بنان المهمة	CE DRAIR
AII6	

سميه	• •								29393	228	025	02.0
Form	.990-T	Ex	empt Orga (and	anization d proxy tax						rn 1906	ОМВ	, 1 No 1545-0687
		For cale	ndar year 2018 or o	-				-		20 19.	2	@18
	rtment of the Treasury	Ì		irs.gov/Form990						{		
	at Revenue Service	▶ Do	not enter SSN num									Public Inspection for Organizations Only
A	Check box if address changed		Name of organizati	on (Check b	ox if na	me changed an	id see ii	nstruction	s)			cation number e instructions)
	omnt under easten	-	CUDICTIAN	7 CADE UEN	rmu	CEDUTCEC	· 7:	N/C				
X	empt under section	Print	Number, street, an	A CARE HEA				NC.		1 51-0	103684	
\ <u>``</u>		or	Humber, street, an	a room or salle no	nar O	box, see msire	actions					ss activity code
-	408(e) 220(e) 408A 530(a)	י אף י	P.O. BOX	2653							structions)	,,
	529(a)		City or town, state		v. and i	ZIP or foreign po	ostal co	de		┪		
C Bo	ok value of all assets	1	1	N, DE 1980	•					5419	00	
at	end of year	F Gro	up exemption num	nber (See instruct	ions)	<u> </u>						
	3539982993.	G Che	ck organization ty	pe ▶ X 501	(c) co	rporation		501(c) trust	401(a)	trust	Other trust
H E	nter the number of	the orga	nization's unrelated	d trades or busine	sses	1			Describ	e the only	(or first) u	nrelated
tr	ade or business he	re ▶ <u>A</u>	TCH 1				If o	nly one,	complete Parts	I-V If more	e than one,	describe the
fi	rst in the blank spa	ce at the	end of the previo	us sentence, cor	mplete	Parts I and II	l, com	olete a S	chedule M for ea	sch addition	nal	
	ade or business, th											
	uring the tax year,								controlled group?		/ =	Yes No
7-4	"Yes," enter the name the books are in care	ame and	Identifying numbe	er of the parent co	rporati	on ▶ A1	<u>'CH</u>		e number ► 30		<u>479S</u>	<u>کلا</u>
	rt Unrelated						ncome				7202	(C) Net
110	Gross receipts or		or business in	come	_	(A) II	iicome	-	(B) Expe	11562	 	(C) Net
셨	Less returns and allowa			c Balance ▶	1 c							
a			ule A, line 7)		2						 	
AMNED			2 from line 1c		3							
∠ a	•		ttach Schedule D)		4a				, ,			
₹b			Part II, line 17) (atta		4b		_		-			
တ္တိ			rusts		4c	<u></u>						
5			r an S corporation (attach		5							
6	Rent income (Sch	edule C)			6							
7	Unrelated debt-fi	nanced in	come (Schedule E)	7_							
8	Interest, annuities, roy	alties, and re	nts from a controlled org	janization (Schedule F)	8_						<u> </u>	
9			1(c)(7), (9), or (17) orga		9							
10			ncome (Schedule I		10	ļ					 	
11	=	-	lule J)		11		704	063	70011		ļ	4,794,053.
12			tions, attach sched					053.	ATCH 3	<u> </u>		4,794,053.
13 Po	rt Deductio	nes 3 thre	ough 12	(Soc incti	13				oductions) /	Event f		
Га			be directly cor							Lxcepti	or contai	bations,
14	Compensation of	officers	directors, and trust	ees (Schedule K)	- 10	=======================================	100			14		
15	Compensation of Salaries and wage	es		REC	LIV	ED.						3,092,120.
16	Repairs and main	tenance		l.,		၂၀]					
17	Bad debts			S IIIN.	9.9	2020 · 🖟	1			17		
18	Interest (attach s	chedule) (see instructions).	[O]						18		
19	Taxes and license Charitable contrib	s		OCD	E·NI	·	.]			19	<u> </u>	
20							٠. ، إ ل ـ		ATCH 5	20		
21			4562)									
22			on Schedule A an							22b	 	
23											 	
24	Contributions to										 	1,232,213.
25 26			Sabadula D							,	 	1,232,213.
26 27			Schedule I)									
27 28			chedule J)								 	469,720.
28 29			chedule)						_	$\frac{28}{29}$	 	4,794,053.
29 30	Total deductions. Unrelated busine										 	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
31			ie income before gloss arising in ta								 	
32	Unrelated busines		•		-		•	•			 	
For F	Paperwork Reduct	ion Act N			<u> </u>	· · · <u>·</u> ·	• • •		· · · · · · · · ·	32	For	m 990-T (2018)
8X274	0 1096290 JSA72	. W			V 1	8-8.4F				^		

. Form	990-T (24	018)				Page 2
Par	ţ III	Total Unrelated Business Taxable Income			-	
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see				
		ions)	33			
34	Amoun	is paid for disallowed fringes	34			
35		on for net operating loss arising in tax years beginning before January 1, 2018 (see				
		ions)	35			
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
••		33 and 34	36			
37			37			
38		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
30		ed business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36, ie smaller of zero or line 36				0.
Day			38			
		Tax Computation				
39	-	zations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on				
	the ame	ount on line 38 from Tax rate schedule or Schedule D (Form 1041) ▶	40			
41		ax. See Instructions	41			
42	Alterna	tive minimum tax (trusts only)	42			
43	Tax on	Noncompliant Facility Income. See instructions	43			
44	Total. A	dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par	t V	Tax and Payments				
45 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
		redits (see instructions)				
		I business credit Attach Form 3800 (see instructions)				
		or prior year minimum tax (attach Form 8801 or 8827)				
		redits. Add lines 45a through 45d	45e			
46		at line 45e from line 44	46			
47		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47			
48		_	48			0.
		x. Add lines 46 and 47 (see instructions)	49			
49			73			
		nts A 2017 overpayment credited to 2018				
a	2018 e	stimated tax payments				
C	lax dep	Josited With Forth 6008.				
		organizations Tax paid or withheld at source (see instructions)				
		withholding (see instructions)	}			
		or small employer health insurance premiums (attach Form 8941)				
g		redits, adjustments, and payments Form 2439 5,041. Other Total 50g \$\times 5,041.				
					770	041
51	Total p	ayments. Add lines 50a through 50g	§ 1		730,	<u> </u>
52	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax du	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		730,	
55	Enter th	e amount of line 54 you want			730,	041.
Par	t VI	Statements Regarding Certain Activities and Other Information (see instructions	s)			
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature or	other	authority	Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay hav	e to file	1	
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		
	here 🕨					Х
57	Durina	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	an trus	12		Х
٠.		see instructions for other forms the organization may have to file	g., aaa			
58		ne amount of tax-exempt interest received or accrued during the tax year > \$				1
		nder penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of m	ıy knowledge	and bel	ief, it is
Sigi	l to	ue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Her	I PE	June 16, 2020 Mayor	•	IRS discuss		
1161	1 200			preparer st ons)? X Y		No
	<i>y</i> 1	Print/Type preparer's name Preparer's signature Date		PTIN		-,10
Paid	l	bymoure a puese A L O D ocus 10000 Check		1 2000	5853	i Q
	arer		mployed	13-400		
	Only		EIN ►			
_		Firm's address ▶ 2001 MARKET ST, SUITE 1800, PHILADELPHIA, PA 19103 Phone	no ∠	57-330-		
				Form 9	∵∪-!	(2018)

8X2741 1 000 096290 472W

Form 990-T (2018)

Schedule F-Interest, Ann	uities, Royalties				ntrolled Or			auon	s (see	instructio	ons)	
Name of controlled organization	2 Employer identification numb	per			ated income nstructions)	4. Total payme	of speci nts mad	ied	ncluded	f column 4 th in the contro ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)								_				
(2)					_							
(3)	<u></u>											
(4)	·											
Nonexempt Controlled Organi	zations									_		
7 Taxable Income	8. Net unrelated ii (loss) (see instruc				Total of specifi ayments made		ınc	luded ı	n the co	9 that is ntrolling s income		Deductions directly inected with income in column 10
(1)			1									<u> </u>
(2)			1		·,							
(3)			+									
(4)			+-				-					·
Totals	come of a Sec	tion 5	 01(c)			▶	En Pa	er here rt I, line	mns 5 a and on 8, colui	page 1, mn (A)	Ent	id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
ochedule O-livestillent li	Toome of a oct	20011 0	01(0,	<u> </u>	3. Deduc		Laci	311 (3		t-asides		5 Total deductions
1 Description of income	2 Amount of	f income			directly coi (attach sci					schedule)	_	and set-asides (col 3 plus col 4)
(1)	 											
(2)	 											
(3)	 										-+	
(4)	Enter here and											Enter here and on page 1
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c	olumn (A)	r Th	an Advert	ising In	come	(see	ınstru	ctions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	d conn prod ur	Expense lirectly ected v duction irelated ess inco	vith of	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thre	ted trade (column lumn 3) ompute	from is n	ross ine activit ot unre ness in	y that lated	6. Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>											
(2)	†											-
(3)	†					-						
(4)	 									 		
	Enter here and on page 1, Part I, line 10, col (A)	page	here and 1, Parl 10, col (1,		`			 .			Enter here and on page 1, Part II, line 26
Totals	<u> </u>	<u> </u>			<u> </u>			<u>. </u>				
Schedule J- Advertising Ir												
Part I Income From Per	iodicals Report	ted on	a Co	<u>nsoli</u>	dated Bas	sis						
1 Name of periodical	2. Gross advertising income		Direct tising co	osts	4 Adver gain or (los 2 minus co a gain, co cols 5 thre	ss) (col ol 3) If mpute		Circula income		6 Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)												
(2)	 	_			1							7
(3)	 	_			1							7
(4)	 				1					 		7
(7)	 	-								 		
Totals (carry to Part II, line (5))						-	_					Form 990-T (2018

Form	990-T	(2018)	

CHRISTIANA CARE HEALTH SERVICES, INC.

51-0103684

Page 5

Part II income From Per 2 through 7 on a l			rate Basis (For	each periodical	listed in Part II	, fill in columns
1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶			į , , ,	* *_		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶			, al	<u> </u>	a	
Schedule K - Compensatio	n of Officers, D	irectors, and Ti	r ustees (see insti			
1. Name		2.	Title	3 Percent of time devoted to business	4. Compensatio unrelated	
(1)				%		
(2)				%		
(3)				%		
(4)				%		

Form 990-T (2018)

Form 4136

Credit for Federal Tax Paid on Fuels

74136 for instructions and the latest information

OMB No 1545-0162

Attachment Sequence No 23

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form4136 for instructions and the latest information.

Name (as shown on your income tax return)

Taxpayer identification number

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer

1 Nontaxable Use of Gasoline Note: CRN is credit reference number.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Off-highway business use		8 183]		
b	Use on a farm for farming purposes	\$250 (\$600)	183	}		362
С	Other nontaxable use (see Caution above line 1)		183		\$	
d	Exported	\$2.380 X 34.508	184			411

2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade)	等的推动等	8 15		\$	354
b	Other nontaxable use (see Caution above line 1)		193			324
С	Exported		194			412
d	LUST tax on aviation fuels used in foreign trade		001			433

3 Nontaxable Use of Undyed Diesel Fuel

	Claimant certifies that the diesel fuel did not contain visible evidence of dye Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here (a) Type of use (b) Rate (c) Gallons (d) Amount of credit (e) CRN									
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	(d) Amount of credit				
а	Nontaxable use	2	8 243	20,743						
b	Use on a farm for farming purposes		243		\$ 5,041	00	360			
С	Use in trains	经发展的	243				353			
d	Use in certain intercity and local buses (see Caution above line 1)		17				350			
е	Exported		244				413			

4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

	Claimant certifies that the kerosene did not contain visible Exception. If any of the kerosene included in this claim of	•	ence of dye,	attach an explar	nation and check here	
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Nontaxable use taxed at \$ 244		8 243	1		
b	Use on a farm for farming purposes	90. VE 200 / 200 A	243		\$	346
С	Use in certain intercity and local buses (see Caution above line 1)		.17			347
d	Exported		244			414
e	Nontaxable use taxed at \$ 044		043			377
f	Nontaxable use taxed at \$ 219		218			369

5 ' Kerosene Used in Aviation (see Caution above line 1)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		8 200		\$	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$ 219		175			355
С	Nontaxable use (other than use by state or local government) taxed at \$.244		243			346
d	Nontaxable use (other than use by state or local government) taxed at \$.219		218			369
е	LUST tax on aviation fuels used in foreign trade		001			433

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here

		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use by a state or local government	8 243		\$	360
þ	Use in certain intercity and local buses	17			350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here ▶ □

		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use by a state or local government	8 243	\		
b	Sales from a blocked pump	243		\$	346
С	Use in certain intercity and local buses	17			347

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$ 219		§ 175	_	\$	355
b	Use in commercial aviation (other than foreign trade) taxed at \$ 244		200			417
С	Nonexempt use in noncommercial aviation		025			418
d	Other nontaxable uses taxed at \$ 244		243			346
е	Other nontaxable uses taxed at \$ 219		218			369
f	LUST tax on aviation fuels used in foreign trade		001			433

Form **4136** (2018)

9 ' Reserved for future use

Registration No. ▶

			•	 •	·			
					(b) Rate	(c) Gallons of alcohol	(d) Amount of credit	(e) CRN
а	Reserved for future use	,	•	<i>J</i>	500000	70.20	\$ 3 4 2 4 2 5 5 5 5	70.634.20
b	Reserved for future use					ATAMAMICAN IN	AMERICAN STREET	3.9845

10 Reserved for future use

Registration No. ▶

	·				
*1		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit	(e) CRN
		1			
а	Reserved for future use	177.74	J. 1887 1887 1887 1887 1887 1887 1887 188	\$,750 \$ 250 175	
b	Reserved for future use	SEX NO.	# 24 4 6 X 14 C + C	50%/基理器/40% F7.5kg	\$50000
C	Reserved for future use	然其实 》。	计划的单位分子	TO SECURE THE PARTY OF THE PART	ALC: NO.

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

•		(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)		8 183		\$.	419
b	"P Series" fuels	·	183			420
С	Compressed natural gas (CNG) (see instructions)	•	183			421
d	Liquefied hydrogen		183			422
· e	Fischer-Tropsch process liquid fuel from coal (including peat)		243		•	423
f	Liquid fuel derived from biomass		243			424
g	Liquefied natural gas (LNG) (see instructions)		243			425
h	Liquefied gas derived from biomass		183]		435

12 Reserved for future use

Registration I	No. 🕨
----------------	-------

•		(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
а	Reserved for future use		********	\$COLUMN TANK	770700
b	Reserved for future use	22000 A 44 A 13	THE CONTRACTOR AND THE PROPERTY OF A	32.22.43.22.25.22.44	VX26457.2534
С	Reserved for future use	NAME OF A	4. 4.		WENT.
d	Reserved for future use				
е	Reserved for future use · ·				
f	Reserved for future use			学の概念の対象	200
g	Reserved for future use	高速等数	ZATORIE SERVICES	学的 经基础 化邻	***
h	Reserved for future use •		#44 S S S S S S S S S S S S S S S S S S		
i	Reserved for future use	1440 M	TO THE SAME		1 2

13 ' Registered Credit Card Issuers

Registration No. ▶

		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Diesel fuel sold for the exclusive use of a state or local government	8 243		\$	360
b	Kerosene sold for the exclusive use of a state or local government	.243			346
С	Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$ 219	.218			369

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

	Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).									
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN				
а	Nontaxable use		\$ 197		\$	309				
b	Exported	C. 1861 6 101	198			306				

15 Diesel-Water Fuel Emulsion Blending

Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit	8 .046	L	\$	310

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

		(b) Rate	(c) Gallons	(d) Amount of cre	dit (e) CRN
а	Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$ 001	8 001		\$	415
b	Exported dyed kerosene	001			416

17	Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Schedule 5 (Form 1040), line 73, Form 1120, Schedule J, line 20b, Form 1120S, line 23c, Form				
	1041, line 25h, or the proper line of other returns. ▶	17	\$ 5,041	00	18 . J

Form **4136** (2018)

CHRISTIANA	CARE	HEALTH	SERVICES.	TNC

51-0103684

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

SERVICES TO UNRELATED ORGANIZATIONS AND FOR-PROFIT AFFILIATE

CHRISTIANA	CARE	HEALTH	SERVICES.	TNC

51-0103684

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

CHRISTIANA CARE HEALTH SYSTEM, INC. 52-1479538

* ~ ~ *	~	\sim	
V . (V	CHMENT	<	
D + T = D	CHILIDIA	J	

PART I - LINE 12 - OTHER INCOME
SERVICES TO UNRELATED ORGS & FOR-PROFIT AFFILIATE

4,794,053.

PART I - LINE 12 - OTHER INCOME

4,794,053.

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES & OTHER EXPENSES

469,720.

PART II - LINE 28 - OTHER DEDUCTIONS 469,720.

CHRISTIANA CARE HEALTH SERVICES, INC. FEIN 51-0103684 FOR THE YEAR ENDED 06/30/2019

FORM 990-T, PART II, LINE 20

CHARITABLE DEDUCTIONS

Year	Amount Available		An	Current Year Amount Expired		Current Year Amount Used		Amount Carried to Next Year	
6/30/2018	\$	732,429	\$	_	\$	-	\$	732,429	
6/30/2019		390,465		-		-		390,465	
	\$]	1,122,894	\$		\$		\$]	,122,894	