# 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 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

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ 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)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 004

**1c** Effective date of plan 01/01/2009

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CHS/COMMUNITY HEALTH SYSTEMS, INC

4000 MERIDIAN BLVD
PO BOX 689020
FRANKLIN, TN 37067-6325

**2b** Employer Identification Number (EIN) 76-0137985

**2c** Plan Sponsor's telephone number 615-465-7559

**2d** Business code (see instructions) 622000

**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. | 10/14/2026 | JAMES HAYES |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2026 | JAMES HAYES |
| | **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 |

**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: 615-465-7559

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**c** Plan Name

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 93784 |
| **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)** | 59455 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 57083 |
| **b** | Retired or separated participants receiving benefits | **6b** | 43 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 28076 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 85202 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 289 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 85491 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 80998 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 78280 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 4039 |
| **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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**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 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).. . . . . [X] 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 disclosures on eligible indirect compensation

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**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 | 4601969 | Yes [X] No [ ] | Yes [X] No [ ] | 93468 | Yes [X] No [ ] |

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

EDELMAN FINANCIAL ENGINES, LLC

94-3250323

| (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? |
|---|---|---|---|---|---|---|
| 26 50 | INV ADV, PARTICIPANTS | 364734 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

LPL FINANCIAL LLC - 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 50 | INVESTMENT ADVISORY | 187195 | Yes [X] No [ ] | Yes [ ] No [X] | 4804 | Yes [ ] No [X] |

## 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 | 93468 |

| **(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. |
|---|---|
| EDELMAN FINANCIAL ENGINES, LLC<br><br>94-3250323 | QUARTERLY SET UP AND MAINTENCE FEES PLUS PER PARTICIPANT FEE NOT TO EXCEED 35% OF FEES RECEIVED BY EDELMAN FINANCIAL ENGINES EACH QUARTER |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| LPL FINANCIAL LLC - RPCP | 27 50 | 4804 |

| **(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<br><br>42-0127290 | INVESTMENT ADVISORY SERVICES |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(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. |
|---|---|
| | |

## 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 |
|---|---|---|
| | | |

| **(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 |
|---|---|---|
| | | |

| **(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 |
|---|---|---|
| | | |

| **(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 |
|---|---|---|
| | | |

| **(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 |
|---|---|---|
| | | |

| **(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

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan or DFE 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 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)

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | RET TARGET 2015 SEP ACCT | | |
| **b** Name of sponsor of entity listed in (a): | PRINCIPAL LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 42-0127290-141 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 65208912 |
| **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) | 207439500 |
| **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) | 392839743 |
| **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) | 557312777 |
| **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) | 592178818 |
| **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) | 508427618 |
| **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) | 430759987 |

**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) 363812205 |
|---|---|---|

**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) 257490970 |
|---|---|---|

**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) 162346968 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CHS MASTER TRUST INVESTMENT ACCOUNT

**b** Name of sponsor of entity listed in (a): CHS/COMMUNITY HEALTH SYSTEMS,INC.

| **c** EIN-PN 76-0137985-008 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1222588481 |
|---|---|---|

**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) 36684043 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RET TARGET 2065 SEP ACCT

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-174 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71506894 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RET TARGET 2070 SEP ACCOUNT

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-180 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8504923 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CHS STABLE VALUE FUND MASTER TRUST

**b** Name of sponsor of entity listed in (a): CHS/COMMUNITY HEALTH SYSTEMS, INC.

| **c** EIN-PN 76-0137985-007 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 209434693 |
|---|---|---|

**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) |
|---|---|---|

**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) |
|---|---|---|

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**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

**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

**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

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**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 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 | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 62535348 | 63419178 |
| **(2)** Participant contributions | 1b(2) | 506615 | 578279 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(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) | 54249854 | 59659230 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 4660950194 | 5086536532 |
| **(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) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 4778242011 | 5210193219 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 4778242011 | 5210193219 |

## 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) | 63419179 | |
| **(B)** Participants | 2a(1)(B) | 290137170 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 30815760 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 384372109 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 4626297 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 4626297 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 8296604 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 8296604 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 705682914 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | 693183 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1103671107 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 667607259 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | 87108 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 667694367 |
| f Corrective distributions (see instructions) | 2f | | 83908 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 229702 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 4601969 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 551929 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 5153898 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 673161875 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 430509232 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 2056981 |
| (2) From this plan | 2l(2) | | 615005 |

## 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)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: LBMC, PC **(2)** EIN: 62-1199757

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

**(1)** [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **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.) | **4a** | X | | 21431756 |
| **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.) | **4b** | | X | |
| **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** | | X | |
| **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** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | 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? | **4f** | | 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? | **4g** | | 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? | **4h** | | 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.) | **4i** | 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.) | **4j** | | 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? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | 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. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

**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. STANDARD 401(K) PLAN | 76-0137985 | 006 |
| | | |
| | | |
| | | |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

# 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 sections 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

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**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 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 | 0

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): 42-0127290

**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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **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) and (b):

**a** Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

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

**Financial Statements and Supplemental Schedules**

**December 31, 2025 and 2024**

**(With Independent Auditors' Report Thereon)**

LBMC

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

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# Independent Auditors' Report

**The Retirement Committee of the**
**CHS/Community Health Systems, Inc. Retirement Savings Plan**
**Franklin, Tennessee**

***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit***

**We have performed audits of the financial statements of the CHS/Community Health Systems, Inc. Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.**

**Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").**

**Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.**

***Opinion***

**In our opinion, based on our audits and on the procedures performed as described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report,**

- **the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).**
- **the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management has determined meets the requirements of ERISA Section 103(a)(3)(C).**

***Basis for Opinion***

**We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.**

***Responsibilities of Management for the Financial Statements***

**Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.**

**In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued or are available to be issued.**

**Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.**

***Auditors' Responsibilities for the Audit of the Financial Statements***

**Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.**

**In performing an audit in accordance with GAAS, we:**

- **Exercise professional judgment and maintain professional skepticism throughout the audit.**
- **Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.**
- **Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.**
- **Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.**
- **Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.**

**Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.**

**Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.**

**We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.**

***Other Matter - Supplemental Schedules Required by ERISA***

**The supplemental schedules of assets (held at end of year) as of December 31, 2025 and delinquent participant contributions for the year ended December 31, 2025 are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.**

**In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.**

**In our opinion:**

- **the form and content of the supplemental schedules, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.**
- **the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).**

LBMC, PC

**Brentwood, Tennessee**
**October 13, 2026**

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

**Statements of Net Assets Available for Benefits**

**December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| **Assets:** | | |
| **Investments - interest in Master Trust** | **$ 5,086,536,532** | **$ 4,660,950,194** |
| **Receivables:** | | |
| **Participant contributions** | **578,279** | **506,615** |
| **Employer matching contributions** | **63,419,178** | **62,535,348** |
| **Notes receivable from participants** | **59,659,230** | **54,249,854** |
| **Total receivables** | **123,656,687** | **117,291,817** |
| **Net assets available for benefits** | **$ 5,210,193,219** | **$ 4,778,242,011** |

**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, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| **Additions to net assets attributed to:** | | |
| Net investment gain from Master Trust | $ 714,672,701 | $ 532,300,556 |
| Interest income on notes receivable from participants | 4,626,297 | 3,897,229 |
| Contributions: | | |
| Employer | 63,419,179 | 62,450,092 |
| Participants | 290,137,170 | 286,214,309 |
| Rollovers | 30,815,760 | 31,994,101 |
| Total contributions | 384,372,109 | 380,658,502 |
| Total additions | 1,103,671,107 | 916,856,287 |
| **Deductions from net assets attributed to:** | | |
| Benefits paid | 668,007,977 | 651,796,187 |
| Administrative expenses | 5,153,898 | 5,101,387 |
| Total deductions | 673,161,875 | 656,897,574 |
| Net increase | 430,509,232 | 259,958,713 |
| Transfers into the Plan | 2,056,981 | 818,677 |
| Transfers out of the Plan | (615,005) | (243,553) |
| Net assets available for benefits at beginning of year | 4,778,242,011 | 4,517,708,174 |
| Net assets available for benefits at end of year | $5,210,193,219 | $4,778,242,011 |

**See accompanying notes to the financial statements.**

## (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. ("CHS"), 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. Employees are immediately eligible to make deferrals and eligible for the employer match after one year of service ("participants"). There is no age requirement in order to participate in the Plan. Employees who are not eligible to participate in the Plan include leased employees, certain non-resident aliens, residents of Puerto Rico and employees who are eligible to participate in other retirement plans maintained by the Company that are intended to be qualified under Internal Revenue Code (the "Code") Section 401(a) that also provide for a cash-or-deferred arrangement or contain 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 ("Principal") 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).

The Company and Principal executed a master trust agreement (the "Master Trust") whereby all of the Plan's investments are included in the Master Trust. The Master Trust, which includes two 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 affiliated plan included in the Master Trust is the CHS/Community Health Systems, Inc. Standard 401(k) Plan.

### (b) Contributions

Each year, participants may contribute up to 50% of compensation, not to exceed the maximum amount as determined by the Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

**Participants who become eligible to participate in the Plan will be automatically enrolled at an 8% deferral rate, which increases on a scheduled annual basis by 2% up to a maximum of 12% unless the participant makes a different deferral election. Participants who transferred from the Mat-Su Plan and Health Management Associates, Inc. Employee Benefit Plan ("HMA Plan") maintain the same deferral election as they had in the Mat-Su Plan and HMA Plan, respectively, at the time of the transfers.**

**Effective January 1, 2025, participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Additionally, participants who have attained ages of 60 to 63 before the end of the Plan year may elect to make additional "super catch-up" contributions as permitted under the Setting Every Community Up for Retirement Enhancement 2.0 Act of 2022 ("SECURE 2.0 Act of 2022")**

**The Company makes 50% matching contributions on the first 3% deferred by participants who are employees of Palmer-Wasilla Health Systems, LLC dba Mat-Su Regional Medical Center ("Mat-Su Participants") and may contribute a discretionary matching contribution equal to a uniform percentage of eligible employee contributions for all other participants. The discretionary percentage is to be determined each year by the Administrator. Additional discretionary contributions may be contributed at the discretion of the Administrator.**

**The Plan was amended effective June 1, 2021, to allow for after-tax voluntary contributions to be made under the Plan.**

**Effective July 1, 2022, the Plan Sponsor matching contributions are capped at $3,500 for participants at non-union facilities. Participants receiving a matching contribution must have completed 500 hours of service during the Plan year and be employed on the last day of the Plan year. If a participant retires, dies or becomes disabled, the service requirement is waived. The applicability of the matching changes and service requirements in 2022 is dependent upon each participant's date of hire or termination in the period, as applicable; such changes become applicable to all participants beginning January 1, 2023.**

**No discretionary contributions were made by the Company for the years ended December 31, 2025 and 2024. Plan Sponsor contributions may not exceed the maximum amount allowable for federal income tax purposes.**

**(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 balance.**

**(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 Principal according to the participant's instructions in one or a combination of several fund options. Participants may change their investment elections or initiate transfers between funds by giving notice to Principal. The Plan currently offers a variety of mutual funds, pooled separate accounts, collective investment trusts and the CHS Stable Value Fund as investment options for participants.**

**(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 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 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. Mat-Su Participants who were hired prior to August 6, 2017 became fully vested in Company matching and discretionary contributions after two years of service. HMA Plan participants who were initially hired prior to January 1, 2015 are fully vested in Company matching and discretionary contributions. 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 9.50%, 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 $7,000, 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 $7,000 generally may only be distributed as a lump-sum payment. In-service withdrawals are available for a participant upon attainment of age 59½.**

**(h) Forfeited accounts**

**Forfeitures are created when participants terminate employment prior to becoming fully vested in the Company contribution portion of their 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, 2025 and 2024, forfeited non-vested accounts totaled $3,232,405 and $2,890,351, respectively. The 2025 and 2024 forfeited non-vested accounts were utilized to reduce the Company contributions receivable during 2026 and 2025, 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.**

**(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, recordkeeping and investment management services are charged directly to the participant's account and are included in administrative expenses.**

**(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 any full or partial plan termination, all amounts credited to the account of any affected participant will become 100% vested and nonforfeitable and any amounts forfeited during the applicable period with respect to any affected participant will be reinstated. The Retirement Committee reviews Company divestitures and other relevant information from time to time, as appropriate, in connection with partial plan termination matters.**

**(2) Summary of significant accounting policies**

**(a) Basis of accounting**

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

**(b) Investment valuation and income recognition**

**Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by its third-party investment advisors. See Note 4 for discussion of fair value measurements.**

**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. Net investment gain includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.**

**(c) 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.**

**(d) Payment of benefits**

**Benefits are recorded when paid.**

**(e) Transfers**

**The Company sponsors other defined contribution plans in which participants of this Plan may become eligible participants. Similarly, participants in the other Company 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 included in transfers into or out of the Plan in the statements of changes in net assets available for benefits.**

**(f) Use of estimates**

**The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) 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.**

**(g) Events occurring after the reporting date**

**The Plan Sponsor has evaluated events and transactions that occurred between December 31, 2025, and October 13, 2026, which is the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.**

**(3) Summary of information certified by Principal**

**The following information was certified as complete and accurate by Principal as of and for the years ended December 31, 2025 and 2024.**

| | 2025 | 2024 |
|---|---|---|
| Interest in Master Trust | $5,086,536,532 | $4,660,950,194 |
| Notes receivable from participants | $ 59,659,230 | $ 54,249,854 |
| Net investment gain from Master Trust | $ 714,672,701 | $ 532,300,556 |
| Interest in notes receivable from participants | $ 4,626,297 | $ 3,897,229 |

**(4) Fair value measurements**

**The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, 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 and Level 3 are not applicable to the Plan.**

**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 maximize the use of observable inputs and minimize the use of unobservable inputs.**

**The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2025 and 2024.**

**(i) *Mutual funds*: Valued at the net asset value (NAV) of shares held by the Plan at year end based on quoted market prices in an active market.**

**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 Sponsor 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.**

**The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2025:**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Total assets in the fair value hierarchy - mutual funds | $ 253,209,959 | $ - | $ - | $ 253,209,959 |
| Investments measured at NAV as a practical expedient (a) | | | | 4,967,564,504 |
| Investments at fair value | | | | $ 5,220,774,463 |

**The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2024:**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Total assets in the fair value hierarchy - mutual funds | $ 238,837,876 | $ - | $ - | $ 238,837,876 |
| Investments measured at NAV as a practical expedient (a) | | | | 4,545,557,446 |
| Investments at fair value | | | | $ 4,784,395,322 |

(a) Certain investments are measured at NAV as a practical expedient to estimate fair value and, therefore, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the Master Trust in Note 5.

The following table summarizes investments for which the fair value is measured using the NAV practical expedient as of December 31, 2025 and 2024, respectively. There are no participant redemption restrictions for these investments.

| Description | Master Trust's Fair Value 12/31/2025 | Master Trust's Fair Value 12/31/2024 | Unfunded Commitments | Redemption Frequency (if Currently Eligible) | Redemption Notice Period |
|---|---|---|---|---|---|
| Pooled separate accounts | $ 4,425,377,740 | $ 4,015,173,597 | n/a | Daily | n/a |
| Collective investment trusts | 326,816,744 | 298,135,813 | n/a | Daily | n/a |
| CHS Stable Value Fund | 215,370,020 | 232,248,036 | n/a | Daily | n/a |
| Total | $ 4,967,564,504 | $ 4,545,557,446 | | | |

(5) Interest in Master Trust

All of the Plan's investments are included in the Master Trust which was established for the investment of assets of the Plan and other related benefit plans. Each participating retirement plan has a divided interest in the Master Trust. The assets of the Master Trust are held by Principal. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

Investments of the Master Trust and Plan's interest as of December 31, 2025 and 2024, are as follows:

| | 2025 | | 2024 | |
|---|---|---|---|---|
| | Master Trust Balances | Plan's Interest in Master Trust Balances | Master Trust Balances | Plan's Interest in Master Trust Balances |
| Mutual funds | $ 253,209,959 | $ 248,903,481 | $ 238,837,876 | $ 235,180,612 |
| Pooled separate accounts | 4,425,377,740 | 4,306,256,306 | 4,015,173,597 | 3,906,625,551 |
| Collective investment trusts | 326,816,744 | 321,942,055 | 298,135,813 | 293,272,202 |
| CHS Stable Value Fund | 215,370,020 | 209,434,690 | 232,248,036 | 225,871,829 |
| Total | $ 5,220,774,463 | $ 5,086,536,532 | $ 4,784,395,322 | $ 4,660,950,194 |

Investment gains for the Master Trust for the years ended December 31, 2025 and 2024, are as follows:

| | 2025 | 2024 |
|---|---|---|
| Net appreciation in fair value of investments | $ 724,647,488 | $ 541,017,785 |
| Dividend income | 8,706,828 | 4,568,441 |
| Net investment gain | $ 733,354,316 | $ 545,586,226 |

**(6) Income tax status**

The Plan obtained a favorable determination letter on June 13, 2017, 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.

GAAP requires 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, 2025 and 2024, 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.

**(7) Untimely remittance of participant contributions and note repayments**

The Plan Sponsor is required by Department of Labor 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 2025 and 2024, certain participant contributions and note repayments were not remitted timely.

**(8) Related party and party-in-interest transactions**

Certain investments are managed by Principal. Therefore, these transactions qualify as party-in-interest transactions under ERISA. The Plan also holds notes receivable from participants which qualify as party-in-interest transactions. As described in Note 1, the Plan paid expenses to various service providers which also qualify as party-in-interest transactions.

**(9) 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.**

**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, 2025**

| (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 |
| * | Notes receivable from participants | Interest rates ranging from 3.25% to 9.50% with various maturities | - | $ 59,659,230 |

*** Represents a party-in-interest.**

**The above data is based upon information which has been certified as complete and accurate by Principal.**

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

**EIN 76-0137985, PLAN No. 004**
**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions**

**Year Ended December 31, 2025**

| Check Here If Late Participant Loan Payments Are Included | Participant Contributions Transferred Late to the Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|---|
| | | Contributions not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| * | $ 21,431,756 | $ 12,232,058 | $ 9,199,698 | $ - | $ - |

## SCHEDULE H, Line 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

CHS/COMMUNITY HEALTH SYSTEMS, INC.
RETIREMENT SAVINGS PLAN
EIN 76 0137985
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

| (A) | (B) Identity of issuer, borrower, lessor or similar party. | (C) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (D) Cost | (E) Current Value |
|---|---|---|---|---|
| * | CHS/Community Health Systems, Inc. | Master Trust<br>CHS Stable Value Fund Master Trust Investment Account | $0.00 | $209,434,692.67 |
| * | CHS/Community Health Systems, Inc. | Master Trust<br>CHS Master Trust Investment Account | $0.00 | $1,222,588,481.14 |
| * | Principal Life Insurance Company | Master Trust<br>Ret Strategic Inc Sept Acct | $0.00 | $36,684,042.95 |
| * | Principal Life Insurance Company | Master Trust<br>Ret Target 2070 Sept Acct | $0.00 | $8,504,922.32 |
| * | Principal Life Insurance Company | Master Trust<br>Ret Target 2015 Sept Acct | $0.00 | $65,208,912.25 |
| * | Principal Life Insurance Company | Master Trust<br>Ret Target 2020 Sept Acct | $0.00 | $207,439,500.29 |
| * | Principal Life Insurance Company | Master Trust<br>Ret Target 2025 Sept Acct | $0.00 | $392,839,743.23 |
| * | Principal Life Insurance Company | Master Trust<br>Ret Target 2030 Sept Acct | $0.00 | $557,312,777.07 |
| * | Principal Life Insurance Company | Master Trust<br>Ret Target 2035 Sept Acct | $0.00 | $592,178,818.19 |
| * | Principal Life Insurance Company | Master Trust<br>Ret Target 2040 Sept Acct | $0.00 | $508,427,618.27 |
| * | Principal Life Insurance Company | Master Trust<br>Ret Target 2045 Sept Acct | $0.00 | $430,759,987.47 |
| * | Principal Life Insurance Company | Master Trust<br>Ret Target 2050 Sept Acct | $0.00 | $363,812,204.19 |
| * | Principal Life Insurance Company | Master Trust<br>Ret Target 2055 Sept Acct | $0.00 | $257,490,969.44 |
| * | Principal Life Insurance Company | Master Trust<br>Ret Target 2060 Sept Acct | $0.00 | $162,346,967.81 |
| * | Principal Life Insurance Company | Master Trust<br>Ret Target 2065 Sept Acct | $0.00 | $71,506,893.15 |
| * | Participant Loans | Range of Interest Rates<br>Rates Range From 3.25% To 9.50% | $0.00 | $56,659,230.00 |

SCHEDULE H, Line 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)