

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

**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 VP'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) 428-2426

**G** Gross receipts \$ 2,534,537,242

**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	17
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	13,171
<b>6</b> Total number of volunteers (estimate if necessary)	1,048
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	5,076,292
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	24,577,838	80,735,115
<b>9</b> Program service revenue (Part VIII, line 2g)	2,003,698,183	1,885,207,044
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81,965,865	102,844,109
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,841,287	13,395,684
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,112,083,173	2,082,181,952
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,197,510,102	1,255,954,196
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	714,773,175	747,739,423
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,912,283,277	2,003,693,619
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	199,799,896	78,488,333
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	3,539,982,993	4,179,624,084
<b>21</b> Total liabilities (Part X, line 26)	794,893,093	1,298,158,505
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,745,089,900	2,881,465,579

## 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: 2021-05-11  
ROBERT M MCMURRAY CFO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2021-05-10  
Check  if self-employed PTIN: P00858539  
Firm's name: PricewaterhouseCoopers LLP Firm's EIN: \_\_\_\_\_  
Firm's address: 2001 MARKET ST SUITE 1800 PHILADELPHIA, PA 19103 Phone no. (267) 330-3000

**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. WE DO THIS BY CREATING INNOVATIVE, EFFECTIVE, AFFORDABLE SYSTEMS OF CARE THAT OUR NEIGHBORS VALUE.

**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 \$ 526,837,901 including grants of \$ 0 ) (Revenue \$ 311,977,627 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 198,652,002 including grants of \$ 0 ) (Revenue \$ 341,295,429 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 245,884,303 including grants of \$ 0 ) (Revenue \$ 318,079,974 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 675,175,044 including grants of \$ 0 ) (Revenue \$ 923,708,330 )

**4e Total program service expenses** ▶ 1,646,549,250

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b> 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%;"><b>2a</b></td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">13,171</td> </tr> </table>	<b>2a</b>		13,171			
<b>2a</b>		13,171					
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b>	Yes			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b>	Yes			
<b>b</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> . . . . .			<b>3b</b>	Yes			
<b>4a</b> 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)? . . . . .			<b>4a</b>		No		
<b>b</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).							
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			<b>5a</b>		No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>		No		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>				
<b>6a</b> 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? . . . . .			<b>6a</b>		No		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>							
<b>a</b> 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? . . . . .			<b>7a</b>		No		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7b</b>				
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7c</b>		No		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>						
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>		No		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>7f</b>		No		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>				
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .							
<b>8</b>							
<b>9 Sponsoring organizations maintaining donor advised funds.</b>							
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>				
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter:							
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>						
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>						
<b>11 Section 501(c)(12) organizations.</b> Enter:							
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>						
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>						
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?							
<b>12a</b>							
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>						
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>							
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<b>13a</b>				
<b>b</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 . . . . .	<b>13b</b>						
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>						
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>		No		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .			<b>14b</b>				
<b>15</b> 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? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b>			<b>15</b>	Yes			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>If "Yes," complete Form 4720, Schedule O.</b>			<b>16</b>		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 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 1a (20), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 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.
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 VP'S OFFICE 4000 NEXUS DR STE NW3-117 WILMINGTON, DE 19803 (302) 428-2426







**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	188,285		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	5,726,179		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	73,280,993		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,539,658		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>	347,341		
	<b>h Total.</b> Add lines 1a-1f . . . . .		80,735,115		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> NET PROGRAM SERVICE REVENUES		622110	1,851,733,336	1,851,733,336		
<b>b</b> OTHER REVENUES		900099	33,473,708	18,203,322	5,076,292	10,194,094
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			1,885,207,044			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			36,323,222			36,323,222	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	2,025,551				
			(ii) Personal					
		<b>b</b> Less: rental expenses	<b>6b</b>					
		<b>c</b> Rental income or (loss)	<b>6c</b>	2,025,551	0			
	<b>d</b> Net rental income or (loss) . . . . .			2,025,551			2,025,551	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	518,876,176				
			(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	447,978,876	4,376,414			
		<b>c</b> Gain or (loss)	<b>7c</b>	70,897,300	-4,376,414			
	<b>d</b> Net gain or (loss) . . . . .			66,520,887			66,520,887	
	<b>8a</b> Gross income from fundraising events (not including \$ 188,285 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		27,244				
			<b>8b</b>	0				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			27,244			27,244
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		11,538				
			<b>9b</b>	0				
		<b>c</b> Net income or (loss) from gaming activities . . . . .			11,538			11,538
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0				
<b>10b</b>			0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0				
Miscellaneous Revenue		Business Code						
<b>11a</b> MAINTENANCE FEES		531390	1,477,035			1,477,035		
<b>b</b> AFFILIATE REVENUE		900099	9,854,316	9,854,316				
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			11,331,351					
<b>12 Total revenue.</b> See instructions . . . . .			2,082,181,952	1,879,790,974	5,076,292	116,579,571		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	12,858,684	10,700,372	2,158,312	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	961,323,479	799,966,667	161,356,812	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	67,064,586	55,807,888	11,256,698	
<b>9</b> Other employee benefits . . . . .	148,557,789	123,622,570	24,935,219	
<b>10</b> Payroll taxes . . . . .	66,149,658	55,046,530	11,103,128	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	2,944,054	2,105,255	838,799	
<b>c</b> Accounting . . . . .	515,032	368,293	146,739	
<b>d</b> Lobbying . . . . .	230,460	164,799	65,661	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	5,662,278		5,662,278	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,475,344	11,066,220	4,409,124	
<b>12</b> Advertising and promotion . . . . .	7,065,337	5,052,332	2,013,005	
<b>13</b> Office expenses . . . . .	8,454,861	6,045,963	2,408,898	
<b>14</b> Information technology . . . . .	55,734,455	39,854,995	15,879,460	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	15,643,983	11,186,812	4,457,171	
<b>17</b> Travel . . . . .	2,829,206	2,023,129	806,077	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	4,794,478	3,428,470	1,366,008	
<b>20</b> Interest . . . . .	6,463,784	4,622,169	1,841,615	
<b>21</b> Payments to affiliates . . . . .	50,000		50,000	
<b>22</b> Depreciation, depletion, and amortization . . . . .	107,521,423	58,185,705	49,335,718	
<b>23</b> Insurance . . . . .	19,714,317	14,097,455	5,616,862	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	314,105,231	314,105,231		
<b>b</b> OTHER SUPPLIES AND SERVICES	180,535,180	129,098,395	51,436,785	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,003,693,619	1,646,549,250	357,144,369	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	100,496,164	<b>1</b>	456,095,574
	<b>2</b> Savings and temporary cash investments . . . . .	188,510,758	<b>2</b>	191,259,896
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	304,981,613	<b>4</b>	261,604,063
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	32,314,006	<b>8</b>	37,495,194
	<b>9</b> Prepaid expenses and deferred charges . . . . .	20,230,033	<b>9</b>	22,701,944
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 2,483,102,820		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,389,539,250	900,474,884	<b>10c</b> 1,093,563,570
	<b>11</b> Investments—publicly traded securities . . . . .	1,436,059,434	<b>11</b>	1,374,617,289
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	283,790,024	<b>12</b>	413,623,323
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	1,015,805	<b>14</b>	1,015,805
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	272,110,272	<b>15</b>	327,647,426
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,539,982,993	<b>16</b>	4,179,624,084	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	299,293,072	<b>17</b>	326,959,055
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	240,452,898	<b>20</b>	369,600,977
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	255,147,123	<b>25</b>	601,598,473
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	794,893,093	<b>26</b>	1,298,158,505
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,683,788,381	<b>27</b>	2,820,861,635
	<b>28</b> Net assets with donor restrictions . . . . .	61,301,519	<b>28</b>	60,603,944
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	2,745,089,900	<b>32</b>	2,881,465,579	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	3,539,982,993	<b>33</b>	4,179,624,084	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,082,181,952
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,003,693,619
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	78,488,333
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,745,089,900
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	38,094,810
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	19,792,536
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,881,465,579

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 51-0103684

**Name:** CHRISTIANA CARE HEALTH SERVICES INC

Form 990 (2019)

---

**Form 990, Part III, Line 4a:**

PROVISION OF PROFESSIONAL PATIENT CARE FOR THE HOSPITALS OF CHRISTIANA CARE. APPROXIMATELY 2,625 FULL TIME EQUIVALENT ("FTE") NURSES ARE EMPLOYED WITH 303,458 PATIENT DAYS RECORDED DURING FISCAL 2020. THE HOSPITALS OFFER A FULL SCOPE OF SERVICES WITH THE NEED OF THE POPULATION SERVED WITOUT REGARD TO AGE, RACE OR ECONOMIC CIRCUMSTANCES.

---

**Form 990, Part III, Line 4b:**

PHARMACY - PROVIDED PHARMACY SERVICES FOR BOTH INPATIENTS AND OUTPATIENTS. DURING FISCAL 2020, 6,262,328 DOSES WERE PERFORMED WITH AN APPROXIMATE FTE COUNT OF 240.

---

**Form 990, Part III, Line 4c:**

OPERATING ROOM - PROVIDED BOTH INPATIENT AND OUTPATIENT SURGICAL PROCEDURES. IN FISCAL 2020, 31,695 OPERATIONS WERE PERFORMED, REQUIRING AN APPROXIMATE FTE COUNT OF 572.

---

**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			
JANICE E NEVIN MD ..... PRESIDENT & CEO	40.0 ..... 1.0	X		X				1,819,720	0	181,059
KENNETH SILVERSTEIN MD ..... EXECUTIVE VICE PRESIDENT	40.0 ..... 1.0			X				896,030	0	99,746
GERARD J FULDA MD ..... CHAIRMAN, DEPT OF SURGERY	40.0 ..... 0.0					X		929,144	0	37,186
KIRK GARRATT MD ..... MEDICAL DIRECTOR HVIS	40.0 ..... 0.0					X		857,010	0	22,842
PAUL DAVIS MD ..... CARDIAC SURGEON	40.0 ..... 0.0					X		830,360	0	35,786
RAY BLACKWELL MD ..... CHIEF, CARDIAC SURGERY	40.0 ..... 0.0					X		819,141	0	37,186
RANDALL GABORIAULT ..... CHIEF INFORMATION OFFICER	40.0 ..... 0.0					X		754,505	0	89,287
NICHOLAS PETRELLI MD ..... MEDICAL DIRECTOR, CANCER	40.0 ..... 0.0					X		797,966	0	29,890
ROB MCMURRAY ..... CFO, TREASURER & ASS'T SECY	40.0 ..... 1.0			X				659,676	0	80,186
FREDERIC T HARAD MD ..... MEMBER	40.0 ..... 1.0	X						688,273	0	35,786



**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			
NEIL JASANI MD ..... CHIEF PEOPLE OFFICER	40.0 ..... 0.0				X			631,901	0	80,589
JOSEPH BENNETT MD ..... MEMBER	40.0 ..... 1.0	X						650,162	0	34,386
RICHARD CUMING ..... CHIEF NURSING EXECUTIVE	40.0 ..... 1.0				X			609,697	0	70,302
JENNIFER L SCHWARTZ ESQ ..... CORPORATE SECRETARY	40.0 ..... 1.0			X				564,895	0	71,886
SHARON KURFUERST ..... CHIEF OP. OFFICER - HEALTH SVC	40.0 ..... 0.0				X			501,680	0	73,650
JAMES HOPKINS MD ..... MEMBER THRU 11/2019	40.0 ..... 1.0	X						511,595	0	29,840
MICHAEL EPPEHIMER ..... PRESIDENT, MEDICAL GROUP	40.0 ..... 0.0				X			431,456	0	56,200
BETTY J CAFFO PHD ..... MEMBER, VICE CHAIR	1.0 ..... 1.0	X		X				0	0	0
DONEENE DAMON ESQ ..... MEMBER, CHAIR	1.0 ..... 1.0	X		X				0	0	0
TARA D ELLIOTT ESQ ..... MEMBER	1.0 ..... 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			
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 F MCDONOUGH ESQ ..... MEMBER	1.0 .....	X						0	0	0
JOHN M MURRAY II ..... MEMBER THRU 11/2019	1.0 .....	X						0	0	0
SKIP PENNELLA ..... MEMBER	1.0 .....	X						0	0	0
THEODORE G PLUSH ..... MEMBER THRU 11/2019	1.0 .....	X						0	0	0
PENELOPE T SARIDAKIS ..... 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			
GEORGE FOUTRAKIS ..... MEMBER	1.0 .....	X						0	0	0
DAVID B STRATTON ESQ ..... MEMBER	1.0 .....	X						0	0	0
PHYLLIS ADAMS ..... MEMBER	1.0 .....	X						0	0	0
MARK TURNER ..... MEMBER	1.0 .....	X						0	0	0
MEGAN GREENBERG ESQ ..... MEMBER	1.0 .....	X						0	0	0
RAYMOND W HAMM JR ..... MEMBER	1.0 .....	X						0	0	0

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	30,666,972	35,304,559	22,698,446	24,577,838	80,735,115	193,982,930
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	30,666,972	35,304,559	22,698,446	24,577,838	80,735,115	193,982,930
<b>5</b>	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
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						193,982,930

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . . . .	30,666,972	35,304,559	22,698,446	24,577,838	80,735,115	193,982,930
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	20,364,397	26,315,630	32,254,956	40,934,424	38,348,773	158,218,180
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	1,691,088	1,705,750	1,686,211	1,481,357	1,477,035	8,041,441
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						360,242,551
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	9,329,927,126

**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**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	53.848 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	51.300 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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**

- 1**  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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**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
---	--

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	230,460	230,460												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	230,460	230,460												
<b>d</b> Other exempt purpose expenditures .....	2,003,463,159	2,062,322,008												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	2,003,693,619	2,062,552,468												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			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.
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000	250,000												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	174,335	198,652	218,022	230,460	821,469
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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
------------------	-------------

**TY 2019 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 \$  
5,731,909 CHRISTIANA CARE HEALTH SERVICES 230,460  
2,003,463,159 CHRISTIANA CARE HOME HEALTH AND  
COMMUNITY SERVICES NONE 45,156,304 CHRISTIANA CARE  
HEALTH INITIATIVES NONE 7,970,636 -----  
TOTAL \$ 230,460 \$2,062,322,008 THE ORGANIZATION HAS  
MADE THE LOBBYING ELECTION UNDER I.R.C. SECTION 501(H)  
FOR THE TAX YEAR ENDED JUNE 30, 2020. THIS ELECTION HAS  
NOT BEEN REVOKED BEFORE THE START OF THE  
ORGANIZATION'S TAX YEAR THAT BEGAN IN 2019.

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .	67,336,850	69,132,135	102,737,030	84,884,618	71,078,532
<b>b</b> Contributions . . . . .	1,520,182	518,673	1,197,900	11,443,636	15,000,000
<b>c</b> Net investment earnings, gains, and losses	2,545,562	1,845,561	7,177,549	6,597,077	-278,006
<b>d</b> Grants or scholarships . . . . .					0
<b>e</b> Other expenditures for facilities and programs . . . . .	9,170,111	4,159,519	41,980,344	188,301	915,908
<b>f</b> Administrative expenses . . . . .					0
<b>g</b> End of year balance . . . . .	62,232,483	67,336,850	69,132,135	102,737,030	84,884,618

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 44.490 %
- b** Permanent endowment ▶ 36.750 %
- c** Temporarily restricted endowment ▶ 18.760 %

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:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>	Yes	No
<b>3a(ii)</b>	No	No
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**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
<b>1a</b> Land . . . . .		39,541,766		39,541,766
<b>b</b> Buildings . . . . .		1,589,383,854	779,957,247	809,426,607
<b>c</b> Leasehold improvements		9,972,160	6,373,848	3,598,312
<b>d</b> Equipment . . . . .		808,128,360	577,724,973	230,403,387
<b>e</b> Other . . . . .		36,076,680	25,483,182	10,593,498
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				1,093,563,570

**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	413,623,323	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	413,623,323	

**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)		
<b>Total.</b> (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	77,060,721
(2) DUE FROM AFFILIATES	20,737,575
(3) OTHER ASSETS	34,239,083
(4) OTHER RECEIVABLES	49,867,495
(5) ASSETS LIMITED TO USE	49,854,384
(6) SUBSIDIARY INVESTMENT	95,888,168
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	327,647,426

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) PENSION AND POST RETIREMENT BENEFIT	188,481,797
(3) INSURANCE LIABILITIES	18,854,704
(4) OTHER LIABILITIES	155,885,216
(5) ADVANCES FROM THIRD PARTY PAYORS (MEDICARE ADVANCE)	238,376,756
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	601,598,473

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.

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

**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.

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

**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, LINE 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 PERMANENT 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 MAINTANCE, 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

## 2019

**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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean			Investments		113,168,542
<b>3a</b> Sub-total . . . . .					113,168,542
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					113,168,542

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash 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
FORM 990, SCHEDULE F, PART I, LINE 2	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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2019

**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.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 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 10 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			
<b>Total</b> . . . . . ▶						

**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) Total events
	<b>CELEB OF HOPE</b> (event type)	<b>GOLF CLASSIC</b> (event type)	<b>0</b> (total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	116,147	99,382	0	215,529
<b>2</b> Less: Contributions . . . . .	88,903	99,382	0	188,285
<b>3</b> Gross income (line 1 minus line 2) . . . . .	27,244		0	27,244
Direct Expenses	<b>4</b> Cash prizes . . . . .			
	<b>5</b> Noncash prizes . . . . .			
	<b>6</b> Rent/facility costs . . . . .			
	<b>7</b> Food and beverages . . . . .			
	<b>8</b> Entertainment . . . . .			
	<b>9</b> Other direct expenses . . . . .			
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				27,244

**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))
	<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .			
	<b>3</b> Noncash prizes . . . . .			
	<b>4</b> Rent/facility costs . . . . .			
	<b>5</b> Other direct expenses . . . . .			
	<b>6</b> 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
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> 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:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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	DETAIL OF FUNDRAISING EVENTS THE EXPENSES ASSOCIATED WITH THE CELEBRATION OF HOPE FUNDRAISING EVENT WERE RECORDED DIRECTLY BY A RELATED PARTY. THE GOLF CLASSIC WAS A VIRTUAL EVENT.

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

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

**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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> 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		
<b>3</b> 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. <b>a</b> 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 _____ %	Yes	
<b>b</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 _____ %		No
<b>c</b> 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.		
<b>4</b> 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"? . . . . .		No
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .		No
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		
<b>c</b> 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? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .		No
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			21,600,914		21,600,914	1.080 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			260,246,581	235,412,577	24,834,004	1.240 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			281,847,495	235,412,577	46,434,918	2.320 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .	58	52,893	11,011,894	2,749,957	8,261,937	0.410 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .	6	45	69,878,817	12,509,330	57,369,484	2.860 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .	1		16,708,413	13,599,378	3,109,035	0.160 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	7		2,303,141		2,303,141	0.110 %
<b>j Total.</b> Other Benefits . . . . .	72	52,938	99,902,265	28,858,665	71,043,597	3.540 %
<b>k Total.</b> Add lines 7d and 7j . . . . .	72	52,938	381,749,760	264,271,242	117,478,515	5.860 %

**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	1		711,060		711,060	0.040 %
2 Economic development	2		322,660		322,660	0.020 %
3 Community support	1		166,496		166,496	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	3		86,110		86,110	0 %
7 Community health improvement advocacy						
8 Workforce development	2		100,625		100,625	0.010 %
9 Other						
<b>10 Total</b>	9		1,386,951		1,386,951	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	64,870,940
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	3,118,875
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	467,999,433
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	578,864,555
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-110,865,122
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**

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	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	
<b>6 a</b>	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>b</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	
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b>	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	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	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
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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:			
<b>13</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____% and FPG family income limit for eligibility for discounted care of 0. _____%		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	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
<b>18</b>	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: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
<b>20</b>	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): <b>a</b> <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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes
-----------	---	----	-----

**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
<b>23</b>		No
<b>24</b>		No



**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)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C (DES. OF ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CARE)	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 PREPARED 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: <a href="https://christianacare.org/about/whoweare/communitybenefit/community-health-implementation-plan/">HTTPS://CHRISTIANACARE.ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY- HEALTH-IMPLEMENTATION-PLAN/</a> ----- PART I, LINE 7 (BAD DEBT EXPENSE, COSTING METHODOLOGY USED) IMPLICIT PRICE CONCESSIONS ARE TREATED AS A CONTRA-REVENUE ITEM ON THE STATEMENT OF REVENUE. AS A RESULT, THERE ARE NO BAD DEBT EXPENSES INCLUDED ON FORM 990, PART IX THAT NEED TO BE SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES LISTED. 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. -----

**990 Schedule H, Supplemental Information**

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 ACCOUNTING PRONOUNCEMENT ASC 606). ----- ----- PART III, SECTION A, LINE 3 (IMPLICIT PRICE CONCESSIONS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY) THE AMOUNT OF BAD DEBTS (IMPLICIT PRICE CONCESSIONS) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ITS FINANCIAL ASSISTANCE POLICY WAS CALCULATED BASED UPON THE NUMBER OF PRESUMED CHARITY-CARE ELIGIBLE PATIENTS WHO DID NOT COMPLETE THE FAP PAPERWORK DURING THE YEAR. ----- 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 GROSS 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. FOR ALL SUBSEQUENT STATEMENTS, PATIENTS HAVE 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. -----

990 Schedule H, H90 Supplemental Information

Form and Line Reference	Explanation
<p>PART VI, LINE 2 (NEEDS ASSESSMENT)</p>	<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, BUT 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. OUR IMPLEMENTATION PLAN WAS BUILT UPON THIS FOUNDATION. OUR ACTIONS MUST BE DIRECTED BY THE NEEDS OF THE COMMUNITY AND WHAT THEY WANT AS OPPOSED TO WHAT WE THINK THEY NEED OR WANT. LISTENING TO OUR NEIGHBORS AND PARTNERING WITH THEM TO ADDRESS THEIR CHALLENGES ARE STRATEGIES THAT CHRISTIANACARE WILL ALWAYS EMPLOY. THESE UNDERPIN ALL SUCCESSFUL INTERVENTIONS TO IMPROVE HEALTH, AND OUR WORK AND PARTNERSHIPS IN 2020 HAVE DEMONSTRATED THIS COMMITMENT. OUR COMMUNITY INVESTMENT FUND PROVIDED NEARLY \$2,000,000 TO 32 COMMUNITY ORGANIZATIONS THAT DEVISED THEIR OWN PLANS TO ADDRESS AREAS OF NEED IN THEIR COMMUNITIES. WE DID NOT DICTATE WHAT THEY SHOULD DO BECAUSE THEY KNOW THEIR COMMUNITY BEST, AND OUR ROLE IS TO PROVIDE THEM WITH THE SUPPORT AND PARTNERSHIP HELPFUL TO MEET THEIR COMMUNITY GOALS AND IMPROVE THE HEALTH OF THE COMMUNITY. CHRISTIANACARES GREATER WILMINGTON COMMUNITY PARTNERSHIP, THE WILMINGTON CONSORTIUM, 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. CHRISTIANACARES CHIEF HEALTH EQUITY OFFICER IS THE CO-CHAIR OF THE RIVERSIDE HEALTH, WELLNESS, AND SAFETY COMMITTEE, AND CHRISTIANACARES VICE PRESIDENT OF COMMUNITY HEALTH AND ENGAGEMENT ALSO CO-CHAIRS THE DRUG OVERDOSE FATALITY REVIEW COMMISSION. AS DELAWARE CONTINUES TO LEAD THE NATION IN OVERDOSE DEATHS, THIS IS OF PARTICULAR IMPORTANCE. THIS FISCAL YEAR, AS DESCRIBED PREVIOUSLY, CHRISTIANACARE HAS ALSO TAKEN THE INNOVATIVE APPROACH TO PARTNER DIRECTLY WITH OUR COUNTY POLICE DEPARTMENT TO DIVERT INDIVIDUALS IN OUR COMMUNITIES SUFFERING FROM BEHAVIORAL HEALTH ISSUES FROM THE CRIMINAL JUSTICE SYSTEM AND INTO THE APPROPRIATE TREATMENT. 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 CARES SBHC, WHILE ALSO BUILDING AWARENESS TO THE VARIETY OF SERVICES EACH CENTER PROVIDES FOR ADOLESCENTS IN A HIGH SCHOOL SETTING. BECAUSE SOCIAL DETERMINANTS OF HEALTH (SDOH) WERE IDENTIFIED AS AN AREA OF NEED IN OUR 2016 AND 2019 CHNAS, WE ARE UNDERTAKING MANY INITIATIVES, DESCRIBED IN THE PREVIOUS SECTION, TO ADDRESS THEM. WE ALSO RECOGNIZE THAT TO IMPROVE PATIENT HEALTH THERE IS A NEED TO IDENTIFY AND ADDRESS INDIVIDUAL PATIENTS SDOH. ADDRESSING PATIENTS SOCIAL NEEDS IN ADDITION TO PROVIDING CLINICAL CARE HAS BECOME A MAJOR PUBLIC HEALTH INITIATIVE AND IS A KEY COMPONENT OF OUR WORK AT CHRISTIANACARE TO CREATE AN INTEGRATED CLINICAL AND SOCIAL CARE FRAMEWORK. CHRISTIANACARE DEVELOPED ITS SYSTEMWIDE STANDARDIZED SDOH SCREENING TOOL THAT IS BEING UNIVERSALLY IMPLEMENTED THROUGHOUT CHRISTIANACARE. AS USE OF THE SCREENING TOOL IS EXPANDING, CHRISTIANACARE INTERNAL ACCESS TO UNITE DELAWARE IS ALSO INCREASING. THESE ARE TWO VITALLY CONNECTED INITIATIVES BECAUSE WE FEEL STRONGLY THAT IF A PATIENT DISCLOSES A NEED, EVEN IF OUTSIDE OF THE REALM OF HEALTHCARE, WE MUST BE PREPARED TO HELP THEM ADDRESS IT. UNITE DELAWARE ALLOWS US TO DO EXACTLY THAT THROUGH SOCIAL SERVICE REFERRALS TO A PLATFORM OF COMMUNITY-BASED ORGANIZATIONS. THESE ARE JUST SOME OF THE PARTNERSHIPS AND INITIATIVES CHRISTIANACARE HAS UNDERTAKEN TO LEARN FROM ITS COMMUNITY ABOUT ITS NEEDS. LISTENING TO OUR NEIGHBORS WILL BE AN ONGOING PRIVILEGE. -----</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 PATIENTS ABILITY TO PAY. CHRISTIANACARES FINANCIAL ASSISTANCE POLICY IS DESIGNED TO PROVIDE RELIEF TO INDIVIDUALS IMPACTED BY THE HIGH COST OF HEALTHCARE. THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE ON CHRISTIANACARES WEBSITE AT: <a href="https://christianacare.org/patients/financial-assistance-program/financial-assistance">HTTPS://CHRISTIANACARE.ORG/PATIENTS/FINANCIAL-ASSISTANCE-PROGRAM/FINANCIAL -ASSISTANCE</a>, AND IN PAMPHLETS THROUGHOUT CHRISTIANACARE FACILITIES, INCLUDING CHRISTIANACARES OUTPATIENT PRACTICES. FINANCIAL ASSISTANCE APPLICATIONS ARE ALSO AVAILABLE IN SPANISH, CANTONESE, AND MANDARIN WHICH ARE THE LANGUAGES MOST SPOKEN IN CHRISTIANACARES 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: <a href="https://christianacare.org/patients/financial-assistance-program">HTTPS://CHRISTIANACARE.ORG/PATIENTS/FINANCIAL-ASSISTANCE-PROGRAM</a>. CHRISTIANACARES 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>WHILE CHRISTIANACARE PROVIDES SERVICES IN FOUR STATES, 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 COUNTYS 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 CARES SERVICE AREA POPULATION CAN BE FOUND WITHIN ITS CHNA AT: <a href="https://christianacare.org/about/whoweare/communitybenefit/community-health-needs-assessment">HTTPS://CHRISTIANACARE.ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY-HEALT H-NEEDS-ASSESSMENT</a>. -----</p>

Form and Line Reference	Explanation
<p>PART VI, LINE 5 (INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH)</p>	<p>CHRISTIANACARES 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 STATES 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. CHRISTIANACARE INCLUDES AN EXTENSIVE NETWORK OF OUTPATIENT SERVICES, HOME HEALTH CARE, URGENT CARE CENTERS, THREE HOSPITALS (1,299 BEDS), A LEVEL I TRAUMA CENTER AND A LEVEL I/II NEONATAL INTENSIVE CARE UNIT, A COMPREHENSIVE STROKE CENTER AND REGIONAL CENTERS OF EXCELLENCE IN HEART AND VASCULAR CARE, CANCER CARE AND WOMEN'S HEALTH. IT ALSO INCLUDES THE PIONEERING GENE EDITING INSTITUTE AND WAS RATED BY IDG COMPUTERWORLD AS ONE OF THE NATION'S BEST PLACES TO WORK IN IT. CHRISTIANACARE IS A NONPROFIT TEACHING HEALTH SYSTEM WITH MORE THAN 259 RESIDENTS AND FELLOWS. WE ARE CONTINUALLY RANKED BY US NEWS &amp; WORLD REPORT AS A BEST HOSPITAL. WITH OUR UNIQUE, DATA-POWERED CARE COORDINATION SERVICE CAREVIO AND A FOCUS ON POPULATION HEALTH AND VALUE-BASED CARE, CHRISTIANACARE IS SHAPING THE FUTURE OF HEALTH CARE. IN FISCAL YEAR 2020, CHRISTIANACARE WAS ALSO THRILLED TO WELCOME UNION HOSPITAL, IN NEIGHBORING ELKTON, MARYLAND, INTO CHRISTIANACARE TO ENSURE AN EVEN GREATER IMPACT IN OUR REGION. CHRISTIANACARE ALSO PROVIDES SERVICES THAT DELAWAREANS CANNOT FIND ELSEWHERE IN THE STATE SUCH AS AN EPILEPSY MONITORING UNIT, A COMPREHENSIVE PAIN CENTER, WHICH OFFERS EFFECTIVE, NON-OPIOID PAIN TREATMENT STRATEGIES FOR INDIVIDUALS WITH ACUTE AND CHRONIC PAIN, KIDNEY TRANSPLANT, A LEVEL 2 PEDIATRIC EMERGENCY CARE FACILITY, CAR-T CELL THERAPY, A NEW BREAKTHROUGH TREATMENT FOR HIGHLY RESISTANT B-CELL BLOOD CANCERS, AND TRANSCRANIAL MAGNETIC STIMULATION TREATMENT. WHEN ANTIDEPRESSANT MEDICATION HAS NOT RELIEVED SYMPTOMS OR CAUSED INTOLERABLE SIDE EFFECTS, THIS NEW INNOVATIVE TREATMENT, OFFERED AT THE CENTER FOR COMPREHENSIVE BEHAVIORAL HEALTH CAN PROVIDE RELIEF. CHRISTIANACARES CENTER FOR SPECIAL HEALTH CARE NEEDS, BASED IN THE WILMINGTON HOSPITAL, IS THE ONLY CENTER IN THE AREA DEDICATED TO CARING FOR ADULTS AGED 18 AND OLDER WITH COMPLEX MEDICAL AND SOCIAL CONDITIONS WHICH ORIGINATED IN CHILDHOOD. 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 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 AT CHRISTIANACARE. THE LISA DEAN MOSELY FOUNDATION AWARDED A \$659,538 GRANT TO THE CAWLEY CENTER FOR TRANSLATIONAL BREAST CANCER RESEARCH AT THE HELEN F. GRAHAM CANCER CENTER &amp; RESEARCH INSTITUTE TO FURTHER RESEARCH ON INFLAMMATION AS A DRIVER OF TRIPLE-NEGATIVE BREAST CANCER. THE THREE-YEAR GRANT WILL ENABLE THE CONTINUED INVESTIGATION OF THE ROLE OF CELLS IMMEDIATELY AROUND A TUMOR IN SPURRING GROWTH OF THE TRIPLE-NEGATIVE BREAST CANCER AND A POSSIBLE THERAPY FOR THIS PARTICULARLY DIFFICULT CANCER WHICH IS RESISTANT TO CURRENT THERAPIES AND HAS SIGNIFICANTLY WORSE OUTCOMES THAN OTHER FORMS OF BREAST CANCER. IT DISPROPORTIONATELY AFFECTS PREMENOPAUSAL WOMEN AND AFRICAN AMERICAN WOMEN. CHRISTIANACARES HELEN F. GRAHAM CANCER CENTER &amp; RESEARCH INSTITUTE ALSO EARNED A \$10.56 MILLION SIX-YEAR GRANT FROM THE NATIONAL CANCER INSTITUTE TO CONTINUE ITS PARTICIPATION IN THE NCIS COMMUNITY ONCOLOGY RESEARCH PROGRAM (NCORP). THE CHRISTIANA CARE NCORP INCLUDES AFFILIATE PROGRAMS AT BEEBE HEALTHCARE AND NANTICOKE HEALTH SERVICES IN SOUTHERN DELAWARE. NCORP IS AN ELITE NETWORK OF CANCER CENTERS ACROSS THE U.S. THAT BRINGS CANCER RESEARCH TO PEOPLE IN THEIR OWN COMMUNITIES. THE GRAHAM CANCER CENTER IS ONE OF ONLY 32 COMMUNITY SITES, 14 MINORITY/UNDERSERVED COMMUNITY SITES AND SEVEN BASIC RESEARCH SITES TO RECEIVE THESE LATEST GRANTS. THE NCORP AWARD BOLSTERS THE GRAHAM CANCER CENTERS CANCER CLINICAL TRIALS PROGRAM IN THE AREAS OF PREVENTION, SCREENING, SUPPORTIVE CARE AND SYMPTOM MANAGEMENT, SURVEILLANCE</p>

Form and Line Reference	Explanation
PART VI, LINE 5 (INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH)	<p>CE, QUALITY OF LIFE AND CARE DELIVERY. THE PROGRAM WILL ALSO PARTICIPATE IN CANCER TREATMENT AND IMAGING CLINICAL TRIALS CONDUCTED BY THE NCI NATIONAL CLINICAL TRIALS NETWORK. 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 SOLUTIONS THAT ADVANCE CHRISTIANACARE'S GOALS IN HELPING OUR COMMUNITY ACHIEVE OPTIMAL HEALTH, IMPROVE EXCEPTIONAL EXPERIENCE, AND INCREASE ORGANIZATIONAL VITALITY. ALSO OFFERED THROUGH THE VALUE INSTITUTE IS THE HARRINGTON VALUE INSTITUTE TRANSLATIONAL RESEARCH INTERNSHIP. THIS INTERNSHIP IS A YEAR-LONG EXPERIENTIAL TRAINING PROGRAM DESIGNED SPECIFICALLY FOR RECENTLY GRADUATED PRE-MEDICINE STUDENTS INTERESTED IN PURSUING CLINICAL, TRANSLATIONAL RESEARCH CAREERS. ESTABLISHED IN 2015, THE HARRINGTON FUND CREATED A RESEARCH INTERNSHIP PROGRAM FOR STUDENTS FROM BACKGROUNDS UNDERREPRESENTED IN MEDICINE WITH THE GOAL OF ENCOURAGING THEM TO PURSUE CAREERS IN MEDICINE AND TRANSLATIONAL RESEARCH. BY ENGAGING STUDENTS IN TRANSLATIONAL RESEARCH, CLINICAL SHADOWING, A CURRICULUM RICH IN DIDACTICS AND PROFESSIONAL DEVELOPMENT, THE HARRINGTON VALUE INSTITUTE RESEARCH INTERNSHIP AIMS TO PREPARE INTERNS WITH THE FOUNDATION NECESSARY TO BECOME TOMORROW'S LEADERS IN MEDICINE AND TRANSLATIONAL RESEARCH. PRIORITY IS GIVEN TO DELAWARE RESIDENTS, STUDENTS FROM BACKGROUNDS UNDERREPRESENTED IN MEDICINE, AND APPLICANTS WHO ATTEND/ATTENDED A DELAWARE COLLEGE/UNIVERSITY. 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, WHEN APPROPRIATE, HOME CARE. CAREVIO HAS MORE THAN 50 NURSE CARE COORDINATORS, SOCIAL WORKERS, CLINICAL PHARMACISTS, RESPIRATORY THERAPISTS AND MEDICAL DIRECTORS WHO CONNECT WITH PATIENTS BY PHONE, VIDEO, IN-PERSON VISITS, SECURE TEXTING AND E-MAIL TO HELP THEM MANAGE THEIR HEALTH CARE. CAREVIO'S COMMUNITY TEAM, A SMALL GROUP OF DOCTORS, PHARMACISTS, NURSE CARE 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 ONE POORLY CONTROLLED MEDICAL DIAGNOSIS. FOR FISCAL YEAR 2020 (JULY 1, 2019-JUNE 30, 2020), CAREVIO'S CARE MANAGEMENT AND VIRTUAL HEALTH PROGRAMS HAVE REDUCED HEALTH CARE COSTS BY AN ESTIMATED \$7 MILLION WHILE SIGNIFICANTLY REDUCING INPATIENT STAYS, READMISSIONS AND EMERGENCY DEPARTMENT VISITS. CHRISTIANACARE IS ALSO 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. CHRISTIANACARE SUPPORTS THE FIRST STATE SCHOOL LOCATED IN ITS WILMINGTON HOSPITAL IN PARTNERSHIP WITH THE RED CLAY CONSOLIDATED SCHOOL DISTRICT AND THE DELAWARE DEPARTMENT OF EDUCATION. CHILDREN AND ADOLESCENTS IN KINDERGARTEN THROUGH HIGH SCHOOL, WHO WOULD TYPICALLY BE HOMEBOUND WITH SERIOUS ILLNESSES LIKE DIABETES, SICKLE-CELL ANEMIA, SEVERE ASTHMA, CANCER, AND OTHER ILLNESSES HAVE THE OPPORTUNITY TO ATTEND SCHOOL WITH THEIR PEERS WHILE RECEIVING NEEDED MEDICAL TREATMENT. THIS PROGRAM 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 ELEMENTARY STUDENTS IN 1991. CHRISTIANACARE IS ALSO A MAJOR TEACHING HOSPITAL. CHRISTIANACARE PARTNERS WITH LEADING COLLEGES AND UNIVERSITIES IN THE REGION TO OFFER A ROBUST NURSING EDUCATION PROGRAM, AND WITH LOCAL TECHNICAL COLLEGES TO</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 &amp; VASCULAR HEALTH, THE HELEN F. GRAHAM CANCER CENTER &amp; 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 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. - ON JANUARY 1, 2020, AFFINITY HEALTH ALLIANCE, INC. BECAME A MEMBER OF CHRISTIANA CARE. AFFINITY HEALTH ALLIANCE, INC. IS AN AFFILIATED HEALTH CARE SYSTEM WHICH INCLUDES A NUMBER OF HEALTHCARE RELATED ENTITIES, INCLUDING: UNION HOSPITAL OF CECIL COUNTY, INC., UNION HOSPITAL OF CECIL COUNTY FOUNDATION, INC., UNION HOSPITAL OF CECIL COUNTY HEALTH SERVICES, INC., AND UNION HOSPITAL OF CECIL COUNTY ONCOLOGY, INC. -----</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: <a href="https://news.christianacare.org/category/in-the-community/community-benefit">https://news.christianacare.org/category/in-the-community/community-benefit</a> . -----



# 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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>2</b>		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

**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
<p>PART V, SECTION B LINE 5 (INPUT FROM COMMUNITY)</p>	<p>CHRISTIANACARE WAS COMMITTED TO LEARNING FROM THE COMMUNITIES WE SERVE DURING THE PROCESS OF COMPLETING THE NEEDS ASSESSMENT. WE DID NOT CONSIDER THIS ASSESSMENT JUST A REQUIREMENT TO BE COMPLETED, BUT A NECESSARY CHECK TO ENSURE WE WERE LISTENING TO AND UNDERSTANDING OUR COMMUNITIES. 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 TO INFORM THE NEEDS ASSESSMENT. 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 WERE ALSO 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. ----- PART V, SECTION B, LINE 6 (JOINT CHNA) CHRISTIANACARE'S TWO HOSPITAL FACILITIES, CHRISTIANA AND WILMINGTON HOSPITALS, JOINTLY CONDUCTED THEIR CHNA. ----- PART V, SECTION B, LINE 7 &amp; 10 (CHNA &amp; IMP. STRATEGY PUBLIC AVAILABILITY) CHRISTIANACARE'S CHNA IS AVAILABLE ON ITS WEBSITE AT: <a href="https://christianacare.org/about/whoweare/communitybenefit/community-health-needs-assessment/">HTTPS://CHRISTIANACARE.ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/</a> 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: <a href="https://christianacare.org/about/whoweare/communitybenefit/community-health-implementation-plan/">HTTPS://CHRISTIANACARE.ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY-HEALTH-IMPLEMENTATION-PLAN/</a> A PAPER COPY OF THE CHIP IS ALSO AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST. -----</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>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 ALL BUT ACCESS TO DENTAL AND PRIMARY CARE WERE ALSO IDENTIFIED AS SIGNIFICANT HEALTH NEEDS IN THE 2016 CHNA. POVERTY, VIOLENCE, AND INFANT MORTALITY ARE INTRACTABLE ISSUES AND NOT ONES THAT WE CAN EXPECT TO TURN AROUND IN A FEW YEARS. IN THE 2016 CHNA, CHRISTIANACARE ALSO IDENTIFIED TRANSPORTATION, HOUSING, AND EMPLOYMENT AS SIGNIFICANT NEEDS, BUT DETERMINED THAT IT WAS NOT ABLE TO ADDRESS THESE NEEDS AT THAT TIME GIVEN A LACK OF EXPERTISE AND INFRASTRUCTURE. CHRISTIANACARE CONTINUES TO ACKNOWLEDGE THAT ADDRESSING SOCIAL DETERMINANTS OF HEALTH IS OUTSIDE OF OUR EXPERTISE, BUT WE HAVE ADVANCED OUR ORGANIZATIONAL CAPACITY TO SUPPORT A SOCIAL CARE FRAMEWORK AND WE ARE NOW WORKING TO ADDRESS THESE ISSUES. IN FY 2019, CHRISTIANACARE'S OFFICE OF HEALTH EQUITY DESIGNED THE COMMUNITY INVESTMENT FUND IN PARTNERSHIP WITH CHRISTIANACARE'S FINANCE DEPARTMENT. IN THIS FISCAL YEAR, NEARLY \$2,000,000 IN COMMUNITY INVESTMENT FUNDING WAS GIVEN TO 32 COMMUNITY ORGANIZATIONS ACROSS THE STATE. AS WE STATED IN OUR 2019-2022 IMPLEMENTATION PLAN, PARTNERSHIPS ARE FUNDAMENTAL TO POSITIVELY IMPACT OUR COMMUNITY AND IN THIS FISCAL YEAR, WE DEMONSTRATED OUR COMMITMENT TO THIS BELIEF. ALONG WITH THE COMMUNITY INVESTMENT FUNDING AND OTHER LONGSTANDING COMMUNITY PARTNERSHIPS, WE CONTINUED TO SUPPORT UNITED DELAWARE, A CARE-COORDINATION NETWORK THAT CONNECTS SOCIAL SERVICES AND CLINICAL CARE PROVIDERS ACROSS THE STATE, WE PARTNERED WITH ROUNDTRIP HEALTH TO ADDRESS TRANSPORTATION BARRIERS, AND WE BEGAN WORKING DIRECTLY WITH HOUSING PROVIDERS IN THE COUNTY TO SUPPORT NEW HOUSING INITIATIVES. DURING THIS FISCAL YEAR, WE WERE ALSO PLEASED TO PARTNER WITH THE STATE DEPARTMENT OF CORRECTIONS (DOC) TO SHARE OUR CLINICAL EXPERTISE. THE DOC, THROUGH ITS BUREAU OF CORRECTIONAL HEALTHCARE SERVICES, IS RESPONSIBLE FOR CONTRACTING MEDICAL AND BEHAVIORAL HEALTH SERVICES IN ALL ITS FACILITIES AND BEHAVIORAL HEALTH SERVICES PROVIDED TO INDIVIDUALS ON PROBATION AFTER THEIR RELEASE FROM INCARCERATION. THE DOC INITIATED AN INDEPENDENT REVIEW OF THOSE SERVICES TO OBTAIN RECOMMENDATIONS TO STRENGTHEN CLINICAL QUALITY, PATIENT SAFETY, AND DATA MANAGEMENT PRACTICES. GIVEN CHRISTIANACARE'S NATIONAL RECOGNIZED CLINICAL QUALITY AND SAFETY EXPERTISE, AS WELL AS OUR DESIRE TO SERVE OUR NEIGHBORS, WE UNDERTOOK THIS REVIEW AT NO COST TO THE STATE. THE REVIEW BEGAN IN SEPTEMBER AND CONCLUDED AFTER SIX WEEKS. ON DECEMBER 5TH, CHRISTIANACARE SUBMITTED A WRITTEN REPORT TO THE DOC PROVIDING RECOMMENDATIONS ON OPPORTUNITIES TO ENHANCE CLINICAL QUALITY AND SAFETY BY ADOPTING BEST PRACTICES REGARD</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
<p>PART V, SECTION B, LINE 11 (ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA)</p>	<p>ING WORKFLOW MANAGEMENT, DATA AND ANALYTICS MANAGEMENT AND SUPPORT. A DIVERSITY OF CHRISTI ANACARE CAREGIVERS SPENT NEARLY 700 HOURS (AT A COST OF APPROXIMATELY \$80,000) LEARNING AB OUT AND OBSERVING THE OPERATIONS OF THE BUREAU OF HEALTHCARE SERVICES TO THEN COMPILE WRIT TEN RECOMMENDATIONS. THE REPORT IN ITS ENTIRETY CAN BE FOUND HERE: <a href="https://doc.delaware.gov/assets/documents/DOC_Healthcare_Quality_and_Safety_Review_Report.pdf">https://doc.delaware.gov/assets/documents/DOC_Healthcare_Quality_and_Safety_Review_Report.pdf</a>. THE CORONAVIRUS P ANDEMIC DID NOT AFFECT OUR OPERATIONS UNTIL MARCH 2020, WHEN ONLY A QUARTER OF THE FISCAL YEAR REMAINED. NEVERTHELESS, WE ACTED QUICKLY TO RESPOND TO THE PANDEMIC WITHIN FY 2020. C HRISTIANACARE COLLABORATED WITH THE LATIN AMERICAN COMMUNITY CENTER (LACC) AND KINGSWOOD C OMMUNITY CENTER TO OFFER COVID-19 TESTING WHICH CONTINUES TO THIS DAY. TESTING IS OFFERED AT BOTH LOCATIONS TWO DAYS A WEEK AT SET TIMES. BOTH COMMUNITY CENTERS ARE CENTRALLY LOCAT ED IN WILMINGTON AND SERVE UNDERSERVED MINORITY COMMUNITIES. CHRISTIANACARE CLINICAL AND C OMMUNITY HEALTH TEAMS ARE ONSITE TO NOT ONLY TEST, BUT TO ALSO HELP SET UP APPOINTMENTS AN D CONNECT THOSE BEING TESTED WITH KEY SOCIAL SERVICES. FOR THOSE TESTING POSITIVE, CONTINU ED MONITORING IS OFFERED IN THEIR PREFERRED LANGUAGE. THESE TESTING LOCATIONS HAVE ALLOWED CHRISTIANACARE TO BRING CRITICAL CARE TO THE COMMUNITY TO SUPPORT THE POPULATION HEALTH F OCUSSED GOALS OF KEEPING PEOPLE OUT OF THE HOSPITAL AND IN THEIR HOMES AND COMMUNITY. BETWE EN APRIL 15TH AND JUNE 29TH, 268 ADULTS WERE SEEN WITH 249 TESTED AT THE LACC. DURING THE MONTH OF JUNE, 11 JUVENILES WERE ALSO TESTED. BETWEEN APRIL 23RD AND JUNE 30TH, 264 ADULTS WERE SEEN WITH 223 TESTED AT THE KINGSWOOD COMMUNITY CENTER. AN ADDITIONAL 4 JUVENILES WE RE TESTED AT THE KINGSWOOD COMMUNITY CENTER IN JUNE. BETWEEN MARCH 13TH AND JUNE 3RD, CHRI STIANACARE ALSO ORGANIZED AND CARRIED OUT 16 MOBILE TESTING EVENTS AT AN UNREIMBURSED COST OF JUST OVER \$500,000. THESE EVENTS WERE HELD THROUGHOUT NEW CASTLE COUNTY AND ONE TESTIN G EVENT WAS ALSO HELD IN NEIGHBORING CECIL COUNTY, MARYLAND. AT A TIME WHEN TESTING WAS DI FFICULT TO OBTAIN, 3,526 INDIVIDUALS WERE ABLE TO BE TESTED AT THESE EVENTS. CHRISTIANACAR E ENDED ITS MOBILE TESTING INITIATIVE ONCE THE STATE AND COUNTY WERE ABLE TO PROVIDE TESTI NG WITHIN OUR COMMUNITIES. AN EXAMPLE OF THE COMPREHENSIVE AND INCLUSIVE EFFORTS CHRISTIAN ACARE UNDERTOOK TO ADDRESS THE PANDEMIC WITHIN COMMUNITIES CAN BE FOUND WITHIN OUR LANGUAG E SERVICES DEPARTMENT. THE LANGUAGE SERVICES TEAM RESTRUCTURED TO PROVIDE REMOTE LANGUAGE INTERPRETING THROUGH A VIRTUAL CALL CENTER AND IMPLEMENTED SEVERAL INITIATIVES TO ENSURE I NDIVIDUALS WOULD CONTINUE TO HAVE ACCESS TO INTERPRETATION. THESE INITIATIVES INCLUDED: - RE-DEPLOYMENT OF IPADS FROM LOCATIONS WITH LOW VOLUME TO HIGH ACUITY AREAS - IMPLEMENTATIO N OF WORKFLOWS TO PROVIDE VIDEO REMOTE INTERPRETATION (VRI) FOR ZOOM AND CERNER TELEHEALTH VISITS. - IMPLEMENTATION OF APP THAT CAN BE USED BY CLINICAL STAFF ON THEIR OWN IPHONES T O ACCESS VRI. - DEVELOPING REM</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
<p>PART V, SECTION B, LINE 11 (ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA)</p>	<p>OTE SERVICES FOR COMMUNITY SCREENING EVENTS THROUGH CELLULAR DEVICES WORN ON CAREGIVER ARM S. LANGUAGE SERVICES STAFF WERE ABLE TO PROVIDE REMOTE SERVICES FOR ON-SITE TESTING THROUGH OUT THE STATE WITH VRI. LANGUAGE SERVICES ALSO PROVIDED THE TRANSLATION FOR THE TWISTLE P LATFORM INTO SPANISH. TWISTLE IS A BI-DIRECTIONAL TEXTING APPLICATION THAT IS USED BY CHRI STIANACARES CAREVIO TO PROVIDE MONITORING FOR PATIENTS WHO HAVE RECEIVED A POSITIVE TEST F OR COVID-19. FINALLY, THE OFFICE OF HEALTH EQUITY AND LANGUAGE SERVICES COLLABORATED TO CR EATE COVID-19 EDUCATION MATERIALS FOR SPECIAL POPULATIONS SUCH AS THE SPANISH SPEAKING POP ULATION, LGBTQ POPULATION, AND THE DEAF COMMUNITY. A PARTNERSHIP WAS DEVELOPED WITH CHRIST IANACARES EXTERNAL AFFAIRS TO HAVE ALL EDUCATION MATERIALS TRANSLATED AND AVAILABLE IN SPA NISH AND TO A LESSER EXTENT, MANDARIN. VIDEOS FROM INFECTION PREVENTION AND DR. JANICE NEV IN, PRESIDENT AND CEO, HAVE ALSO BEEN DUBBED. CHRISTIANACARE ALSO CREATED COVID-SPECIFIC E DUCATION IN RESPONSE TO THE PANDEMIC, INCLUDING: - COVID-19 INFORMATION, CONNECTION TO RES OURCES AND INFORMATION ON TESTING FOR STATEWIDE STAFF FROM HELP INITIATIVE, INC., A LOCAL COMMUNITY-BASED ORGANIZATION. THIS EDUCATION WAS CREATED IN COLLABORATION WITH NURSING EDU CATION. - THE COMMUNITY HEALTH DEPARTMENT HOSTED SEVERAL EDUCATIONAL SESSIONS FOR TEENS FR OM THE WAREHOUSE, A TEEN-LED CO-WORKING AND SERVICE DELIVERY SPACE, WITH SESSIONS FOCUSED ON COVID-19 AND MENTAL HEALTH. - THE COMMUNITY HEALTH DEPARTMENT ALSO HOSTED REPRODUCTIVE HEALTH EDUCATION FOR THE 2020 PUBLIC ALLIES CLASS, WITH SPECIAL FOCUS ON COVID-19 AS A CON SIDERATION FOR REDUCING RISK FOR THOSE WHO REMAIN SEXUALLY ACTIVE. - THE COMMUNITY HEALTH DEPARTMENT ALSO SUPPORTED COLLEAGUES FROM THE OFFICE OF HEALTH EQUITY AND THE VALUE INSTIT UTE TO PROVIDE EDUCATION FOR AND SUPPLIES TO AREA BARBER SHOPS AND BEAUTY SALONS. THE EDUC ATION WAS FOCUSED ON HEALTH MESSAGING AND HOW TO MAINTAIN CLEANLINESS IN SHOPS AS THEY REO PEN. THE OFFICE OF HEALTH EQUITY AND THE VALUE INSTITUTE ALSO PROVIDED COVID-19 EDUCATION AND MENTAL HEALTH SUPPORTS FOR THE FAITH-BASED COMMUNITIES IN NEW CASTLE COUNTY. CHRISTIAN ACARE PHYSICIAN LEADERS LED AN INTERACTIVE SESSION WITH 61 AREA PASTORS AND MINISTERIAL ST AFF ON COVID-19 BASICS AND TIPS TO LEAD CONGREGATIONS TO BETTER HEALTH OUTCOMES, WITH A FO CUS ON THE AFRICAN AMERICAN COMMUNITY. STARTING IN JUNE 2020, OFFICE OF HEALTH EQUITY PART NERED WITH DR. RAYVANN KEE TO PROVIDE FOUR CLASSES FOR A MODULE ENTITLED "SUPPORTING MENTA L HEALTH THROUGH FAITH" IN WHICH HE DELIVERED CONTENT TO FAITH LEADERS AND THEIR STAFF ON (1) ADDRESSING THE STIGMA OF MENTAL HEALTH TREATMENT IN THE CHURCH, (2) SELF-CARE FOR FAIT H LEADERS INCLUDING RECOGNIZING SIGNS WHEN ITS TIME TO GET HELP, (3) MANIFESTATIONS OF MEN TAL ILLNESS AND STRATEGIES TO ADDRESS MENTAL ILLNESS AMONG PARISHIONERS, AND (4) ADDRESSIN G CRISIS SITUATIONS INCLUDING SUICIDALITY AND REPORTABLE ABUSE. IN APRIL 2020, CHRISTIANAC ARE ALSO RECEIVED A \$714,000 G</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: <a href="https://christianacare.org/patients/financial-assistance-program/financial-assistance/">HTTPS://CHRISTIANACARE.ORG/PATIENTS/FINANCIAL-ASSISTANCE-PROGRAM/FINANCIAL -ASSISTANCE/</a> -----

**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 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)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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 Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on 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	<b>1b</b> Yes	
<b>2</b> 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 on Line 1a?	<b>2</b> Yes	
<b>3</b> 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.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> 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.	<b>7</b> Yes	
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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				
See Additional Data Table							

**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. -----
FORM 990, SCHEDULE J, PART I, LINE 4B	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: NICHOLAS PETRELLI- \$35,511 KIRK GARRATT- \$38,007 GERARD J. FULDA- \$204,505 -----
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.



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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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 2020A	51-0272458	246388TQ5	02-11-2020	247,255,000	REFUND SERIES 2008 & 2010		X		X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .	0			
2 Amount of bonds legally defeased . . . . .	157,570,000			
3 Total proceeds of issue . . . . .	305,419,858			
4 Gross proceeds in reserve funds . . . . .	0			
5 Capitalized interest from proceeds . . . . .	0			
6 Proceeds in refunding escrows . . . . .	0			
7 Issuance costs from proceeds . . . . .	2,324,976			
8 Credit enhancement from proceeds . . . . .	0			
9 Working capital expenditures from proceeds . . . . .	0			
10 Capital expenditures from proceeds . . . . .	95,495,924			
11 Other spent proceeds . . . . .	227,984			
12 Other unspent proceeds . . . . .	49,800,974			
13 Year of substantial completion . . . . .				
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		
16 Has the final allocation of proceeds been made? . . . . .	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	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						
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> 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?								
<b>4</b> 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 %						
<b>5</b> 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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> 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						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X						
<b>9</b> 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							

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

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

Return Reference	Explanation
FORM 990, SCHEDULE K, PART I	ADDITIONAL INFORMATION REGARDING TAX-EXEMPT BONDS THE DELAWARE HEALTH FACILITIES AUTHORITY SERIES 2020A BOND WAS ISSUED TO CHRISTIANA CARE HEALTH SYSTEM, INC. (EIN:52-1479538), A RELATED IRC SECTION 501(C)(3) ORGANIZATION. SINCE ALL BOND PROCEEDS WERE ALLOCATED TO CHRISTIANA CARE HEALTH SERVICES, INC., THIS BOND HAS BEEN REPORTED ON THIS ORGANIZATION'S FORM 990, SCHEDULE K. HOWEVER, CHRISTIANA CARE HEALTH SYSTEM, INC. REMAINS AS THE PRIMARY OBLIGOR OF THE BOND. ----- FORM 990, SCHEDULE K, PART II, LINE 3 ADDITIONAL INFORMATION REGARDING PROCEEDS OF ISSUE FOR DELAWARE HLTH FACILITIES AUTHORITY SERIES 2020A, THE TOTAL PROCEEDS OF THE ISSUE REPORTED INCLUDES \$150,413 IN INVESTMENT EARNINGS. -----



Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NEUROSCIENCES II EXTRA SPACE LLC	TRUSTEE IS > 35% OWNER	217,508	LEASE		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	9	347,341	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	ADDITIONAL INFORMATION REGARDING SECURITIES REPORTED CHRISTIANA CARE HEALTH SERVICES, INC. REPORTS THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B).

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**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](http://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 259 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 13,000 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	FAMILY AND BUSINESS RELATIONSHIPS GEORGE FOUTRAKIS, TRUSTEE, AND PAUL KANIEFSKI, TRUSTEE, HAVE A BUSINESS RELATIONSHIP. -----

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 CH RISTIANACARE IS APPROVED BY THE CHRISTIANACARE BOARD, THE SYSTEM FINANCE COMMITTEE AND THE SYSTEM BOARD. -----

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS INFORMATION RELATED TO CHRISTIANA CARE'S FORM 990 FILING IS GATHERED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW. THE FINAL 2019 FORM 990 FOR THE FISCAL YEAR ENDING JUNE 30, 2020 WAS REVIEWED AND APPROVED BY VARIOUS SENIOR MANAGEMENT OFFICIALS. THE ORGANIZATION'S GOVERNING BOARD WAS ALSO PROVIDED ACCESS TO THE APPROVED 2019 FORM 990 VIA ITS BOARD OF DIRECTOR'S PORTAL. -----



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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. 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**

<b>Return Reference</b>	<b>Explanation</b>
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. ----- FORM 990, PART VI, SECTION B, LINE 16B JOINT VENTURE ARRANGEMENTS ALTHOUGH THE ORGANIZATION DOES NOT HAVE A WRITTEN POLICY IN PLACE REGARDING PARTICIPATION IN JOINT VENTURE RELATIONSHIPS, WHEN ANY SUCH RELATIONSHIPS ARE CONSIDERED, THEY ARE FIRST REVIEWED AND EVALUATED BY MANAGEMENT OFFICIALS IN CONJUNCTION WITH PRICEWATERHOUSECOOPERS LLP. -----

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 CCHS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEB THROUGH DIGITAL ASSURANCE CERTIFICATION ("DAC"). ----- FORM 990, PART X BEGINNING BALANCES CERTAIN PRIOR YEAR BALANCES HAVE BEEN RESTATED TO CONFORM TO THE CURRENT YEAR PRESENTATION. ----- -----

# 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 POST RETIREMENT LIABILITIES \$(73,872,078) CONTRIBUTION ON ACQUISITION OF AFFINITY 95,788,168 CHANGE IN NET ASSET OF SYSTEM (748,005) LOSS ON DEBT RESTRUCTURING (1,375,549) ----- TOTAL \$ 19,792,536 ===== =====

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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](http://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
<b>(1)</b> CHRISTIANA CARE CAMPUS REALTY LLC 501 WEST 14TH STREET WILMINGTON, DE 19801 51-0103684	SUPPORT SRVCS	DE	0	0	CCH SERVICES
<b>(2)</b> CHRISTIANA CARE QUALITY PARTNERS LLC 501 WEST 14TH STREET WILMINGTON, DE 19801 51-0103684	SUPPORT SRVCS	DE	-736,817	0	CCH SERVICES
<b>(3)</b> CHRISTIANA CARE QUALITY PARTNERS ACOLLC 501 WEST 14TH STREET WILMINGTON, DE 19801 51-0103684	SUPPORT SRVCS	DE	-1,763,252	0	CCH SERVICES
<b>(4)</b> CHRISTIANA CARE CARE LINK LLC 501 WEST 14TH STREET WILMINGTON, DE 19801 51-0103684	SUPPORT SRVCS	DE	-3,737,137	239,838	CCH SERVICES

**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.

See Additional Data Table

(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

**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	
<b>(1)</b> CHRISTIANACARE GOHEALTH URGENT CARE LLC 5555 GLENRIDGE CONNECTOR SUITE 700 ATLANTA, GA 30342 84-4061485	URGENT CARE SRVCS	DE	CCH SERVICES	RELATED	0	0		No			No	50.100 %
<b>(2)</b> CHRISTIANACARE VALUE HEALTH JV LLC 11221 ROE AVENUE LEAWOOD, KS 66211 85-1100149	AMBULATORY SRVCS	DE	CCH SERVICES	RELATED	0	0		No		Yes		51.000 %

**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.

See Additional Data Table

(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

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>Yes</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		<b>No</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>Yes</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>Yes</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		<b>No</b>
<b>f</b> Dividends from related organization(s) . . . . .		<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>Yes</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .		<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .		<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>Yes</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>Yes</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>Yes</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>Yes</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>Yes</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>Yes</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>Yes</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>Yes</b>	

**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) UNION HOSPITAL OF CECIL COUNTY INC	O	592,288	FMV
(2) CHRISTIANACARE GOHEALTH URGENT CARE LLC	ADGJR	4,465,348	FMV
(3) THE DE CTR FOR MAT FETAL MED OF CC INC	K,O	518,308	FMV
(4) CHRISTIANA CARE INSURANCE CO LTD	Q,R	29,274,115	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).

<b>Return Reference</b>	<b>Explanation</b>

# Additional Data

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

## Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
501 WEST 14TH STREET WILMINGTON, DE 19801 52-1479538	FUNDRAISING	DE	501(C)(3)	7	NA		No
200 HYGIEIA DRIVE SUITE 2300 NEWARK, DE 19713 51-0295186	OUTPATIENT SV	DE	501(C)(3)	10	CCH SYSTEM		No
4000 NEXUS DRIVE STE W2 WILMINGTON, DE 19803 51-0064334	HOME HLTHCARE	DE	501(C)(3)	7	CCH SYSTEM		No
106 BOW STREET ELKTON, MD 21921 52-1794552	FUNDRAISING	MD	501(C)(3)	7	AFFINITY		No
106 BOW STREET ELKTON, MD 21921 52-0607945	HLTHCARE SVCS	MD	501(C)(3)	3	AFFINITY		No
106 BOW STREET ELKTON, MD 21921 52-1794553	PROPERTY MGMT	MD	501(C)(3)	10	AFFINITY		No
106 BOW STREET ELKTON, MD 21921 81-2662359	HLTHCARE SVCS	MD	501(C)(3)	3	AFFINITY		No
106 BOW STREET ELKTON, MD 21921 52-1794697	MANAGEMENT	MD	501(C)(3)	12B, II	CCH SERVICES	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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
THE DE CTR FOR MAT FETAL MED OF CC INC 4000 NEXUS DR STE NW3-100 WILMINGTON, DE 19803 20-5891272	HEALTHCARE	DE	CCH SERVICES	C CORP	-329,435	5,649,334	100.000 %	Yes	
CHRISTIANA CARE HEALTH PLANS 4000 NEXUS DR STE NW3-100 WILMINGTON, DE 19803 51-0352728	INSURANCE	DE	CCH SYSTEM	C CORP					No
CHRISTIANA CARE DEFERRED COMP PLAN 4755 OGLETOWN STANTON RD NEWARK, DE 19718 81-6359549	DEF COMP PLAN	DE	CCH SERVICES	TRUST				Yes	
CHRISTIANA CARE EXEC DEFERRED COMP PLAN 4755 OGLETOWN STANTON RD NEWARK, DE 19718 35-7048822	DEF COMP PLAN	DE	CCH SERVICES	TRUST				Yes	
CARE ASSOCIATES DEFERRED COMP PLAN 4755 OGLETWON STANTON RD NEWARK, DE 19718 35-7048714	DEF COMP PLAN	DE	CCH SERVICES	TRUST				Yes	
CHRISTIANA CARE INSURANCE CO LTD PO BOX 1159 878 W BAY RD GRAND CAYMAN KY1-1102 CJ 98-1489490	SELF-INSURANCE	CJ	CCH SERVICES	C CORP	1,243,977	53,177,289	100.000 %	Yes	
CHRISTIANA CARE STRATEGIC INVESTMENTS 4000 NEXUS DR STE NW3-100 WILMINGTON, DE 19803 85-3348300	STRATEGY	DE	CCH SYSTEM	C CORP					No
UNION HOSPITAL OF CECIL COUNTY VENTURES 106 BOW STREET ELKTON, MD 21921 52-1793691	MEDICAL SERVICES	MD	AFFINITY	C CORP					No