

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CHRISTIANA CARE HEALTH SERVICES INC
% SR VICE PRESIDENT'S OFFICE
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 2653
City or town, state or province, country, and ZIP or foreign postal code
WILMINGTON, DE 198050653

D Employer identification number
51-0103684
E Telephone number
(302) 623-7201
G Gross receipts \$ 2,472,196,143

F Name and address of principal officer
JANICE NEVIN MD
4755 OGLETOWN-STANTON ROAD
NEWARK, DE 19718

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.CHRISTIANACARE.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1965

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OUR MISSION AS AN ORGANIZATION IS TO SERVE OUR NEIGHBORS AS EXPERT, CARING PARTNERS IN THEIR HEALTH

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	17
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	12,638
6 Total number of volunteers (estimate if necessary)	1,048
7a Total unrelated business revenue from Part VIII, column (C), line 12	4,794,053
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	22,698,446	24,577,838
9 Program service revenue (Part VIII, line 2g)	1,371,432,728	2,003,698,183
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,409,870	81,965,865
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	227,054,451	1,841,287
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,683,595,495	2,112,083,173
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,101,167,332	1,197,510,102
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	415,593,042	714,773,175
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,516,760,374	1,912,283,277
19 Revenue less expenses Subtract line 18 from line 12	166,835,121	199,799,896
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,230,957,055	3,539,982,993
21 Total liabilities (Part X, line 26)	652,910,048	794,893,093
22 Net assets or fund balances Subtract line 21 from line 20	2,578,047,007	2,745,089,900

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: _____ Date: 2020-06-03
ROBERT M MCMURRAY CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-06-03
Check if self-employed PTIN: P00858539
Firm's name: PricewaterhouseCoopers LLP Firm's EIN: _____
Firm's address: 2001 MARKET ST SUITE 1800 Phone no: (267) 330-3000
PHILADELPHIA, PA 19103

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

WE SERVE OUR NEIGHBORS AS RESPECTFUL, EXPERT, CARING PARTNERS IN THEIR HEALTH, IN THE COMMUNITY, IN OUR PHYSICIAN PRACTICES AND IN OUR HOSPITALS WE SERVE TOGETHER AS ONE TEAM, GUIDED BY OUR VALUES, EXCELLENCE AND LOVE, TO BE A CATALYST FOR A HEALTHIER COMMUNITY WE SHARE A COMMITMENT TO EXCELLENCE AT CHRISTIANA CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$	495,859,395	including grants of \$	0	(Revenue \$	347,157,766)
	See Additional Data						

4b	(Code)	(Expenses \$	184,390,104	including grants of \$	0	(Revenue \$	315,400,460)
	See Additional Data						

4c	(Code)	(Expenses \$	261,601,597	including grants of \$	0	(Revenue \$	380,199,241)
	See Additional Data						

4d	Other program services (Describe in Schedule O)	(Expenses \$	711,050,937	including grants of \$	0	(Revenue \$	961,108,074)
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4e	Total program service expenses ▶		1,652,902,033				
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Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
35b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<table border="1"> <tr> <td style="width: 10%;">2a</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">12,638</td> </tr> </table>	2a		12,638			
2a		12,638					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			3a	Yes			
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>			3b	Yes			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .			4a		No		
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b				
7 Organizations that may receive deductible contributions under section 170(c).							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No		
d If "Yes," indicate the number of Forms 8282 filed during the year	<table border="1"> <tr> <td style="width: 10%;">7d</td> <td style="width: 70%;"></td> <td style="width: 20%;"></td> </tr> </table>	7d					
7d							
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h				
8 Sponsoring organizations maintaining donor advised funds.							
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8				
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b				
10 Section 501(c)(7) organizations. Enter							
a Initiation fees and capital contributions included on Part VIII, line 12	<table border="1"> <tr> <td style="width: 10%;">10a</td> <td style="width: 70%;"></td> <td style="width: 20%;"></td> </tr> </table>	10a					
10a							
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td style="width: 10%;">10b</td> <td style="width: 70%;"></td> <td style="width: 20%;"></td> </tr> </table>	10b					
10b							
11 Section 501(c)(12) organizations. Enter							
a Gross income from members or shareholders	<table border="1"> <tr> <td style="width: 10%;">11a</td> <td style="width: 70%;"></td> <td style="width: 20%;"></td> </tr> </table>	11a					
11a							
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<table border="1"> <tr> <td style="width: 10%;">11b</td> <td style="width: 70%;"></td> <td style="width: 20%;"></td> </tr> </table>	11b					
11b							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?							
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<table border="1"> <tr> <td style="width: 10%;">12b</td> <td style="width: 70%;"></td> <td style="width: 20%;"></td> </tr> </table>	12b					
12b							
13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<table border="1"> <tr> <td style="width: 10%;">13b</td> <td style="width: 70%;"></td> <td style="width: 20%;"></td> </tr> </table>	13b					
13b							
c Enter the amount of reserves on hand	<table border="1"> <tr> <td style="width: 10%;">13c</td> <td style="width: 70%;"></td> <td style="width: 20%;"></td> </tr> </table>	13c					
13c							
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>			14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			15	Yes			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			16		No		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (17); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (SR VICE PRESIDENT'S OFFICE 200 HYGEIA DRIVE NEWARK, DE 197132049 (302) 623-7202).

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	134,315			
	d Related organizations	1d	7,466,644			
	e Government grants (contributions)	1e	15,862,558			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,114,321			
	g Noncash contributions included in lines 1a - 1f \$ _____					
	h Total. Add lines 1a-1f		24,577,838			
Program Service Revenue	2a NET PROGRAM SERVICE REVENUES	Business Code				
		622110	1,960,861,879	1,960,861,879		
	b OTHER REVENUES	900099	42,836,304	18,348,622	4,794,053	
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		2,003,698,183				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		38,997,187		38,997,187	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		1,937,237				
		b Less rental expenses	1,775,245			
	c Rental income or (loss)	161,992	0			
	d Net rental income or (loss)		161,992		161,992	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		401,306,403				
		b Less cost or other basis and sales expenses	358,337,725			
	c Gain or (loss)	42,968,678				
	d Net gain or (loss)		42,968,678		42,968,678	
8a Gross income from fundraising events (not including \$ 134,315 of contributions reported on line 1c) See Part IV, line 18	a	22,400				
	b Less direct expenses	0				
	c Net income or (loss) from fundraising events		22,400		22,400	
9a Gross income from gaming activities See Part IV, line 19	a	8,180				
	b Less direct expenses	0				
	c Net income or (loss) from gaming activities		8,180		8,180	
10a Gross sales of inventory, less returns and allowances	a	0				
	b Less cost of goods sold	0				
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code					
11a MAINTENANCE FEES	531390	1,481,357		1,481,357		
b MEANINGFUL USE	110000	167,358	167,358			
c _____						
d All other revenue						
e Total. Add lines 11a-11d		1,648,715				
12 Total revenue. See Instructions		2,112,083,173	1,979,377,859	4,794,053	103,333,423	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	10,499,004	8,967,590	1,531,414	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	916,417,724	782,746,515	133,671,209	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	63,926,898	54,602,345	9,324,553	
9 Other employee benefits	144,303,142	123,254,689	21,048,453	
10 Payroll taxes	62,363,334	53,266,847	9,096,487	
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,045,330	1,672,227	373,103	
c Accounting	564,248	461,319	102,929	
d Lobbying	218,022	178,251	39,771	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	6,013,976		6,013,976	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,139,511	11,560,221	2,579,290	
12 Advertising and promotion	6,065,678	4,959,194	1,106,484	
13 Office expenses	7,777,957	6,359,124	1,418,833	
14 Information technology	50,348,461	41,164,037	9,184,424	
15 Royalties	0			
16 Occupancy	17,321,728	14,161,947	3,159,781	
17 Travel	3,836,091	3,136,322	699,769	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	6,106,979	4,992,961	1,114,018	
20 Interest	3,621,366	2,960,767	660,599	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	100,188,776	75,058,300	25,130,476	
23 Insurance	21,953,832	17,949,076	4,004,756	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	314,932,095	314,932,095		
b OTHER SUPPLIES AND SERVICES	159,639,125	130,518,206	29,120,919	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,912,283,277	1,652,902,033	259,381,244	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	108,699,985	1	100,496,164
	2 Savings and temporary cash investments	184,648,494	2	188,510,758
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	284,783,184	4	304,981,613
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	27,443,400	8	32,314,006
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,186,017,452		
	b Less accumulated depreciation	10b 1,285,542,568	765,914,737	10c 900,474,884
	11 Investments—publicly traded securities	1,610,796,948	11	1,436,059,434
	12 Investments—other securities See Part IV, line 11	46,132,195	12	283,790,024
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	1,015,805	14	1,015,805
	15 Other assets See Part IV, line 11	201,522,307	15	292,340,305
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,230,957,055	16	3,539,982,993	
Liabilities	17 Accounts payable and accrued expenses	260,031,427	17	299,293,072
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	248,557,244	20	240,452,898
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	144,321,377	25	255,147,123
	26 Total liabilities. Add lines 17 through 25	652,910,048	26	794,893,093
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,519,255,609	27	2,683,788,381
	28 Temporarily restricted net assets	29,596,700	28	30,659,164
	29 Permanently restricted net assets	29,194,698	29	30,642,355
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,578,047,007	33	2,745,089,900	
34 Total liabilities and net assets/fund balances	3,230,957,055	34	3,539,982,993	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,112,083,173
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,912,283,277
3	Revenue less expenses Subtract line 2 from line 1	3	199,799,896
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,578,047,007
5	Net unrealized gains (losses) on investments	5	20,669,679
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-53,426,682
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,745,089,900

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 51-0103684

Name: CHRISTIANA CARE HEALTH SERVICES INC

Form 990 (2018)

Form 990, Part III, Line 4a:

PROVISION OF PROFESSIONAL PATIENT CARE FOR THE HOSPITALS OF CHRISTIANA CARE APPROXIMATELY 2,667 FULL TIME EQUIVALENT ("FTE") NURSES ARE EMPLOYED WITH 305,124 PATIENT DAYS RECORDED DURING FISCAL 2019 THE HOSPITALS OFFER A FULL SCOPE OF SERVICES WITH THE NEEDS OF THE POPULATION SERVED WITHOUT REGARD TO AGE, RACE OR ECONOMIC CIRCUMSTANCES

Form 990, Part III, Line 4b:

PHARMACY-PROVIDED PHARMACY SERVICES FOR BOTH INPATIENTS AND OUTPATIENTS DURING FISCAL 2019, 6,563,795 DOSES WERE PERFORMED WITH AN APPROXIMATE FTE COUNT OF 235

Form 990, Part III, Line 4c:

OPERATING ROOM-PROVIDED BOTH INPATIENT AND OUTPATIENT SURGICAL PROCEDURES IN FISCAL 2019, 37,390 OPERATIONS WERE PERFORMED, REQUIRING AN APPROXIMATE FTE COUNT OF 610

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BETTY J CAFFO PHD MEMBER, VICE CHAIR	1 0	X		X				0	0	0
DONEENE DAMON ESQ CHAIRMAN OF THE BOARD	1 0	X		X				0	0	0
TARA D ELLIOTT ESQ MEMBER	1 0	X						0	0	0
JAMES HOPKINS MD MEMBER	40 0	X						518,096	0	36,345
ERIC T JOHNSON MD MEMBER	1 0	X						0	0	0
PAUL KANIEFSKI MEMBER	1 0	X						0	0	0
ANDREW M LUBIN MEMBER	1 0	X						0	0	0
LOLITA A LOPEZ MEMBER	1 0	X						0	0	0
NICHOLAS M MARSINI JR MEMBER	1 0	X						0	0	0
KATHLEEN FUREY MCDONOUGH ESQ MEMBER	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHYLLIS ADAMS MEMBER	1 0	X						0	0	0
JOHN M MURRAY II MEMBER	1 0	X						0	0	0
JANICE E NEVIN MD PRESIDENT & CEO	1 0 40 0	X		X				1,752,791	0	183,205
SKIP PENNELLA MEMBER	1 0	X						0	0	0
THEODORE G PLUSH MEMBER	1 0	X						0	0	0
CAROL COUGHENOUR MEMBER THRU 11/2018	1 0	X						0	0	0
MARK TURNER MEMBER	1 0	X						0	0	0
JOSEPH BENNETT MD MEMBER	1 0	X						536,461	0	38,641
GEORGE FOUTRAKIS MEMBER	1 0	X						0	0	0
DAVID B STRATTON ESQ MEMBER	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PENELOPE T SARIDAKIS MEMBER	1 0	X						0	0	0
BRENDA K PIERCE ESQ FORMER SECRETARY OF CORP	40 0			X				456,942	0	28,056
KENNETH SILVERSTEIN EXECUTIVE VICE PRESIDENT	30 0			X				860,490	0	103,873
JENNIFER L SCHWARTZ ESQ SECRETARY OF CORP	40 0			X				269,761	0	26,634
ROB MCMURRAY CFO, TREASURER & ASS'T SEC'Y	40 0			X				404,190	0	66,550
RICHARD CUMING CHIEF NURSING EXECUTIVE	40 0				X			565,448	0	75,596
MICHAEL EPPEHIMER CHIEF OP OFFICER - MED GROUP	40 0				X			424,579	0	61,233
SHARON KURFUERST CHIEF OP OFFICER - HEALTH SVC	40 0				X			423,030	0	75,407
NEIL JASANI CHIEF PEOPLE OFFICER	40 0				X			588,697	0	85,291
PAUL DAVIS PHYSICIAN	40 0					X		858,641	0	41,792

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIRK GARRATT MEDICAL DIRECTOR HVIS	40 0 0 0					X		791,500	0	29,917
RAY BLACKWELL CHIEF CARDIAC SURGERY	40 0 0 0					X		783,250	0	43,167
BRIAN GALINAT MD CHIEF ORTHOPAEDIC SURGERY	40 0 0 0					X		777,361	0	35,609
NICHOLAS PETRELLI MD MEDICAL DIRECTOR, CANCER	40 0 0 0					X		773,410	0	36,345
THOMAS L CORRIGAN FORMER EXECUTIVE VP AND CFO	0 0 0 0						X	891,896	0	36,138
AUDREY VAN LUVEN FORMER SR VP&CHIEF HR OFFICER	0 0 0 0						X	459,434	0	7,961

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number

51-0103684

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	42,304,655	30,666,972	35,304,559	22,698,446	24,577,838	155,552,470
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	42,304,655	30,666,972	35,304,559	22,698,446	24,577,838	155,552,470
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						155,552,470

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	42,304,655	30,666,972	35,304,559	22,698,446	24,577,838	155,552,470
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,534,737	20,364,397	26,315,630	32,254,956	40,934,424	139,404,144
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,688,651	1,691,088	1,705,750	1,686,211	1,481,357	8,253,057
11 Total support. Add lines 7 through 10						303,209,671
12 Gross receipts from related activities, etc (see instructions)					12	9,124,166,861

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	51.302 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	56.113 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 51-0103684

Name: CHRISTIANA CARE HEALTH SERVICES INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CHRISTIANA CARE HEALTH SERVICES INC	Employer identification number 51-0103684
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals
(b) Affiliated group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	218,022	218,022
c Total lobbying expenditures (add lines 1a and 1b)	218,022	218,022
d Other exempt purpose expenditures	1,912,065,255	1,968,943,188
e Total exempt purpose expenditures (add lines 1c and 1d)	1,912,283,277	1,969,161,210
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

250,000	250,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	237,095	174,335	198,652	218,022	828,104
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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TY 2018 AffiliatedGroupAttachment

Name: CHRISTIANA CARE HEALTH SERVICES INC

EIN: 51-0103684

Explanation: DIRECT OTHER LOBBYING EXEMPT PURPOSE NAME OF ELECTING ORGANIZATION EXPENDITURES EXPENDITURES

CHRISTIANA CARE HEALTH SYSTEM \$ NONE \$
 3,441,481 CHRISTIANA CARE HEALTH SERVICES 218,022
 1,912,065,255 CHRISTIANA CARE HOME HEALTH AND
 COMMUNITY SERVICES NONE 47,145,997 CHRISTIANA CARE
 HEALTH INITIATIVES NONE 6,290,453 -----
 TOTAL \$ 218,022 \$ 1,968,943,188 THE ORGANIZATION HAS
 MADE THE LOBBYING ELECTION UNDER I.R.C. SECTION 501(H)
 FOR THE TAX YEAR ENDED JUNE 30, 2019. THIS ELECTION HAS
 NOT BEEN REVOKED BEFORE THE START OF THE
 ORGANIZATION'S TAX YEAR THAT BEGAN IN 2018.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	69,132,135	102,737,030	84,884,618	71,078,532	57,618,783
b Contributions	518,673	1,197,900	11,443,636	15,000,000	13,000,000
c Net investment earnings, gains, and losses	1,845,561	7,177,549	6,597,077	-278,006	1,204,217
d Grants or scholarships				0	0
e Other expenditures for facilities and programs	4,159,519	41,980,344	188,301	915,908	744,468
f Administrative expenses				0	0
g End of year balance	67,336,850	69,132,135	102,737,030	84,884,618	71,078,532

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 44 590 %
 - b** Permanent endowment ▶ 31 710 %
 - c** Temporarily restricted endowment ▶ 23 700 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| | Yes | No |
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | No |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		39,541,766		39,541,766
b Buildings		1,370,019,209	728,383,989	641,635,220
c Leasehold improvements		6,537,783	6,061,004	476,779
d Equipment		739,494,814	526,572,508	212,922,306
e Other		30,423,880	24,525,067	5,898,813
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				900,474,884

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) OTHER SECURITIES	283,790,024	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	283,790,024	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	202,331,902
(2) DUE FROM AFFILIATES	13,949,996
(3) OTHER ASSETS	35,601,514
(4) OTHER RECEIVABLES	40,456,893
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	292,340,305

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
PENSION AND POST RETIREMENT BENEFITS	86,467,144
INSURANCE LIABILITIES	15,890,345
OTHER LIABILITIES	152,789,634
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	255,147,123

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 51-0103684
Name: CHRISTIANA CARE HEALTH SERVICES INC

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINES 3A & 4	DETAIL OF ENDOWMENT FUNDS THE ORGANIZATION'S BOARD DESIGNATED ENDOWMENTS ARE INTENDED TO COVER ANNUAL INCREMENTAL OPERATING EXPENSES OF THE HEALTH SERVICES' TRANSITIONAL CANCER RESEARCH, VALUE INSTITUTE, AND INFANT MORTALITY THE ORGANIZATION'S ENDOWMENT CONSISTS OF APPROXIMATELY TWENTY-THREE DONOR RESTRICTED ENDOWMENT FUNDS USED FOR A VARIETY OF PURPOSES, INCLUDING SALARY AND PROGRAM SUPPORT THE ORGANIZATION'S PURPOSE AND TIME RESTRICTED NET ASSETS ARE RESTRICTED FOR INDIGENT CARE, BUILDING AND MAINTENANCE, AND PROGRAM SUPPORT ---- -----

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean			Investments		75,851,973
3a Sub-total					75,851,973
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					75,851,973

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART II	DETAIL OF SUB-CONTRACTS IN FURTHERANCE OF ITS RESEARCH ACTIVITIES, THE ORGANIZATION MAY MAKE SUB-CONTRACTS TO FOREIGN INSTITUTIONS THAT PERFORM RESEARCH IN CONNECTION WITH RESEARCH GRANTS AWARDED TO THE ORGANIZATION THE ORGANIZATION DOES NOT CATEGORIZE ANY SUCH SUB-CONTRACTS AS GRANTS FOR FORM 990, SCHEDULE F, PARTS II AND III PURPOSES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		EVENING OF HOPE (event type)	(event type)	0 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	156,715			156,715
	2 Less Contributions	134,315			134,315
	3 Gross income (line 1 minus line 2)	22,400			22,400
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶				22,400	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility		%
b	An outside facility		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
FORM 990, SCHEDULE G, PART II, EVENT #1	DETAIL OF FUNDRAISING EVENTS THE EXPENSES ASSOCIATED WITH THE EVENING OF HOPE FUNDRAISING EVENT WERE RECORDED DIRECTLY BY A RELATED PARTY

**SCHEDULE H
(Form 990)**

Department of the
Treasury

Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.**
▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No 1545-0047

2018
**Open to Public
Inspection**

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b		No
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		No
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			15,134,519		15,134,519	0.790 %
b Medicaid (from Worksheet 3, column a)			258,388,746	241,406,576	16,982,170	0.890 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			273,523,265	241,406,576	32,116,689	1.680 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	58	66,480	9,461,092	2,257,133	7,203,895	0.380 %
f Health professions education (from Worksheet 5)	5	10	79,698,938	11,759,808	67,939,130	3.550 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	1		19,353,576	13,850,355	5,503,221	0.290 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6		413,149		413,149	0.020 %
j Total. Other Benefits	70	66,490	108,926,755	27,867,296	81,059,395	4.240 %
k Total. Add lines 7d and 7j	70	66,490	382,450,020	269,273,872	113,176,084	5.920 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	2		320,376		320,376	0.020 %
3 Community support	1		60,000		60,000	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	3		1,033,261		1,033,261	0.060 %
7 Community health improvement advocacy						
8 Workforce development	3		93,091		93,091	
9 Other						
10 Total	9		1,506,728		1,506,728	0.080 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	62,680,662
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	8,789,324
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME).	5	489,040,997
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	591,145,063
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-102,104,066
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 A-CHRISTIANA AND WILMINGTON HOSPITALS

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ **12**

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

A-CHRISTIANA AND WILMINGTON HOSPITALS

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>0</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

A-CHRISTIANA AND WILMINGTON HOSPITALS

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input type="checkbox"/> Made presumptive eligibility determinations			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A-CHRISTIANA AND WILMINGTON HOSPITALS

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Form and Line Reference	Explanation
PART I, LINE 3C (DES OF ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CARE)	<p>CHRISTIANA CARE HEALTH SERVICES, INC ("CHRISTIANACARE") HAS A SELF PAY DISCOUNT PERCENTAGE OF 15% THAT IS APPLIED TO ALL UNINSURED PATIENTS' ACCOUNTS, REGARDLESS OF THE PERSON'S ABILITY TO PAY THIS DISCOUNT PERCENTAGE IS COMPARABLE TO THAT WHICH IS EXTENDED TO OUR MANAGED CARE COMPANIES ----- PART I, LINE 6A (COMMUNITY BENEFIT ANNUAL REPORT INFORMATION) CHRISTIANACARE HEALTH SYSTEM (CCHS) DID PREPARE A COMMUNITY HEALTH NEEDS ASSESSMENT AND A COMMUNITY HEALTH IMPLEMENTATION PLAN DURING THE FY2019 TAX YEAR BOTH DOCUMENTS ARE AVAILABLE AT THE FOLLOWING LINK ON THE CCHS WEBSITE HTTPS //CHRISTIANACARE.ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY- HEALTH-IMPLEMENTATION-PLAN/ ----- PART I, LINE 7 (COSTING METHODOLOGY USED) THE COSTING METHODOLOGY USED IN CALCULATING THE AMOUNTS REPORTED ON THE LINE 7 TABLE ARE BASED ON A COST TO CHARGE RATIO THE COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 -----</p>

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Form and Line Reference	Explanation
PART III, SECTION A, LINE 2 (IMPLICIT PRICE CONCESSIONS/BAD DEBT EXPENSE)	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON ACTUAL CHARGES WRITTEN OFF (AMOUNTS THAT ARE DEEMED TO BE UNCOLLECTIBLE AND RECORDED AS IMPLICIT PRICE CONCESSIONS UNDER NEW ACCOUNTING PRONOUNCEMENT ASC 606) ---- ----- PART III, SECTION A, LINE 4 (IMPLICIT PRICE CONCESSION FOOTNOTE) THE TEXT OF THE IMPLICIT PRICE CONCESSION (BAD DEBT EXPENSE) FOOTNOTE CAN BE FOUND ON PAGE 13 OF THE ELECTRONICALLY ATTACHED AUDITED FINANCIAL STATEMENTS -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8 (COSTING METHODOLOGY, MEDICARE SHORTFALL)	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 IS BASED ON A COST TO CHARGE RATIO CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF CHRISTIANACARE AND THE COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545, CHRISTIANACARE PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING MEDICAL CARE SUCH CARE IS PROVIDED REGARDLESS OF WHETHER THE REIMBURSEMENT PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS INCURRED BY CHRISTIANACARE TO PROVIDE SUCH SERVICES AS A RESULT, CHRISTIANA CARE VIEWS ANY SHORTFALL REPORTED IN LINE 7 AS AN ADDITIONAL ITEM OF COMMUNITY BENEFIT PROVIDED BY THE ORGANIZATION ----- PART III, SECTION B, LINE 9B (COLLECTION PRACTICES) CHRISTIANACARE HAS A FINANCIAL ASSISTANCE POLICY THAT IDENTIFIES THE CIRCUMSTANCES FOR WHICH A RESPONSIBLE PARTY WOULD BE EXTENDED A 100% ADJUSTMENT ON ALL MEDICAL BILLS THE INCOME THRESHOLD FOR THIS CHARITABLE ADJUSTMENT IS 200% OF THE FEDERAL POVERTY LEVEL AND IT IS BASED ON THE NUMBER OF DEPENDENTS IN THE HOUSEHOLD THE FINANCIAL ASSISTANCE POLICY FURTHER EXPLAINS THAT ANY UNINSURED PATIENT WHO FAILS TO QUALIFY FOR FINANCIAL ASSISTANCE WOULD BE GRANTED A 15% SELF PAY DISCOUNT IT ALSO REVEALS A PATIENT'S ABILITY TO ESTABLISH INTEREST-FREE MONTHLY PAYMENT ARRANGEMENTS FOR ANY OUTSTANDING BALANCE THAT IS NOT COVERED BY A THIRD PARTY PAYER AS PART OF THE SELF PAY DUNNING PROCESS, CHRISTIANA CARE MAKES UNINSURED PATIENTS AWARE OF THE FINANCIAL ASSISTANCE PROGRAM WITH THE RELEASE OF OUR FIRST STATEMENT ALL SUBSEQUENT STATEMENTS PROVIDE THE PATIENTS WITH AN OPPORTUNITY TO CALL OUR CUSTOMER SERVICES DEPARTMENT IF THEY ARE UNABLE TO MAKE PAYMENT IN FULL IF A PATIENT QUALIFIES FOR A CHARITABLE ADJUSTMENT, THEY ARE EXTENDED THE COURTESY OF AN AUTOMATIC ADJUSTMENT TO THEIR BILLS FOR THE NEXT YEAR AND FOR ONE YEAR PRIOR TO THE DATE A PATIENT'S APPLICATION IS APPROVED PATIENTS WOULD NEED TO REAPPLY FOR CHARITABLE CONSIDERATION AFTER THE ONE YEAR HAS LAPSED ALL COLLECTION ACTIONS WOULD CEASE ONCE A PATIENT IS DEEMED ELIGIBLE FOR CHARITY OR ONCE A PATIENT ESTABLISHES AND MAINTAINS A MONTHLY PAYMENT ARRANGEMENT -----

Form and Line Reference	Explanation
PART VI, LINE 2 (NEEDS ASSESSMENT)	<p>AT CHRISTIANACARE, WE ABIDE BY THE CHRISTIANACARE WAY WE SERVE OUR NEIGHBORS AS RESPECTFUL, EXPERT, CARING PARTNERS IN THEIR HEALTH WE DO THIS BY CREATING INNOVATIVE, EFFECTIVE, AFFORDABLE SYSTEMS OF CARE THAT OUR NEIGHBORS VALUE CHRISTIANACARE IS GUIDED BY ITS COMMITMENT TO PARTNERING WITH OUR NEIGHBORS TO BETTER UNDERSTAND THEIR NEEDS AND GOALS FOR HEALTH UNDERTAKING THE 2019 CHNA WAS NOT SIMPLY AN IRS REQUIREMENT FOR US, INSTEAD, WE VIEWED IT AS AN OPPORTUNITY TO LISTEN TO OUR NEIGHBORS OUR NEIGHBORS ARE IN THE BEST POSITION TO TELL US WHAT THEIR HEALTH NEEDS ARE AND HOW WE CAN ASSIST THEM IN MEETING THOSE NEEDS DURING THIS REPORTING YEAR, OUR COMMITMENT TO LISTENING TO OUR PATIENTS AND COMMUNITIES HAS BEEN MADE EVIDENT THROUGH THE INITIATIVES WE HAVE UNDERTAKEN SUCH AS THE COMMUNITY HEALTH WORKER PROGRAM, THE REACH RIVERSIDE INITIATIVE, AND UNITE DELAWARE THESE INITIATIVES WILL NOT SUCCEED IF WE DO NOT ENGAGE WITH OUR PATIENTS AND COMMUNITY MEMBERS TO UNDERSTAND THEIR NEEDS AND THE IMPACT OF THOSE NEEDS ON THEIR HEALTH IF, FOR EXAMPLE, A PATIENT TELLS THEIR COMMUNITY HEALTH WORKER THAT THEY CANNOT THINK ABOUT MAKING CHANGES TO THEIR DIET UNTIL THEY RESUME THEIR SOCIAL SECURITY BENEFITS, THEN THE COMMUNITY HEALTH WORKER WILL WORK WITH THEM TO RESUME THOSE BENEFITS AND ADDRESS THEIR DIET WHEN THAT IS RESOLVED AND THE PATIENT IS READY THROUGH THIS MODEL, WE ARE NOT SIMPLY PRESCRIBING, WE ARE WORKING CLOSELY WITH THE PATIENT TO ADDRESS THE BARRIERS THEY IDENTIFY AS BEING IN THE WAY OF GOOD HEALTH THEREBY SETTING THEM UP FOR MORE SUCCESS THE REACH RIVERSIDE INITIATIVE RELIES ON RESIDENT ENGAGEMENT TO REVITALIZE THE RIVERSIDE NEIGHBORHOOD WE INVESTED BECAUSE WE BELIEVE THE COMMUNITY SHOULD DETERMINE ITS FUTURE, AND WE WANTED TO HELP EMPOWER THEM TO DO SO BY PARTNERING AROUND THEIR HEALTH NEEDS FINALLY, THE USE OF UNITE DELAWARE REQUIRES COMMUNICATION AMONG COMMUNITY ORGANIZATIONS AND COMMUNITY MEMBERS THROUGH UNITE DELAWARE, CHRISTIANA CARE HAS ACCESS TO DATA ON WHAT SOCIAL SERVICES ARE THE MOST REQUESTED WITHIN OUR COMMUNITIES, AND OF THOSE, WHICH ONES ARE MET OR UNMET THIS DATA REPRESENTS THE VOICE OF OUR COMMUNITIES, AN EXPRESSION OF THEIR NEEDS UNDERSTANDING THOSE GAPS WILL HELP GUIDE OUR COMMUNITY INVESTMENT CHRISTIANACARE'S GREATER WILMINGTON COMMUNITY PARTNERSHIP AND THE COMMUNITY ENGAGEMENT ADVISORY COUNCIL WERE FORMED TO HAVE DIRECT CONTACT WITH COMMUNITY LEADERS AND STAKEHOLDERS TO GAIN PERSPECTIVE AND GUIDANCE FROM THEM REGARDING OUR COMMUNITIES' NEEDS CHRISTIANACARE ALSO COLLABORATES WITH PARTNERS TO BETTER UNDERSTAND AND ADDRESS PRESSING HEALTH CONCERNS IN OUR STATE AS DESCRIBED IN THE PREVIOUS SECTION, CHRISTIANACARE PARTICIPATES IN THE FETAL INFANT MORTALITY REVIEW AND THE DELAWARE HEALTHY MOTHER AND INFANT CONSORTIUM TO DECREASE THE INFANT MORTALITY RATE CHRISTIANA CARE'S VICE PRESIDENT OF COMMUNITY HEALTH AND ENGAGEMENT ALSO CO-CHAIRS THE DRUG OVERDOSE FATALITY REVIEW COMMISSION WHICH IS OF VITAL IMPORTANCE IN OUR STATE IN 2018, DELAWARE MOVED INTO THE POSITION OF HAVING THE SECOND HIGHEST OVERDOSE DEATH RATE AMONG THE STATES MEMBERS OF THE TRAUMA TEAM ALSO PARTICIPATE IN THE DELAWARE COALITION FOR INJURY PREVENTION, SAFE KIDS DELAWARE, AND SAFE KIDS NEW CASTLE COUNTY TO CREATE PARTNERSHIPS AND INITIATIVES TO PREVENT INJURY AND UNDERSTAND THE NEEDS STATEWIDE CHRISTIANACARE ALSO CREATED THE SCHOOL-BASED HEALTH CENTER COMMUNITY ADVISORY BOARD (SBHC CAB) TO PROVIDE GUIDANCE AND INPUT ON INCREASING THE VALUE AND REACH OF CHRISTIANA CARE'S 18 SBHCS ACROSS NEW CASTLE COUNTY, WHILE ALSO BUILDING AWARENESS TO THE VARIETY OF SERVICES EACH CENTER PROVIDES FOR ADOLESCENTS IN A HIGH SCHOOL SETTING A GROUP OF STAKEHOLDERS WERE ASKED TO SERVE ON THE SBHC CAB INCLUDING PARENTS/GUARDIANS, TEACHERS AND SCHOOL ADMINISTRATION, CLINICIANS, COMMUNITY PROVIDERS, AND RESEARCHERS THE SBHC CAB MEETINGS WERE DESIGNED TO GIVE THESE STAKEHOLDERS A PLATFORM FOR EQUAL INPUT THROUGH A COMMUNITY-BASED PARTICIPATORY RESEARCH FRAMEWORK, THIS PROJECT WAS RESPONSIBLE FOR IDENTIFYING CRITICAL BARRIERS TO CARE - FOR BOTH IN-SCHOOL AND OUT-OF-SCHOOL SETTINGS BECAUSE SOCIAL DETERMINANTS OF HEALTH (SDOH) WERE IDENTIFIED AS AN AREA OF NEED IN OUR 2016 AND 2019 CHNAs, WE ARE UNDERTAKING A NUMBER OF INITIATIVES, DESCRIBED IN THE PREVIOUS SECTION, TO ADDRESS THEM WE ALSO RECOGNIZE THAT IN ORDER TO IMPROVE PATIENT HEALTH THERE IS A NEED TO IDENTIFY AND ADDRESS INDIVIDUAL PATIENTS' SDOH FOR EXAMPLE, A PATIENT'S FREQUENT VISITS TO THE EMERGENCY DEPARTMENT FOR HYPERGLYCEMIA REFLECTS POORLY MANAGED DIABETES IT COULD BE ASSUMED THIS IS DUE TO WILLFUL NONCOMPLIANCE, BUT IT MIGHT INSTEAD BE DUE TO FOOD INSECURITY THAT LIMITS THE PATIENTS' ABILITY TO CONSISTENTLY OBTAIN APPROPRIATE FOODS TO CONTROL THEIR DIABETES THIS IS IMPORTANT TO KNOW AS IT WILL GUIDE THE INTERVENTION TO IMPROVE THE PATIENT'S HEALTH ADDRESSING PATIENTS' SOCIAL NEEDS IN ADDITION TO PROVIDING CLINICAL CARE HAS BECOME A MAJOR PUBLIC HEALTH INITIATIVE</p>

Form and Line Reference	Explanation
PART VI, LINE 2 (NEEDS ASSESSMENT)	<p>VE AND IS A KEY COMPONENT OF OUR WORK AT CHRISTIANACARE TO CREATE AN INTEGRATED CLINICAL AND SOCIAL CARE FRAMEWORK AN IMPORTANT FIRST STEP TO ADDRESSING PATIENTS' SDOH IS TO SCREEN PATIENTS FOR THESE SOCIAL NEEDS IN CLINICAL SETTINGS CHRISTIANACARE DEVELOPED ITS SYSTEMWIDE STANDARDIZED SDOH SCREENING TOOL BY HAVING KEY STAKEHOLDERS ACROSS THE HEALTH SYSTEM , FROM PROVIDERS AND NURSES, TO INFORMATION TECHNOLOGY ANALYSTS, EPIDEMIOLOGISTS AND RESEARCHERS, REVIEW THE EXISTING AND VALIDATED SCREENING TOOLS AFTER WORKGROUP MEETINGS AND IN- DEPTH DISCUSSIONS, THE STAKEHOLDERS IDENTIFIED SIX PRIORITY DOMAINS 1) PERSONAL FINANCE, 2) FOOD INSECURITY, 3) HOUSING INSTABILITY, 4) TRANSPORTATION, 5) INTERPERSONAL VIOLENCE, AND 6) HEALTH LITERACY THE CHRISTIANACARE SDOH WORKING GROUP THEN COMPILED A LIST OF VALIDATED QUESTIONS FROM THE VARIOUS EXISTING TOOLS AND CAME TO A CONSENSUS ON 9 RECOMMENDED SDOH SCREENING QUESTIONS AND ONE EXTRA QUESTION ADDRESSING URGENT NEEDS DURING THE END OF THIS REPORTING PERIOD, SELECTED DEPARTMENTS WITHIN CHRISTIANACARE BEGAN A TARGETED USE OF THE SDOH SCREENING TOOL THE UTILIZATION OF THE SDOH SCREENING TOOL IS A CLEAR DEMONSTRATION OF OUR DESIRE TO GIVE OUR PATIENTS THE OPPORTUNITY TO TELL US WHAT THEIR NEEDS ARE MOST IMPORTANTLY, IF THEY STATE A NEED, THAT NEED WILL BE ADDRESSED BY CONNECTING THE PATIENT TO THE APPROPRIATE COMMUNITY RESOURCES LEARNING THE PATIENTS' SOCIAL NEEDS PROVIDES DATA THAT WILL INFORM INVESTMENT AND INITIATIVES, BUT THE SDOH WORKING GROUP FELT STRONGLY THAT IF PATIENTS ARE GOING TO BE ASKED PERSONAL QUESTIONS AND DEMONSTRATE THEIR TRUST IN US BY ANSWERING THEM HONESTLY, WE HAD TO PROVIDE SOME ASSISTANCE ADDRESSING THESE NEEDS OR WE SHOULD NOT ASK THE QUESTION THESE ARE JUST SOME OF THE PARTNERSHIPS AND INITIATIVES CHRISTIANACARE HAS UNDERTAKEN TO LEARN FROM ITS COMMUNITY ABOUT ITS HEALTH NEEDS WE EXPECT TO CONTINUE TO LEARN FROM OUR NEIGHBORS AND ALWAYS SEEK NEW WAYS TO CONNECT WITH THEM -----</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3 (PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE)	<p>CHRISTIANACARE FULFILLS ITS MISSION OF SERVING ITS NEIGHBORS AS RESPECTFUL, EXPERT, CARING PARTNERS IN THEIR HEALTH REGARDLESS OF A PATIENT'S ABILITY TO PAY THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE ON CHRISTIANACARE'S WEBSITE AT HTTPS //CHRISTIANACARE ORG/PATIENTS/FINANCIAL-ASSISTANCE-PROGRAM/FINANCIAL -ASSISTANCE/, AND IN PAMPHLETS THROUGHOUT CHRISTIANACARE FACILITIES, INCLUDING CHRISTIANACARE'S OUTPATIENT PRACTICES FINANCIAL ASSISTANCE APPLICATIONS ARE ALSO AVAILABLE IN SPANISH, CANTONESE, AND MANDARIN WHICH ARE THE LANGUAGES MOST SPOKEN IN CHRISTIANACARE'S SERVICE AREA BESIDES ENGLISH TRANSLATION ASSISTANCE TO COMPLETE THE NECESSARY FORMS IS AVAILABLE FOR ANYONE NOT PROFICIENT IN READING, WRITING, OR SPEAKING ENGLISH A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE PROGRAM IS ALSO AVAILABLE ON OUR WEBSITE AT HTTPS //CHRISTIANACARE ORG/PATIENTS/FINANCIAL-ASSISTANCE-PROGRAM/FINANCIAL -ASSISTANCE/ CHRISTIANACARE'S FINANCIAL ASSISTANCE POLICY APPLIES TO ALL MEDICALLY NECESSARY SERVICES, INCLUDING THE HOSPITAL INPATIENT, OUTPATIENT, AND EMERGENCY DEPARTMENT SERVICES THAT ARE BILLED BY CHRISTIANACARE, AS WELL AS ALL SERVICES RENDERED BY CHRISTIANACARE PHYSICIANS - INCLUDING DENTAL SERVICES THAT REQUIRE HOSPITALIZATION MEDICALLY NECESSARY SERVICES ARE PROVIDED AT NO CHARGE TO INDIVIDUALS WHOSE HOUSEHOLD INCOME IS LESS THAN 200% OF THE FEDERAL POVERTY LEVEL AND WHO MEET OTHER FINANCIAL ASSISTANCE PROGRAM REQUIREMENTS FOR ELIGIBILITY UNINSURED INDIVIDUALS WITH A HOUSEHOLD INCOME GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL ARE ELIGIBLE FOR A STANDARD DISCOUNT OF 15% IF AN INDIVIDUAL NEEDS ASSISTANCE IN OBTAINING FINANCIAL ASSISTANCE, BESIDES PATIENT FINANCIAL SERVICES REPRESENTATIVES, THE HEALTH GUIDES ARE ALSO AVAILABLE TO PROVIDE INFORMATION AND ASSIST</p> <p>-----</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 (COMMUNITY INFORMATION)	<p>NEARLY 80% OF WILMINGTON AND CHRISTIANA HOSPITAL DISCHARGES ARE TO NEW CASTLE COUNTY, DELAWARE, AND SO WE CONSIDER THE CHRISTIANACARE COMMUNITY TO BE PRIMARILY NEW CASTLE COUNTY THE POPULATION OF NEW CASTLE COUNTY REPRESENTS CONSIDERABLE VARIATION IN SOCIOECONOMIC STATUS FOR EXAMPLE, THE POVERTY RATE IN ZIP CODE 19801 (WHERE WILMINGTON HOSPITAL IS LOCATED) IS APPROXIMATELY 37% AND THE POVERTY RATE IN ZIP CODE 19701 IS UNDER 5% BECAUSE OF THAT VARIATION, THE 2019 CHNA ASSESSED COMMUNITY HEALTH NEEDS IN TWO GEOGRAPHIC AREAS "COMMUNITY 1" (ZIP CODES 19801, 19802, 19804, 19805, AND 19720) AND "COMMUNITY 2" (ALL OTHER ZIP CODES) THE DISTINCTION WAS MADE BETWEEN THESE TWO COMMUNITIES TO ENSURE THAT THE BARRIERS TO HEALTH FACED BY COMMUNITY 1 WOULD NOT BE OVERLOOKED WHEN CONSIDERING NEW CASTLE COUNTY AS A WHOLE THE TOTAL POPULATION OF NEW CASTLE COUNTY IN 2018 WAS APPROXIMATELY 556,000 PERSONS, WITH COMMUNITY 1 COMPRISED OF APPROXIMATELY 162,000 PERSONS, AND COMMUNITY 2 COMPRISED OF 394,000 PERSONS THE COUNTY'S POPULATION IS EXPECTED TO GROW 3 4 PERCENT FROM 2018 TO 2023, EVERY ZIP CODE IN NEW CASTLE COUNTY IS PROJECTED TO INCREASE IN POPULATION THE POPULATION 65 YEARS OF AGE AND OLDER IS ANTICIPATED TO GROW AT A MUCH HIGHER RATE OF 19 2 PERCENT NOTABLE DIFFERENCES BETWEEN COMMUNITY 1 AND COMMUNITY 2 INCLUDE THE FOLLOWING - COMMUNITY 1 HAS A MUCH HIGHER "PERCENT RACIAL/ETHNIC MINORITY" THAN COMMUNITY 2 - THE PERCENT OF RESIDENTS IN POVERTY AND CONSIDERED LOW INCOME IN COMMUNITY 1 IS ABOUT DOUBLE THE PERCENT FOR COMMUNITY 2 - RESIDENTS OF COMMUNITY 1 ARE MORE LIKELY TO BE UNINSURED AND TO HAVE LIMITED ENGLISH PROFICIENCY - HIGH SCHOOL GRADUATION RATES ALSO HAVE BEEN MUCH LOWER IN COMMUNITY 1 THAN IN COMMUNITY 2 MORE DETAILED INFORMATION ON THE DEMOGRAPHICS OF CHRISTIANA CARE'S SERVICE AREA POPULATION CAN BE FOUND WITHIN ITS CHNA AT HTTPS //CHRISTIANACARE ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY-HEALT H-NEEDS-ASSESSMENT/ -----</p>

Form and Line Reference	Explanation
PART VI, LINE 5 (INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH)	<p>CHRISTIANACARE'S MISSION IS TO SERVE OUR NEIGHBORS AS RESPECTFUL, CARING, PARTNERS IN THEIR HEALTH. WE DO THIS BY CREATING INNOVATIVE, AFFORDABLE, SYSTEMS OF CARE THAT OUR NEIGHBORS VALUE. WE ARE COMMITTED TO FULFILLING OUR MISSION OF SERVICE TO OUR NEIGHBORS, AND AS THE LARGEST HEALTH CARE PROVIDER IN A STATE THAT HAS NO SAFETY NET OR PUBLIC HOSPITAL, WE SERVE A SIGNIFICANT PORTION OF THE COMMUNITY'S UNINSURED AND UNDERINSURED POPULATION ALONG WITH A SUBSTANTIAL PORTION OF THE STATE'S MEDICAID POPULATION. IN DEMONSTRATION OF OUR COMMITMENT TO SERVING OUR NEIGHBORS, IN JULY 2019, CHRISTIANACARE ENTERED INTO AGREEMENTS WITH DELAWARE'S TWO LARGEST MEDICAID PAYORS TO WORK WITH BENEFICIARIES IN POPULATION HEALTH CONTRACTS. AT CHRISTIANACARE, WE ARE KEENLY AWARE OF THE IMPORTANCE OF OUR COMMITMENT TO THE HEALTH OF OUR COMMUNITIES. EACH YEAR, CHRISTIANACARE'S WILMINGTON HOSPITAL HEALTH CENTER ATTRACTS APPROXIMATELY 75,000 PATIENT VISITS, A SIGNIFICANT NUMBER WHEN YOU CONSIDER THE ENTIRE POPULATION OF NEW CASTLE COUNTY IS 556,000 INDIVIDUALS. CHRISTIANACARE ALSO PROVIDES SERVICES THAT DELAWAREANS CANNOT FIND ELSEWHERE IN THE STATE SUCH AS KIDNEY TRANSPLANT, AN EPILEPSY MONITORING UNIT, AND A COMPREHENSIVE PAIN CENTER, LAUNCHED DURING THIS REPORTING PERIOD, WHICH OFFERS EFFECTIVE, NON-OPIOID PAIN TREATMENT STRATEGIES FOR INDIVIDUALS WITH ACUTE AND CHRONIC PAIN. CHRISTIANACARE'S CENTER FOR SPECIAL HEALTH CARE NEEDS, BASED IN THE WILMINGTON HOSPITAL, IS THE ONLY CENTER IN THE AREA DEDICATED TO CARING FOR ADULTS AGE 18 AND OLDER WITH COMPLEX MEDICAL AND SOCIAL CONDITIONS WHICH ORIGINATED IN CHILDHOOD SUCH AS CYSTIC FIBROSIS, HEMOPHILIA, AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. THE CENTER FOR SPECIAL HEALTH CARE NEEDS HELPS PATIENTS AND THEIR FAMILIES WITH THE TRANSITION BETWEEN PEDIATRIC AND ADULT CARE BY PROVIDING THEM WITH ACCESSIBLE AND CONVENIENT CARE AND BY CONNECTING THEM WITH RESOURCES IN THE COMMUNITY. ENSURING THAT PATIENTS HAVE A POSITIVE TRANSITION FROM PEDIATRIC TO ADULT CARE IS IMPORTANT AS STUDIES HAVE SHOWN DECLINES IN HEALTH FOR CERTAIN DISEASES ONCE A PATIENT AGES OUT OF PEDIATRIC CARE. MUCH LIKE THE CENTER FOR SPECIAL HEALTH CARE NEEDS, THE NEWLY CREATED CENTER FOR HOPE AND HEALING ALSO SEEKS TO SERVE PATIENTS WITH COMPLEX NEEDS IN A COMPREHENSIVE MANNER, WITH A FOCUS ON MENTAL HEALTH NEEDS AS A PRIMARY DIAGNOSIS. INDIVIDUALS AT THE CENTER FOR HOPE AND HEALING HAVE A TEAM OF SUPPORT THAT HELPS GET INDIVIDUALS STABILIZED AND THEN ADDRESS THEIR PHYSICAL, MENTAL, AND SOCIAL NEEDS. SIGNIFICANT RESEARCH IS ALSO HAPPENING ON THE CHRISTIANACARE CAMPUS. DURING THIS REPORTING PERIOD, CHRISTIANACARE SCIENTISTS IN THE HELEN F. GRAHAM CANCER CENTER & RESEARCH INSTITUTE FOUND THAT THE CRISPR-CAS9 GENE EDITING SYSTEM MAY BE ABLE TO DELETE A GENE IN CANCER TUMORS THAT LEADS TO THE TUMOR DEVELOPING A RESISTANCE TO CHEMOTHERAPIES USED TO TREAT LUNG CANCER. THE FOCUS OF THIS STUDY WAS TO DETERMINE HOW CRISPR AND CHEMOTHERAPY CAN BE USED TOGETHER TO EFFECTIVELY COMBAT CANCER. CHRISTIANACARE'S CENTER FOR TRANSLATIONAL CANCER RESEARCH ALSO RECEIVED A NEARLY \$1 MILLION GRANT FROM THE LISA DEAN MOSELEY FOUNDATION IN EARLY 2019 TO FURTHER STEM CELL RESEARCH INTO THE ORIGINS OF COLON CANCER. WITH THIS THREE-YEAR GRANT, CHRISTIANACARE SCIENTISTS WILL BUILD ON THEIR DISCOVERY THAT STEM CELL OVERPOPULATION DRIVES CANCER DEVELOPMENT AND GROWTH IN THE COLON. OUR EXPECTATION IS THAT THIS WORK WILL CONTRIBUTE TO THE DEVELOPMENT OF TARGETED AND MORE EFFECTIVE CANCER TREATMENT STRATEGIES. THESE ARE BUT TWO EXAMPLES OF THE EXCITING AND INNOVATIVE WORK HAPPENING AT CHRISTIANACARE TO SERVE ITS PATIENTS, AND THE BROADER POPULATION, WITH POTENTIAL BREAKTHROUGHS AND MODELS TO BE EMULATED. CHRISTIANACARE IS ALSO PROUD OF ITS VALUE INSTITUTE WHICH CONDUCTS REAL-WORLD RESEARCH ON PRESSING HEALTH CARE ISSUES. THE MISSION OF THE VALUE INSTITUTE IS TO DEVELOP, DELIVER AND EVALUATE INNOVATIVE PRACTICE AND POLICY SOLUTIONS THAT IMPROVE THE EXPERIENCE, EFFICIENCY AND EFFECTIVENESS OF HEALTH CARE FOR PATIENTS AND PROVIDERS ALIKE. CHRISTIANACARE'S GOVERNING BODY, ITS BOARD OF DIRECTORS, IS COMPOSED OF PERSONS WHO RESIDE IN ITS PRIMARY SERVICE AREA, AND MOST OF THE BOARD MEMBERS ARE NOT EMPLOYEES, INDEPENDENT CONTRACTORS, OR FAMILY MEMBERS OF CHRISTIANACARE. AS DESCRIBED IN THE CHNA AND CHIP, CHRISTIANACARE FINANCIALLY SUPPORTS IMPROVEMENTS IN ACCESSING CARE, COMMUNITY OUTREACH, IMPROVING THE CARE AND OVERALL HEALTH OF OUR NEIGHBORS, AND CONTINUING TO SUPPORT MEDICAL EDUCATION AND RESEARCH. CHRISTIANACARE INNOVATIVELY SERVES ITS COMMUNITY THROUGH CAREVIO, A CARE MANAGEMENT PROGRAM WHICH CURRENTLY MANAGES MORE THAN 100,000 LIVES. CAREVIO IS A ROBUST INFORMATION TECHNOLOGY PLATFORM THAT HARNESSES REAL-TIME HEALTH DATA FROM ALL AVAILABLE SOURCES. IT USES A PREDICTION ANALYTICS ENGINE TO COORDINATE CARE, IDENTIFY POPULATIONS MOST AT-RISK AND HELP PREVENT THE NEED FOR HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS THROUGH PREVENTIVE CARE AND, W</p>

Form and Line Reference	Explanation
<p>PART VI, LINE 5 (INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH)</p>	<p>HEN APPROPRIATE, HOME CARE CAREVIO HAS MORE THAN 50 NURSE CARE COORDINATORS, SOCIAL WORKE RS, CLINICAL PHARMACISTS, RESPIRATORY THERAPISTS AND MEDICAL DIRECTORS WHO CONNECT WITH PA TIENTS BY PHONE, VIDEO, IN-PERSON VISITS, SECURE TEXTING AND E-MAIL TO HELP THEM MANAGE TH EIR HEALTH CARE CAREVIO'S COMMUNITY TEAM, A SMALL GROUP OF DOCTORS, PHARMACISTS, NURSE CA RE COORDINATORS AND SOCIAL WORKERS, FOCUSES ON REDUCING HOSPITAL AND EMERGENCY DEPARTMENT USE FOR PEOPLE WHO STRUGGLE WITH A COMBINATION OF SOCIAL BARRIERS TO HEALTH AND AT LEAST O NE POORLY CONTROLLED MEDICAL DIAGNOSIS SINCE JANUARY 2016, THE COMMUNITY TEAM HAS ASSISTE D MORE THAN 900 PEOPLE, WITH OVER 9,200 PERSONAL INTERVENTIONS THEY ACHIEVED A 35% REDUCT ION IN EMERGENCY DEPARTMENT USE AND A 25% REDUCTION IN HOSPITAL STAYS CHRISTIANACARE IS A LSO A FOUNDING PARTNER IN EBRIGHTHEALTH ACO, AN ACCOUNTABLE CARE ORGANIZATION THAT SERVES MORE THAN 45,000 REGIONAL MEDICARE BENEFICIARIES FROM DELAWARE, PENNSYLVANIA, AND MARYLAND CAREVIO ALSO PROVIDES THE CARE COORDINATION FOR THIS INITIATIVE EACH DAY, CHRISTIANACAR E CONNECTS WITH ITS NEIGHBORS IN THEIR NEIGHBORHOODS AT PLAY STREETS WILMINGTON EVENTS, AT CHAT & CHEWS HELD IN COMMUNITY CENTERS WHERE PARENTS ARE OFFERED PARENTING EDUCATION AND LUNCH, IN THEIR HOMES FOLLOWING AN OPIOID OVERDOSE WITH ENCOURAGEMENT TO SEEK TREATMENT, I N CLASSROOMS THROUGHOUT THE STATE WHERE STUDENTS ARE TAUGHT HOW TO PREVENT INJURIES AND TH E REAL IMPACT OF VIOLENCE, AND AT FARM STANDS THROUGHOUT THE CITY OF WILMINGTON CHRISTIAN ACARE IS FOCUSED ON PROVIDING THE RIGHT CARE, AT THE RIGHT TIME, IN THE RIGHT PLACE WE AR E COMMITTED TO MAKING GOOD HEALTH ACCESSIBLE FOR EVERYONE, AND WE KNOW THIS MEANS MEETING PEOPLE WHERE THEY ARE WHICH IS OFTEN OUT IN THE COMMUNITY, OUTSIDE OF THE HOSPITAL OR THE PRIMARY CARE OFFICE CHRISTIANACARE ALSO WORKS TO IMPROVE THE HEALTH OF ITS COMMUNITIES BY DIRECTLY ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH THROUGH THE HARRINGTON VALUE INSTIT UTE PARTNERSHIP COMMUNITY FUND WHICH WAS ESTABLISHED IN 2015 TO FOSTER PARTNERSHIPS BETWEE N THE COMMUNITY, CHRISTIANACARE, AND CHRISTIANACARE'S VALUE INSTITUTE THE PURPOSE OF THE HARRINGTON VALUE INSTITUTE COMMUNITY PARTNERSHIP FUND IS TO SUPPORT RESEARCH AND PROGRAM D EVELOPMENT IN THE AREAS OF POPULATION HEALTH TO ADDRESS COMMUNITY NEEDS, SUCH AS PROVIDING CARE FOR THE DISADVANTAGED OR UNDERSERVED AND REDUCING DISPARITIES IN HEALTH THE HARRING TON VALUE INSTITUTE COMMUNITY PARTNERSHIP FUND WILL SUPPORT PROJECTS ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND CLINICAL OUTCOMES THE DELAWARE MEDICAL LEGAL PARTNERSHIP AND THE SCHOOL-BASED HEALTH CENTER COMMUNITY ADVISORY BOARD DISCUSSED IN PREVIOUS SECTIONS WER E HARRINGTON FUND AWARDEES IN FISCAL YEAR 2020, EIGHT ORGANIZATIONS RECEIVED GRANTS THRO UGH THE HARRINGTON VALUE INSTITUTE COMMUNITY PARTNERSHIP FUND COMBINED GRANT FUNDS WERE AP PROXIMATELY \$375,000 THE HARRINGTON VALUE INSTITUTE COMMUNITY PARTNERSHIP FUND ALSO OFFER S A 12-MONTH EXPERIENTIAL TRAINING PROGRAM DESIGNED TO SUPPORT UNDER- REPRESENTED MINORITY, PRE-MED STUDENTS FROM DELAWARE WHO HAVE GRADUATED FROM COLLEGE AND ARE INTERESTED IN PURS UING CLINICAL AND TRANSLATIONAL RESEARCH CAREERS CHRISTIANACARE SUPPORTS THE FIRST STATE SCHOOL LOCATED IN ITS WILMINGTON HOSPITAL IN PARTNERSHIP WITH THE RED CLAY CONSOLIDATED SC HOOL DISTRICT AND THE DELAWARE DEPARTMENT OF EDUCATION CHILDREN AND ADOLESCENTS IN KINDER GARTEN THROUGH HIGH SCHOOL, WHO WOULD TYPICALLY BE HOMEBOUND WITH SERIOUS ILLNESSES LIKE D IABETES, SICKLE- CELL ANEMIA, SEVERE ASTHMA, CANCER, AND OTHER ILLNESSES HAVE THE OPPORTUNI TY TO ATTEND SCHOOL WITH THEIR PEERS WHILE RECEIVING NEEDED MEDICAL TREATMENT THIS PROGRA M IS ONLY ONE OF THREE IN OPERATION NATIONWIDE, AND IT HAS BEEN A STAPLE OF CHRISTIANACARE 'S COMMUNITY PROGRAMS SINCE IT BEGAN SERVING ADOLESCENTS IN 1985 AND EXPANDED TO SERVE ELE MENTARY STUDENTS IN 1991 CHRISTIANACARE IS ALSO A MAJOR TEACHING HOSPITAL WITH TWO CAMPUS ES AND MORE THAN 260 MEDICAL-DENTAL RESI</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 (AFFILIATED HEALTHCARE SYSTEM INFORMATION)	<p>CHRISTIANA CARE IS A MAJOR TEACHING HEALTH SYSTEM WITH MORE THAN 1,600 MEDICAL-STAFF MEMBERS AND 260 MEDICAL-DENTAL RESIDENTS AND FELLOWS MAJOR FACILITIES INCLUDE - CHRISTIANA HOSPITAL-STANTON CAMPUS LOCATED IN NEWARK, DELAWARE, THIS CAMPUS IS HOME TO THE 906 LICENSED BED CHRISTIANA HOSPITAL, THE CHRISTIANA CARE CENTER FOR HEART & VASCULAR HEALTH, THE HELEN F GRAHAM CANCER CENTER & RESEARCH INSTITUTE, THE CHRISTIANA CARE BREAST CENTER, THE CHRISTIANA SURGICENTER, AND THE JOHN H AMMON MEDICAL EDUCATION CENTER CHRISTIANA HOSPITAL IS ALSO THE STATE'S ONLY HIGH RISK DELIVERY HOSPITAL FEATURING A LEVEL III NEONATAL INTENSIVE CARE UNIT CHRISTIANA HOSPITAL IS ALSO A LEVEL I TRAUMA CENTER - WILMINGTON HOSPITAL CAMPUS LOCATED IN THE HEART OF THE CITY OF WILMINGTON, THIS CAMPUS IS THE CORPORATE HEADQUARTERS FOR THE HEALTH SYSTEM AND INCLUDES THE 321 LICENSED BED WILMINGTON HOSPITAL, THE ROCCO A ABESSINIO FAMILY WILMINGTON HOSPITAL HEALTH CENTER, THE CENTER FOR REHABILITATION, THE CENTER FOR ADVANCED JOINT REPLACEMENT, THE WILMINGTON ANNEX, THE SWANK MEMORY CENTER, THE FIRST STATE SCHOOL, AND THE ROXANA CANNON ARSHT SURGICENTER WILMINGTON HOSPITAL IS A LEVEL III TRAUMA CENTER - MIDDLETOWN EMERGENCY DEPARTMENT CHRISTIANA CARE FACILITIES ALSO INCLUDE AN EMERGENCY DEPARTMENT FACILITY IN MIDDLETOWN, DELAWARE, THAT SERVES THE MIDDLETOWN, ODESSA AND TOWNSEND, DELAWARE POPULATIONS ON A 24-7 BASIS THE FACILITY CONTAINS 18 TREATMENT ROOMS, AND IS AVAILABLE TO SERVE MANY OF THE FREQUENT EMERGENCY CARE NEEDS OF THE LOCAL COMMUNITY ----</p> <p>-----</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7 (STATES FILING OF COMMUNITY BENEFIT REPORT)	DELAWARE DOES NOT REQUIRE THE FILING OF A COMMUNITY BENEFIT REPORT IN THE INTEREST OF SHARING INFORMATION ABOUT ITS COMMUNITY BENEFIT WITH ITS NEIGHBORS, CHRISTIANACARE HAS ESTABLISHED A COMMUNITY BENEFIT DEDICATED SECTION ON ITS WEBSITE WHERE THE CHNA AND CHIP CAN BE FOUND, ALONG WITH ARTICLES ABOUT CHRISTIANACARE'S COMMUNITY BENEFIT INITIATIVES AND STORIES THIS GROWING COLLECTION OF STORIES CAN BE ACCESSED AT HTTPS //NEWS CHRISTIANACARE ORG/CATEGORY/IN-THE-COMMUNITY/ -----

Additional Data

Software ID:

Software Version:

EIN: 51-0103684

Name: CHRISTIANA CARE HEALTH SERVICES INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	CHRISTIANA HOSPITAL 4755 OGLETOWN-STANTON ROAD NEWARK, DE 19718 www.christianacare.org LICENSE #HSPTL-002	X	X		X		X	X			A
2	WILMINGTON HOSPITAL 501 WEST 14TH STREET WILMINGTON, DE 19801 www.christianacare.org LICENSE #HSPTL-001	X	X		X		X	X			A

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B LINE 5 (INPUT FROM COMMUNITY)	<p>TO LEARN FROM THE COMMUNITIES WE SERVE, CHRISTIANACARE HELD A SERIES OF COMMUNITY MEETINGS FOUR MEETINGS OF 98 COMMUNITY STAKEHOLDERS, SIX MEETINGS OF 53 LOCAL TEENAGERS, AND TWO INTERNAL MEETINGS OF 13 CHRISTIANACARE STAFF MEMBERS THE COMMUNITY STAKEHOLDERS REPRESENTED LOCAL HEALTH DEPARTMENTS, NON-PROFIT ORGANIZATIONS, LOCAL BUSINESSES, HEALTH CARE PROVIDERS, LOCAL POLICYMAKERS, PARKS AND RECREATION DEPARTMENTS, AND SCHOOL SYSTEMS, THE CHRISTIANACARE STAFF MEMBERS WERE THOSE WHO WORKED DIRECTLY WITH PATIENTS, AND THE TEENAGERS REPRESENTED SEVERAL AREAS ACROSS NEW CASTLE COUNTY, INCLUDING NEWARK, NEW CASTLE, WILMINGTON AND CLAYMONT CHRISTIANACARE WAS PURPOSEFUL IN THE INCLUSION OF A BROAD ARRAY OF COMMUNITY VOICES AT THESE MEETINGS TO ENSURE A DIVERSITY OF VIEWPOINTS THESE MEETINGS ALL BEGAN WITH A PRESENTATION OF PRELIMINARY SECONDARY COMMUNITY HEALTH DATA PARTICIPANTS THEN WERE ASKED (A) TO IDENTIFY COMMUNITY HEALTH ISSUES THAT MAY NOT HAVE BEEN WELL MEASURED BY SECONDARY DATA AND (B) THROUGH A VOTING PROCESS, TO IDENTIFY WHICH NEEDS THEY BELIEVED WERE MOST SIGNIFICANT IN NEW CASTLE COUNTY IN ADDITION TO THE ABOVE MEETINGS, AN INTERVIEW WAS CONDUCTED WITH AN ASSOCIATE DEPUTY DIRECTOR WITHIN THE DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES DURING THAT INTERVIEW, SECONDARY DATA FINDINGS AND SIGNIFICANT NEEDS ALSO WERE DISCUSSED TO GET THE ASSOCIATE DEPUTY DIRECTOR'S PERSPECTIVE CHRISTIANACARE CONTRACTED WITH VERIT HEALTHCARE CONSULTING, LLC (VERIT) TO COMPLETE ITS 2019 CHNA IN COOPERATION WITH CHRISTIANACARE'S OFFICE OF HEALTH EQUITY, VERIT CONDUCTED THE RESEARCH, PRIMARY AND SECONDARY DATA COLLECTION, REVIEW AND ANALYSIS, TO DEVELOP THE CHNA -----</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6 (JOINT CHNA)	CHRISTIANACARE'S TWO HOSPITAL FACILITIES, CHRISTIANA AND WILMINGTON HOSPITALS, JOINTLY CONDUCTED THEIR CHNA -----

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7 & 10 (CHNA & IMP STRATEGY PUBLIC AVAILABILITY)	CHRISTIANACARE'S CHNA IS AVAILABLE ON ITS WEBSITE AT HTTPS //CHRISTIANACARE ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY- HEALTH-NEEDS-ASSESSMENT/ CHRISTIANACARE'S CHNA IS ALSO AVAILABLE IN PAPER COPY TO THE PUBLIC UPON REQUEST CHRISTIANACARE'S COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) WAS ADOPTED ON OR BEFORE THE 15TH DAY OF THE 5TH MONTH AFTER JUNE 30, 2019, AS ALLOWED UNDER THE IRS SECTION 501(R) REGULATIONS CHRISTIANACARE'S CHIP IS AVAILABLE ON ITS WEBSITE AT HTTPS //CHRISTIANACARE ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY- HEALTH-IMPLEMENTATION- PLAN/ A PAPER COPY OF THE CHIP IS ALSO AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST -----

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>PART V, SECTION B, LINE 11 (ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA)</p>	<p>IN THE MOST RECENT CHNA, FINALIZED IN JUNE 2019, CHRISTIANACARE IDENTIFIED THE COMMUNITY'S MOST SIGNIFICANT NEEDS AS 1 SOCIAL DETERMINANTS OF HEALTH INCLUDING POVERTY, FOOD INSECURITY, HOUSING, AFFORDABILITY OF CARE, EDUCATION, AND EMPLOYMENT/JOB SECURITY 2 MENTAL HEALTH AND SUBSTANCE USE DISORDER 3 VIOLENCE AND PUBLIC SAFETY 4 MATERNAL AND CHILD HEALTH ESPECIALLY INFANT MORTALITY 5 ACCESS TO DENTAL AND PRIMARY CARE UNSURPRISINGLY, ALL BUT ACCESS TO DENTAL AND PRIMARY CARE WERE IDENTIFIED AS SIGNIFICANT HEALTH NEEDS IN THE 2018 CHNA ISSUES LIKE POVERTY, VIOLENCE, AND INFANT MORTALITY ARE NOT ONES THAT CAN BE RESOLVED QUICKLY IN THE 2018 CHNA, CHRISTIANACARE ALSO IDENTIFIED TRANSPORTATION, HOUSING, AND EMPLOYMENT AS SIGNIFICANT NEEDS, BUT DETERMINED THAT IT WAS NOT ABLE TO ADDRESS THESE NEEDS GIVEN A LACK OF EXPERTISE AND INFRASTRUCTURE WHILE WE CONTINUE TO ACKNOWLEDGE THAT ADDRESSING SOCIAL DETERMINANTS OF HEALTH IS TO SOME EXTENT OUTSIDE OF OUR SCOPE OF EXPERTISE, WE HAVE ADVANCED OUR ORGANIZATIONAL CAPACITY TO SUPPORT A SOCIAL CARE FRAMEWORK AND MADE A COMMITMENT TO PARTNERING WITH COMMUNITY ORGANIZATIONS THAT DO ADDRESS THESE AREAS IN SUPPORT OF THAT COMMITMENT, CHRISTIANACARE'S OFFICE OF HEALTH EQUITY DESIGNED THE COMMUNITY IN VESTMENT FUND IN PARTNERSHIP WITH CHRISTIANACARE'S FINANCE DEPARTMENT IN FY 2019 THE FUND SUPPORTS PARTNERSHIPS TO BUILD THE COMMUNITY'S COLLECTIVE CAPACITY TO ADDRESS SOCIAL, BEHAVIORAL AND ENVIRONMENTAL FACTORS THAT IMPACT HEALTH RECIPIENT COMMUNITY ORGANIZATIONS ARE SELECTED BASED ON THE QUALITY OF THEIR PROPOSALS AND IMPLEMENTATION PLANS, AND ON THE ALIGNMENT OF THEIR PROPOSALS WITH THE KEY PRIORITIES OF CHRISTIANACARE'S COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPLEMENTATION PLAN IN FY 2020, NEARLY \$2,000,000 IN FUNDING WAS GIVEN TO 32 COMMUNITY ORGANIZATIONS ACROSS THE STATE THE FOLLOWING ARE BRIEF HIGHLIGHTS OF SOME KEY PROGRAMS AND INITIATIVES THAT CHRISTIANACARE HAS UNDERTAKEN TO ADDRESS THE AREAS OF NEED IDENTIFIED IN THE CHNA PLEASE SEE THE CHRISTIANACARE CHIP AT HTTPS://CHRISTIANACARE.ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY-HEALTH-IMPLEMENTATION-PLAN/ FOR A COMPLETE DESCRIPTION OF HOW CHRISTIANACARE IS ADDRESSING THE IDENTIFIED AREAS OF NEED 1 SOCIAL DETERMINANTS OF HEALTH CHRISTIANACARE UNDERTOOK EXCITING AND INNOVATIVE PARTNERSHIPS TO ADDRESS POVERTY AND SOCIAL DETERMINANTS OF HEALTH DURING THIS FISCAL YEAR IN MARCH 2019, CHRISTIANACARE GAVE A GIFT OF \$1,000,000 TO PURPOSE BUILT COMMUNITIES' REACH RIVERSIDE COMMUNITY DEVELOPMENT INITIATIVE THIS INITIATIVE IS A COMMUNITY-LED REVITALIZATION PROJECT IN ONE OF WILMINGTON'S OLDEST AND MOST UNDERSERVED NEIGHBORHOODS CHRISTIANACARE'S GIFT WILL FUND COMMUNITY HEALTH AND WELLNESS OUTREACH AND EDUCATION, FACILITIES AND RESOURCES FOR TEEN PROGRAMS AND ACTIVITIES, SUPPORT FOR SENIORS AND CHILDREN, TRANSPORTATION, AND PROGRAMS TO SUPPORT ECONOMIC OPPORTUNITY AND MOBILITY THROUGH WORKFORCE DEVELOPMENT AND FINANCIAL HEALTH PROGRAMS</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA)	<p>CHRISTIANACARE'S CHIEF HEALTH EQUITY OFFICER, BETTINA TWEARDY RIVEROS, ALSO SERVES ON THE REACH RIVERSIDE BOARD OF DIRECTORS, AND CO-CHAIRS THE HEALTH, WELLNESS & SAFETY COMMITTEE ENSURING THAT CHRISTIANACARE WILL SERVE THIS COMMUNITY AS A PARTNER IN ITS HEALTH. CHRISTIANACARE ALSO ENGAGED UNITE US TO DEVELOP A CARE-COORDINATION NETWORK, UNITE DELAWARE, THAT CONNECTS SOCIAL SERVICES AND CLINICAL CARE PROVIDERS ACROSS THE STATE. WITH THIS ONLINE NETWORK, ANY HEALTH CARE PROVIDER OR SOCIAL SERVICE AGENCY CAN HELP AN INDIVIDUAL ADDRESS THE DIVERSE NEEDS THEY MAY HAVE. THIS TOOL HAS THE POTENTIAL TO REVOLUTIONIZE THE WAY SOCIAL SERVICE AND HEALTH CARE ORGANIZATIONS WORK TOGETHER IN DELAWARE. IT ENABLES OUR COMMUNITY TO TAKE ADVANTAGE OF EXISTING RESOURCES AND BETTER UNDERSTAND AREAS THAT NEED ADDITIONAL RESOURCES OR INVESTMENT. WE ARE INVESTING IN THIS NETWORK BECAUSE WE EXPECT THIS NETWORK TO IMPROVE COORDINATION AMONG COMMUNITY ORGANIZATIONS AND HEALTH CARE PROVIDERS, AND BECAUSE IT WILL PROVIDE VALUABLE INFORMATION ABOUT HOW THE NEEDS OF DELAWAREANS ARE BEING MET OR UNMET WHICH WILL ALSO SERVE TO INFORM OUR COMMUNITY INVESTMENT. ANOTHER COMPREHENSIVE WAY IN WHICH CHRISTIANACARE ADDRESSES SOCIAL DETERMINANTS OF HEALTH IS THE DELAWARE MEDICAL LEGAL PARTNERSHIP (MLP) CREATED IN PARTNERSHIP WITH DELAWARE'S COMMUNITY LEGAL AID SOCIETY, INC ("CLASI"). THE MLP PROVIDES FREE, CIVIL LEGAL SERVICES TO LOW-INCOME PATIENTS, ADULTS AND CHILDREN, WHO ARE FACING LEGAL MATTERS OR NEEDS THAT MAY NEGATIVELY IMPACT THEIR HEALTH OR LEGAL MATTERS OR NEEDS WHICH MAY HAVE BEEN CREATED OR AGGRAVATED BY A PERSON'S HEALTH ISSUES. SOME OF THE MATTERS ADDRESSED THROUGH THIS PROGRAM ARE SAFE HOUSING, PREVENTION OF SUBSIDIZED AND PUBLIC HOUSING EVICTIONS, ASSISTANCE OBTAINING OR PRESERVING INCOME MAINTENANCE AND GOVERNMENT BENEFITS, ACCESS TO SOCIAL SERVICES, APPROPRIATE EDUCATIONAL SERVICES, HEALTH INSURANCE AND ACCESS TO HEALTH CARE. CLASI ATTORNEYS ARE LOCATED ON-SITE AT THE WILMINGTON HOSPITAL AND ARE INTEGRATED INTO HEALTH CARE TEAMS. DURING THIS FISCAL YEAR, THE OFFICE OF HEALTH EQUITY AGGRESSIVELY PROMOTED THIS PROGRAM THROUGHOUT THE SYSTEM TO ENSURE THAT STAFF WERE AWARE OF THIS PROGRAM AND COULD REFER INDIVIDUALS IN NEED THIS SERVICE. THE NUMBER OF THOSE REFERRED INCREASED BY OVER 50% DUE TO THOSE EFFORTS. CHRISTIANACARE IS ALSO ADDRESSING SOCIAL DETERMINANTS OF HEALTH THROUGH ITS COMMITMENT TO A COMMUNITY HEALTH WORKERS (CHW) PROGRAM. AS RECENTLY AS 2017, CHRISTIANA CARE DID NOT EMPLOY ANY CHWS AND BY THE TIME OF THIS WRITING, THERE ARE 16 FULL-TIME CHWS, AND WE EXPECT THAT NUMBER TO INCREASE TO 20. CHWS ARE TRAINED LAYPEOPLE WHO HELP PATIENTS ADDRESS THEIR SOCIAL NEEDS WITH THE EXPECTATION THAT IF SOCIAL NEEDS ARE MET, PATIENTS CAN MORE EFFECTIVELY ADDRESS THEIR HEALTH NEEDS. THEY ARE EMBEDDED IN THE FOLLOWING LOCATIONS THROUGHOUT THE CHRISTIANA CARE SYSTEM: WOMEN'S HEALTH, SCHOOL-BASED HEALTH CENTERS, PRIMARY CARE AND OUR CARE-COORDINATION COMMUNITY TEAM. THERE I</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA)	<p>S ALSO A CHW COMMITTED TO HELPING PATIENTS ADDRESS FOOD INSECURITY FOOD INSECURITY CHRIST IANACARE ADDRESSES FOOD INSECURITY WITH ITS PRODUCE RX PROGRAM CREATED IN 2017 IN PARTNERS HIP WITH URBAN ACRES PRODUCE, A COMMUNITY RUN LLC FOUNDED TO ADDRESS THE LACK OF CONVENIEN T ACCESS TO HEALTHY FOODS IN LOW INCOME SECTIONS OF WILMINGTON ELIGIBLE PREGNANT AND POST -PARTUM WOMEN AS WELL AS INDIVIDUALS DIAGNOSED WITH HYPERTENSION OR DIABETES ARE GIVEN "PR ESCRIPTIONSVOUCHERS WHICH THEY EXCHANGE FOR PRODUCE AT ONE OF THE URBAN ACRES PRODUCE FARM STANDS WITH CHRISTIANACARE SUPPORT, URBAN ACRES PRODUCE OPERATES FARM STANDS AT SIX LOCA TIONS THROUGHOUT WILMINGTON INCLUDING A SENIOR CENTER, WESTSIDE FAMILY HEALTHCARE CENTER, AND THE WILMINGTON HOSPITAL AN ADDITIONAL FARM STAND IS LOCATED AT THE CHRISTIANA HOSPITA L THESE FARM STANDS ARE PRESENT IN EACH LOCATION FOR A SET NUMBER OF HOURS ON A SET DAY, AND ANYONE, NOT ONLY THOSE WITH PRESCRIPTIONS, IS ABLE TO VISIT THE FARM STANDS AND PURCHA SE AFFORDABLE PRODUCE CHRISTIANACARE'S PARTNERSHIP WITH URBAN ACRES PRODUCE DEMONSTRATES ITS COMMITMENT TO COMPREHENSIVE COMMUNITY EFFORTS URBAN ACRES PRODUCE WORKS TO NOT ONLY E NSURE COMMUNITIES HAVE ACCESS TO AFFORDABLE PRODUCE, IT ALSO STRIVES TO DO SO IN A WAY THA T CREATES JOB OPPORTUNITIES ANOTHER FOOD INSECURITY INITIATIVE CHRISTIANACARE UNDERTOOK T HIS FISCAL YEAR WAS THE ESTABLISHMENT OF THE WILMINGTON HOSPITAL FOOD PANTRY IN EARLY 2019 IN PARTNERSHIP WITH THE FOOD BANK OF DELAWARE THIS FOOD PANTRY SERVES OUTPATIENTS OF WIL MINGTON HOSPITAL, THE CENTER FOR SPECIAL HEALTH CARE NEEDS, INDEPENDENCE AT HOME, AND CARE VIO COMMUNITY IF A PATIENT IS FOOD INSECURE, THEY WILL BE PROVIDED WITH A BOX OF NON-PERI SHABLE FOOD IMMEDIATELY THESE PATIENTS ALSO RECEIVE INFORMATION ABOUT COMMUNITY-BASED FOO D OPTIONS FOR CONTINUING SUPPORT AFTER ONE YEAR OF OPERATION, DATA-INFORMED DETERMINATION S WILL BE MADE ABOUT ANY NEEDED CHANGES TO THE PROGRAM, AND THE INFORMATION SECURED FROM T HIS PROGRAM WILL ALSO BE USED TO INFORM OTHER FOOD INSECURITY INITIATIVES WHICH WE EXPECT TO DEVELOP DURING FISCAL YEAR 2020 HOUSING DURING FISCAL YEAR 2019, CHRISTIANACARE FOCUSE D ON RESEARCHING TRANSITIONAL HOUSING MODELS THAT PROVIDE WRAPAROUND SERVICES FOR PEOPLE W ITH COMPLEX HEALTH NEEDS CHRISTIANACARE ENTERED INTO PARTNERSHIPS WITH FRIENDSHIP HOUSE A ND ATTACK ADDICTION RESPECTIVELY TO PROVIDE FINANCIAL SUPPORT FOR THESE ORGANIZATIONS' TRA NSITIONAL HOUSING FOR HOMELESS INDIVIDUALS AND INDIVIDUALS SUFFERING FROM SUBSTANCE USE DI SORDER IN FISCAL YEAR 2020, WE ALSO EXPECT TO DEVELOP A PROCESS FOR REFERRING APPROPRIATE PATIENTS TO THESE ORGANIZATIONS FOR TRANSITIONAL HOUSING CHRISTIANACARE ALSO ENTERED INT O THE EARLY STAGES OF A PARTNERSHIP WITH HABITAT FOR HUMANITY NEW CASTLE COUNTY TO PROVIDE CRITICAL REPAIRS AND SAFETY MODIFICATIONS TO LOW-INCOME PATIENTS THAT ARE HOMEOWNERS RETU RNING FROM THE HOSPITAL CHRISTIANACARE'S INDEPENDENCE AT HOME PROGRAM AND GOOD NEIGHBORS HOME REPAIR ALSO BEGAN WO</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 13 (ELIGIBILITY FOR PROVIDING DISCOUNTED CARE)	FEDERAL POVERTY GUIDELINES ARE NOT USED TO DETERMINE DISCOUNTED CARE A SELF-PAY DISCOUNT OF 15% IS APPLIED TO ALL UNINSURED PATIENT ACCOUNTS REGARDLESS OF INCOME PATIENTS WITH INCOME IN EXCESS OF 200% WILL ONLY RECEIVE A 15% DISCOUNT ----- --

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16 (FINANCIAL ASSISTANCE POLICY AVAILABILITY)	A COPY OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT HTTPS //CHRISTIANACARE ORG/PATIENTS/FINANCIAL-ASSISTANCE-PROGRAM/FINANCIAL -ASSISTANCE/ ----- PART V, SECTION B, LINE 20 (ADDITIONAL EFFORTS MADE BEFORE AN ECA) CHRISTIANA CARE HEALTH SERVICES COMMUNICATES IN WRITING ABOUT COLLECTION PLACEMENT AND THE FINANCIAL ASSISTANCE POLICY -----

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 22 (CHARGES FOR FAP-ELIGIBLE INDIVIDUALS)	FAP-ELIGIBLE INDIVIDUALS (THOSE WITH INCOME LESS THAN 200% OF FEDERAL POVERTY GUIDELINES) ARE NOT RESPONSIBLE FOR ANY CHARGES -----

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a Yes									
	4b Yes									
		4c No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7 Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	DETAIL REGARDING BENEFITS PROVIDED SOCIAL CLUB DUES CCHS PROVIDES A SOCIAL CLUB MEMBERSHIP TO BE USED BY THE PRESIDENT IN CONNECTION WITH THEIR DUTIES THE PRESIDENT IS RESPONSIBLE FOR AND TAXED ON ANY PERSONAL USE OF SUCH CLUB MEMBERSHIP -----

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 4A	<p>DETAIL OF SEVERANCE PAYMENTS AUDREY VAN LUVEN RECEIVED A SEVERANCE DISTRIBUTION OF \$197,305 DURING THE 2018 CALENDAR YEAR BRIAN GALINAT RECEIVED A SEVERANCE DISTRIBUTION OF \$142,056 DURING THE 2018 CALENDAR YEAR ----- FORM 990, SCHEDULE J, PART I, LINE 4B</p> <p>SUPPLEMENTAL NONQUALIFIED PLAN PARTICIPATION CHRISTIANA CARE HEALTH SERVICES, INC ("CCHS") MAINTAINS AN IRC SECTION 457(F) DEFERRED COMPENSATION PLAN THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED AND/OR RECEIVED DISTRIBUTIONS FROM THE 457(F) PLAN DURING THE YEAR THOMAS L CORRIGAN- \$69,293 BRIAN GALINAT- \$27,701 KIRK GARRATT, MD- \$35,758 JANICE E NEVIN, MD- NO DISTRIBUTION NICHOLAS PETRELLI- \$34,476 BRENDA PIERCE- \$27,701 -----</p>

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 7	PROVISION OF NON-FIXED PAYMENTS CCHS PROVIDES DISCRETIONARY BONUS AND/OR INCENTIVE COMPENSATION PAYMENTS TO ELIGIBLE EMPLOYEES PAYMENTS MADE TO ANY DISQUALIFIED PERSON IS APPROVED BY THE CCHS COMPENSATION COMMITTEE THROUGH THE PROCESS DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 15



Additional Data

Software ID:
Software Version:
EIN: 51-0103684
Name: CHRISTIANA CARE HEALTH SERVICES INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THOMAS L CORRIGAN FORMER EXECUTIVE VP AND CFO	(i)	375,782	244,258	271,856	27,211	8,927	928,034	0
	(ii)	0	0	0	0	0	0	0
JAMES HOPKINS MD MEMBER	(i)	421,096	85,000	12,000	27,211	9,134	554,441	0
	(ii)	0	0	0	0	0	0	0
BRENDA K PIERCE ESQ FORMER SECRETARY OF CORP	(i)	162,761	80,000	214,181	24,349	3,707	484,998	0
	(ii)	0	0	0	0	0	0	0
AUDREY VAN LUVEN FORMER SR VP&CHIEF HR OFFICER	(i)	0	262,129	197,305	7,961	0	467,395	0
	(ii)	0	0	0	0	0	0	0
JANICE E NEVIN MD PRESIDENT & CEO	(i)	1,084,695	606,867	61,229	172,471	10,734	1,935,996	0
	(ii)	0	0	0	0	0	0	0
PAUL DAVIS PHYSICIAN	(i)	745,991	112,650	0	25,836	15,956	900,433	0
	(ii)	0	0	0	0	0	0	0
KENNETH SILVERSTEIN EXECUTIVE VICE PRESIDENT	(i)	636,806	223,684	0	87,917	15,956	964,363	0
	(ii)	0	0	0	0	0	0	0
KIRK GARRATT MEDICAL DIRECTOR HVIS	(i)	594,866	138,457	58,177	24,461	5,456	821,417	0
	(ii)	0	0	0	0	0	0	0
RAY BLACKWELL CHIEF CARDIAC SURGERY	(i)	694,674	88,576	0	27,211	15,956	826,417	0
	(ii)	0	0	0	0	0	0	0
RICHARD CUMING CHIEF NURSING EXECUTIVE	(i)	417,393	148,055	0	66,462	9,134	641,044	0
	(ii)	0	0	0	0	0	0	0
MICHAEL EPPEHIMER CHIEF OP OFFICER - MED GROUP	(i)	328,385	91,375	4,819	45,277	15,956	485,812	0
	(ii)	0	0	0	0	0	0	0
SHARON KURFUERST CHIEF OP OFFICER - HEALTH SVC	(i)	332,113	90,917	0	59,451	15,956	498,437	0
	(ii)	0	0	0	0	0	0	0
JOSEPH BENNETT MD MEMBER	(i)	464,658	33,303	38,500	24,461	14,180	575,102	0
	(ii)	0	0	0	0	0	0	0
BRIAN GALINAT MD CHIEF ORTHOPAEDIC SURGERY	(i)	319,626	92,336	365,399	27,211	8,398	812,970	0
	(ii)	0	0	0	0	0	0	0
NICHOLAS PETRELLI MD MEDICAL DIRECTOR, CANCER	(i)	579,243	162,037	32,130	27,211	9,134	809,755	0
	(ii)	0	0	0	0	0	0	0
NEIL JASANI CHIEF PEOPLE OFFICER	(i)	432,504	156,193	0	69,335	15,956	673,988	0
	(ii)	0	0	0	0	0	0	0
JENNIFER L SCHWARTZ ESQ SECRETARY OF CORP	(i)	184,761	85,000	0	18,374	8,260	296,395	0
	(ii)	0	0	0	0	0	0	0
ROB MCMURRAY CFO, TREASURER & ASS'T SEC'Y	(i)	333,074	62,299	8,817	50,594	15,956	470,740	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number

51-0103684

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DELAWARE HLTH FACILITIES AUTHORITY SERIES 2008	51-0272458	246388NVO	11-20-2008	80,000,000	REFINANCE SERIES 2004 & MED BLDG		X		X		X
B	DELAWARE HLTH FACILITIES AUTHORITY SERIES 2010A	51-0272458	246388EQ5	11-04-2010	74,491,341	CONSTRUCTION OF HOSPITAL		X		X		X
C	DELAWARE HLTH FACILITIES AUTHORITY SERIES 2010	51-0272458	246388QPO	11-04-2010	127,295,000	CONSTRUCTION OF HOSPITAL		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	7,210,000		15,360,000		16,620,000			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	80,000,000		74,956,804		128,314,967			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	774,850		879,197		684,318			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	19,062,025		74,077,607		127,630,649			
11	Other spent proceeds	60,163,125		0		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2006		2014		2014			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?	X		X		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X	X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
FORM 990, SCHEDULE K, PART II, LINE 3	FOR DELAWARE HLTH FACILITIES AUTHORITY SERIES 2010A, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$465,463 IN INVESTMENT EARNINGS FOR DELAWARE HLTH FACILITIES AUTHORITY SERIES 2010, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$1,119,967 IN INVESTMENT EARNINGS -----

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 2C, COLUMNS A, B, AND C	AN ARBITRAGE REBATE AND YIELD RESTRICTION COMPLIANCE ANALYSIS WAS COMPLETED BY THE PFM GROUP FOR THE DELAWARE HEALTH FACILITIES AUTHORITY 2008 BONDS ON NOVEMBER 19, 2018 AND THE DELAWARE HEALTH FACILITIES AUTHORITY 2010 BONDS ON NOVEMBER 4, 2015

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization

CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number

51-0103684

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>DETAIL OF OTHER PROGRAM SERVICES CHRISTIANACARE HEALTH SERVICES ("CCHS"), HEADQUARTERED IN WILMINGTON, DELAWARE, IS ONE OF THE COUNTRY'S LARGEST HEALTH CARE PROVIDERS AND IS A MAJOR TEACHING HOSPITAL WITH TWO CAMPUSES AND MORE THAN 260 MEDICAL-DENTAL RESIDENTS AND FELLOWS CHRISTIANACARE IS RECOGNIZED AS A REGIONAL CENTER FOR EXCELLENCE IN CARDIOLOGY, CANCER AND WOMEN'S HEALTH SERVICES THE SYSTEM FEATURES A LEVEL 3 NEONATAL INTENSIVE CARE UNIT, THE ONLY DELIVERING HOSPITAL IN THE STATE TO OFFER THIS LEVEL OF CARE FOR NEWBORNS CHRISTIANA CARE HEALTH SERVICES IS ALSO HOME TO DELAWARE'S ONLY LEVEL 1 TRAUMA CENTER, THE ONLY OF ITS KIND BETWEEN PHILADELPHIA AND BALTIMORE A NOT-FOR-PROFIT, NON-SECTARIAN HEALTH SYSTEM, CHRISTIANACARE INCLUDES TWO HOSPITALS WITH MORE THAN 1,200 PATIENT BEDS, PREVENTIVE MEDICINE, REHABILITATION SERVICES, A NETWORK OF PRIMARY CARE PHYSICIANS AND AN EXTENSIVE RANGE OF OUTPATIENT SERVICES WITH MORE THAN 11,300 EMPLOYEES, CHRISTIANACARE IS THE LARGEST PRIVATE EMPLOYER IN DELAWARE AND ONE OF THE LARGEST EMPLOYERS IN THE PHILADELPHIA REGION</p> <p>-----</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY AND BUSINESS RELATIONSHIPS GEORGE FOUTRAKIS, TRUSTEE, AND PAUL KANIEFSKI, TRUSTEE, HAVE A BUSINESS RELATIONSHIP ----- FORM 990, PART VI, SECTION A, LINE 7A,B GOVERNING BODY AND MANAGEMENT THE BOARD OF DIRECTORS OF CHRISTIANACARE HEALTH SYSTEM, INC ("SYSTEM"), SOLE MEMBER OF CHRISTIANACARE HEALTH SERVICES, INC ("CCHS"), AT IT'S ANNUAL MEETING IN NOVEMBER, ELECTS DIRECTORS OF CHRISTIANACARE THE ANNUAL OPERATING BUDGET OF C HRISTIANACARE IS APPROVED BY THE CHRISTIANACARE BOARD, THE SYSTEM FINANCE COMMITTEE AND TH E SYSTEM BOARD -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS INFORMATION RELATED TO CHRISTIANACARE'S FORM 990 FILING IS GATHERED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW THE FINAL 2018 FORM 990 FOR THE FISCAL YEAR ENDING JUNE 30, 2019 WAS REVIEWED AND APPROVED BY VARIOUS SENIOR MANAGEMENT OFFICIALS THE ORGANIZATION'S GOVERNING BOARD WAS ALSO PROVIDED ACCESS TO THE APPROVED 2018 FORM 990 VIA ITS BOARD OF DIRECTOR'S PORTAL -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY OUR CONFLICT OF INTEREST ("COI") POLICY IS LOCATED IN THE CARE GIVER RESOURCE CENTER ON THE EMPLOYEE PORTAL THERE IS AN ANNUAL MANDATORY EDUCATION FOR MANAGERS WHICH INCLUDES AN ELECTRONIC SIGN OFF ACKNOWLEDGING COMPLETION OF THE EDUCATION, REPORTING OF A REAL OR PERCEIVED CONFLICT OR THAT NO CONFLICTS OF INTEREST EXISTS THE HR/EMPLOYEE RELATIONS TEAM FOLLOWS UP WITH ANYONE WHO HAS A CONFLICT OR PERCEIVED CONFLICT OR DOES NOT COMPLETE THE EDUCATION IN ORDER TO RESOLVE THE EMPLOYEE HANDBOOK SETS EXPECTATIONS FOR EMPLOYEE CONFLICTS OF INTEREST SEVERAL REPORTING MECHANISMS ALSO EXIST FOR EMPLOYEES TO REPORT CONCERNS THE BOARD OF DIRECTORS HAS THEIR OWN COI POLICY COI IS A STANDING AGENDA ITEM ON EACH BOARD OR BOARD COMMITTEE MEETING BOARD MEMBERS EXPECTATIONS FOR COI ARE CLEARLY COMMUNICATED -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW AND APPROVAL PROCESS THE BOARD OF DIRECTORS ESTABLISHES CHRISTIANACARE'S COMPETITIVE TOTAL COMPENSATION POLICY AND PRACTICE THE EXECUTIVE COMPENSATION COMMITTEE ("ECC") OF THE BOARD ENGAGES AN INDEPENDENT THIRD PARTY ANNUALLY WHO ASSESSES DATA FROM SEVERAL MAJOR SURVEYS TO ENSURE TOTAL REMUNERATION IS MARKET COMPETITIVE AND QUALIFIES FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE INTERMEDIATE SANCTIONS RULE, SECTION 4958 OF THE INTERNAL REVENUE CODE AFTER DELIBERATION, THE ECC DOCUMENTS THEIR DECISIONS IN MEETING MINUTES -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNANCE, MANAGEMENT, & DISCLOSURE THE FORM 990, GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY OF CHRISTIANACARE ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN ADDITION, THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEB THROUGH DIGITAL ASSURANCE CERTIFICATION ("DAC") -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DETAIL OF OTHER CHANGES IN NET ASSETS CHANGE IN PENSION AND POSTRETIREMENT LIABILITIES \$ (55,800,442) CHANGE IN NET ASSETS OF THE SYSTEM 2,046,972 OTHER 326,788 ----- TOTAL \$ (53,426,682) =====

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number

51-0103684

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHRISTIANA CARE CAMPUS REALTY LLC 501 WEST 14TH STREET WILMINGTON, DE 19801 51-0103684	SUPPORT SRVCS	DE	0	0	CCHS
(2) CHRISTIANA CARE QUALITY PARTNERS LLC 501 WEST 14TH STREET WILMINGTON, DE 19801 51-0103684	SUPPORT SRVCS	DE	-212,391	0	CCHS
(3) CHRISTIANA CARE QUALITY PARTNERS ACOLLC 501 WEST 14TH STREET WILMINGTON, DE 19801 51-0103684	SUPPORT SRVCS	DE	-1,365,073	906	CCHS
(4) CHRISTIANA CARE CARE LINK LLC 501 WEST 14TH STREET WILMINGTON, DE 19801 51-0103684	SUPPORT SRVCS	DE	-4,037,204	334,044	CCHS

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHRISTIANA CARE HEALTH SYSTEM INC 501 WEST 14TH STREET WILMINGTON, DE 19801 52-1479538	FUNDRAISING	DE	501(c)(3)	7	NA		No
(2) CHRISTIANA CARE HLTH INITIATIVES INC 200 HYGIEIA DRIVE SUITE 2300 NEWARK, DE 19713 51-0295186	OUTPATIENT SV	DE	501(c)(3)	10	CCHS SYSTEM		No
(3) CHRISTIANA CARE HOME HEALTH & COM SRVCS 1 READS WAY NEW CASTLE, DE 19720 51-0064334	HOME HLTHCARE	DE	501(c)(3)	7	CCHS SYSTEM		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) THE DE CTR FOR MAT FETAL MED OF CC INC 200 HYGIEIA DRIVE NEWARK, DE 19713 20-5891272	HEALTHCARE	DE	CCHS	C CORP	45,187	2,751,756	100 000 %	Yes	
(2) CHRISTIANA CARE HEALTH PLANS 200 HYGIEIA DRIVE OFFICE 2524 NEWARK, DE 19713 51-0352728	INSURANCE	DE	CCHS SYSTEM	C CORP					No
(3) CHRISTIANA CARE DEFERRED COMP PLAN 4755 OGLETOWN STANTON RD NEWARK, DE 19718 81-6359549	DEF COMP PLAN	DE	CC HEALTH SRVCS	TRUST				Yes	
(4) CHRISTIANA CARE EXEC DEFERRED COMP PLAN 4755 OGLETOWN STANTON RD NEWARK, DE 19718 35-7048822	DEF COMP PLAN	DE	CC HEALTH SRVCS	TRUST				Yes	
(5) CARE ASSOCIATES DEFERRED COMP PLAN 4755 OGLETOWN STANTON RD NEWARK, DE 19718 35-7048714	DEF COMP PLAN	DE	CC HEALTH SRVCS	TRUST				Yes	
(6) CHRISTIANA CARE INSURANCE CO LTD PO BOX 1159 878 W BAY RD GRAND CAYMAN KY1-1102 CJ 98-1489490	SELF-INSURANCE	CJ	CC HEALTH SRVCS	C-CORP	-8,388	52,297,605	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE DE CTR FOR MAT FETAL MED OF CC INC	A,O	514,255	FMV
(2) CHRISTIANA CARE INSURANCE CO LTD	R	36,534,378	FMV
(3) CHRISTIANA CARE HEALTH SYSTEM	CJMNO	7,987,631	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation