\$280,953,331.06
*	Master Trusts	Prinicpal Life Ins Co	RET TARGET 2035 SEP ACCT	0	\$221,446,374.09
*	Master Trusts	Prinicpal Life Ins Co	RET TARGET 2040 SEP ACCT	0	\$166,410,367.08
*	Master Trusts	Prinicpal Life Ins Co	RET TARGET 2045 SEP ACCT	0	\$102,669,491.06
*	Master Trusts	Prinicpal Life Ins Co	RET TARGET 2050 SEP ACCT	0	\$61,507,897.50
*	Master Trusts	Prinicpal Life Ins Co	RET TARGET 2050 SEP ACCT	0	\$11,289,927.38
*	Master Trusts	Prinicpal Life Ins Co	RET TARGET 2050 SEP ACCT	0	<u>\$1,000,059.14</u>
					\$1,862,665,500.42
	Participant Loans		Range of Interest Rates		
			Rates Range From 3.25% To 10.50%	\$0.00	\$78,121,662.00

CHS/Community Health Systems, Inc. Retirement Savings Plan

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

EIN #76-0137985 Plan #004

Year Ended December 31, 2014

Check Here If Late Participant Loan Payments are <u>Included</u>	Participant Contributions Transferred Late to <u>the Plan</u>	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE <u>2002-51</u>
		Contributions not <u>Corrected</u>	Contributions Corrected Outside <u>VFCP</u>	Contributions Pending Correction in <u>VFCP</u>	
*	\$ 3,771	\$ 2,582	\$ 1,189	\$ -	\$ -