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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 black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**Please use IRS label or print or type. See Specific Instructions.**

**C** Name of organization
CHRISTIANA CARE HEALTH SERVICES INC

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 country, and ZIP + 4
WILMINGTON, DE 198050653

**D Employer identification number**
51-0103684

**E Telephone number**
(302) 623-7201

**G** Gross receipts $ 1,643,087,193

**F** Name and address of principal officer
ROBERT J LASKOWSKI MD
4755 OGLETOWN-STANTON ROAD
NEWARK, DE 19718

**H(a)** Is this a group return for affiliates? ☐ Yes ☑ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status ☑ 501(c) ( 3 ) ◀ (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
PROVISION OF CHARITABLE HEALTH CARE SERVICES AND EDUCATIONAL TRAINING PROGRAMS

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

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 23 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 19 |
| **5** | Total number of employees (Part V, line 2a) | **5** | 10,574 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 1,362 |
| **7a** | Total gross unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 4,921,686 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue **8** | Contributions and grants (Part VIII, line 1h) | 29,660,000 | 24,658,031 |
| **9** | Program service revenue (Part VIII, line 2g) | 1,797,713,534 | 1,157,682,282 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | -105,263,754 | 28,432,828 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 13,385,441 | 26,156,205 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,735,495,221 | 1,236,929,346 |
| Expenses **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 333,392 | 620,912 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 702,993,534 | 723,873,807 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 1,084,729,294 | 424,863,165 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,788,056,220 | 1,149,357,884 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | -52,560,999 | 87,571,462 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances **20** | Total assets (Part X, line 16) | 1,518,574,240 | 1,630,379,446 |
| **21** | Total liabilities (Part X, line 26) | 637,649,282 | 647,870,949 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 880,924,958 | 982,508,497 |

## 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: 2011-05-11

THOMAS L CORRIGAN CFO
Type or print name and title

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's identifying number (see instructions) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 | PricewaterhouseCoopers LLP<br>2001 MARKET ST SUITE 1700<br>PHILADELPHIA, PA 19103 | | EIN ▶<br>Phone no ▶ (267) 330-3000 |

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

## Part III Statement of Program Service Accomplishments

**1** Briefly describe the organization's mission

CHRISTIANA CARE HEALTH SERVICES, INC PROVIDES CHARITABLE HEALTHCARE SERVICES TO THE RESIDENTS OF DELAWARE AND THE SURROUNDING COUNTIES IN MARYLAND, PENNSYLVANIA, AND NEW JERSEY THE ORGANIZATION ALSO PROVIDES EDUCATIONAL RESIDENCY TRAINING PROGRAMS, SERVICES AND EDUCATION SEE SCHEDULE O FOR ADDITIONAL DETAIL REGARDING ACTIVITIES CONDUCTED BY CHRISTIANA CARE

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 406,598,399 including grants of $ ) (Revenue $ 297,114,769 )

PROVISION OF PROFESSIONAL PATIENT CARE FOR THE HOSPITALS OF CHRISTIANA CARE 3,153 NURSES ARE EMPLOYED WITH 277,575 PATIENT DAYS RECORDED DURING FISCAL 2010 THE HOSPITALS OFFER A FULL SCOPE OF SERVICES WITH THE NEEDS OF THE POPULATION SERVED WITHOUT REGARD TO AGE, RACE OR ECONOMIC CIRCUMSTANCES

**4b** (Code ) (Expenses $ 61,398,679 including grants of $ ) (Revenue $ 120,884,589 )

LABORATORY-PROVIDED LAB TESTING FOR BOTH INPATIENT AND OUTPATIENTS DURING FISCAL 2010, 5,910,625 LAB TESTS WERE PERFORMED WITH AN APPROXIMATE STAFF OF 296

**4c** (Code ) (Expenses $ 184,230,005 including grants of $ ) (Revenue $ 248,674,606 )

OPERATING ROOM-PROVIDED BOTH INPATIENT AND OUTPATIENT SURGICAL PROCEDURES IN FISCAL 2010, 40,773 OPERATIONS WERE PERFORMED, REQUIRING A STAFF OF APPROXIMATELY 324

**4d** Other program services (Describe in Schedule O ) **See also Additional Data for Description**

(Expenses $ 272,044,874 including grants of $ ) (Revenue $ 491,008,318 )

**4e** **Total program service expenses** ▶ $ 924,271,957

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 5 | **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.* | 11 | Yes | |
| | ● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | | | |
| | ● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | | | |
| | ● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | | | |
| | ● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | | | |
| | ● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | | | |
| | ● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.* | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12 | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* | 12A Yes | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I* | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II* | 15 | Yes | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | Yes | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | | No |
| **22** | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25* | **24a** | Yes | |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | Yes | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | No |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | No |
| **25a** | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | Yes | |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | Yes | |
| **c** | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV* | **28c** | Yes | |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | Yes | |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | **34** | Yes | |
| **35** | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35** | Yes | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable . . . . | 1a | 493 | | |
| b | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c | | Yes | |
| 2a | Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 10,574 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? . . . . . | 3a | | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . . . . | 3b | | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | 4a | | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | 5a | | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . . | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . | 6a | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | 6b | | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | 7a | | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | 7c | | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | 7e | | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | 7f | | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . | 7g | | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . . | 7h | | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | 8 | | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . | 9a | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | 9b | | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |

**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.

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body | 1a | 23 | | |
| b | Enter the number of voting members that are independent | 1b | 19 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | | | No |
| 6 | Does the organization have members or stockholders? | | | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? | | | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | No |

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

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

## Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

VICE PRESIDENT'S OFFICE
200 HYGEIA DRIVE
NEWARK, DE 197132049
(302) 623-7202

## Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (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 | | | |
| See add'l data | | | | | | | | | | |
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| | | | |
|---|---|---|---|
| **1b Total** . . . . . ▶ | 8,066,965 | 0 | 1,052,659 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶709

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . . | **3** | Yes | |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* . . . . . | **4** | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . . | **5** | | No |

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| NASON<br>2000 FOULK ROAD SUITE F<br>WILMINGTON, DE 19810 | CONSTRUCTION | 3,761,650 |
| WHITING TURNER<br>PO BOX 17596<br>BALRIMORE, MD 21297 | CONSTRUCTION | 4,088,266 |
| WOHLSEN<br>18 BOULDEN CIRCLE STE 16<br>NEW CASTLE, DE 19720 | CONSTRUCTION | 2,951,860 |
| SKANSKA<br>516 EAST TOWNSHIP LINE ROAD<br>BLUE BELL, PA 19422 | CONSTRUCTION | 19,314,610 |
| ANESTHESIA SERVICES<br>2 READS WAY SUITE 201<br>NEW CASTLE, DE 19720 | MEDICAL SERVICES | 6,114,698 |
| **2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶128 | | |

**Part VIII Statement of Revenue**

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | 7,864,044 | | | |
| | e | Government grants (contributions) | 1e | 7,820,521 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 8,973,466 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f | | 24,658,031 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | PROGRAM SERVICE REVENUES | 900,099 | 1,129,777,230 | 1,129,777,230 | | |
| | b | OTHER REVENUES | 900,002 | 27,905,052 | 850,619 | 4,917,786 | 22,136,647 |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f | | 1,157,682,282 | | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) | | 13,080,327 | | | 13,080,327 |
| | 4 | Income from investment of tax-exempt bond proceeds | | 2 | | | 2 |
| | 5 | Royalties | | 0 | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross Rents | 3,484,630 / | | | | |
| | b | Less rental expenses | 1,164,375 / | | | | |
| | c | Rental income or (loss) | 2,320,255 / | | | | |
| | d | Net rental income or (loss) | | 2,320,255 | | 3,900 | 2,316,355 |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 259,441,746 / | | | | |
| | b | Less cost or other basis and sales expenses | 244,089,247 / | | | | |
| | c | Gain or (loss) | 15,352,499 / | | | | |
| | d | Net gain or (loss) | | 15,352,499 | | | 15,352,499 |
| Other Revenue | 8a | Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from fundraising events | | 0 | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities | | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a 182,540,258 | | | | |
| | b | Less cost of goods sold | b 160,904,225 | | | | |
| | c | Net income or (loss) from sales of inventory | | 21,636,033 | | | 21,636,033 |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | CONDOMINIUM MAINTENANCE FEES | 900,099 | 2,199,917 | | | 2,199,917 |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a–11d | | 2,199,917 | | | |
| | 12 | **Total revenue.** See Instructions | | 1,236,929,346 | 1,130,627,849 | 4,921,686 | 76,721,780 |

## 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) but are not required to complete columns (B), (C), and (D).**

| | Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|---|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 620,912 | 620,912 | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 8,579,889 | 3,552,436 | 5,027,453 | 0 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 532,054,032 | 423,272,056 | 108,781,976 | 0 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 45,236,666 | 35,691,729 | 9,544,937 | 0 |
| 9 | Other employee benefits | 98,138,692 | 77,431,428 | 20,707,264 | 0 |
| 10 | Payroll taxes | 39,864,528 | 31,453,113 | 8,411,415 | 0 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 1,154,721 | 911,075 | 243,646 | 0 |
| b | Legal | 742,067 | 585,491 | 156,576 | 0 |
| c | Accounting | 265,000 | 209,085 | 55,915 | 0 |
| d | Lobbying | 186,739 | 147,337 | 39,402 | 0 |
| e | Professional fundraising *See Part IV, line 17* | 0 | | | |
| f | Investment management fees | 3,166,930 | 2,498,708 | 668,222 | 0 |
| g | Other | 0 | | | |
| 12 | Advertising and promotion | 2,078,985 | 1,640,319 | 438,666 | 0 |
| 13 | Office expenses | 262,979,980 | 222,201,514 | 40,778,466 | 0 |
| 14 | Information technology | 19,827,662 | 15,644,025 | 4,183,637 | 0 |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 14,683,836 | 11,585,547 | 3,098,289 | 0 |
| 17 | Travel | 1,882,271 | 1,485,112 | 397,159 | 0 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 2,297,996 | 1,813,119 | 484,877 | 0 |
| 20 | Interest | 2,776,161 | 2,190,391 | 585,770 | 0 |
| 21 | Payments to affiliates | 1,890,585 | 1,491,672 | 398,913 | 0 |
| 22 | Depreciation, depletion, and amortization | 70,573,192 | 55,682,248 | 14,890,944 | 0 |
| 23 | Insurance | 924,891 | 729,739 | 195,152 | 0 |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) | | | | |
| a | PROVISION FOR BAD DEBT | 28,422,974 | 22,425,726 | 5,997,248 | 0 |
| b | OTHER EXPENSES | 11,009,175 | 11,009,175 | 0 | 0 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 1,149,357,884 | 924,271,957 | 225,085,927 | 0 |
| 26 | **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

## Part X Balance Sheet

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | 134,303,635 | 1 | 169,641,119 |
| | 2 | Savings and temporary cash investments | | 101,627,142 | 2 | 128,736,380 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 156,970,109 | 4 | 154,313,914 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | 14,717,539 | 8 | 14,583,267 |
| | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 1,382,135,195 | | | |
| | b | Less accumulated depreciation | 10b 817,024,052 | 545,763,497 | 10c | 565,111,143 |
| | 11 | Investments—publicly traded securities | | 415,064,748 | 11 | 472,398,930 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | 1,015,805 | 14 | 1,015,805 |
| | 15 | Other assets See Part IV, line 11 | | 149,111,765 | 15 | 124,578,888 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 1,518,574,240 | 16 | 1,630,379,446 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 162,583,676 | 17 | 179,340,379 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 142,330,000 | 20 | 134,440,000 |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L* | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 332,735,606 | 25 | 334,090,570 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 637,649,282 | 26 | 647,870,949 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 816,124,707 | 27 | 915,789,900 |
| | 28 | Temporarily restricted net assets | | 42,487,374 | 28 | 44,085,612 |
| | 29 | Permanently restricted net assets | | 22,312,877 | 29 | 22,632,985 |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 880,924,958 | 33 | 982,508,497 |
| | 34 | Total liabilities and net assets/fund balances | | 1,518,574,240 | 34 | 1,630,379,446 |

## Part XI Financial Statements and Reporting

| | | | Yes | No |
|---|---|---|---|---|
| 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? | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes," to 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 | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis | | | |
| 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? | 3a | Yes | |
| 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 | 3b | Yes | |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## 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.** ▶ **See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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 11, check only one box )

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

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 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 )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

**f** If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|---|---|---|
| **(i)** a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)** | | |
| **(ii)** a family member of a person described in (i) above? **11g(ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)** | | |

**h** Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? Yes | (iv) No | (v) Did you notify the organization in col (i) of your support? Yes | (v) No | (vi) Is the organization in col (i) organized in the U S ? Yes | (vi) No | (vii) Amount of support? |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

**Part II** **Support Schedule for Organizations Described in IRC 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.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public Support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 **Total support** (Add lines 7 through 10) | | | | | | |

12 Gross receipts from related activities, etc (See instructions ) **12**

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

## Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public Support** (Subtract line 7c from line 6 ) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11 and 12 ) | | | | | | |

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

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 | Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 | Public support percentage from 2008 Schedule A, Part III, line 15 | 16 |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 | Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f)) | 17 |
| 18 | Investment income percentage from **2008** Schedule A, Part III, line 17 | 18 |

19a **33 1/3% support tests—2009.** 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—2008.** 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** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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**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.** ▶ **See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then**

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

| Name of the organization | Employer identification number |
|---|---|
| CHRISTIANA CARE HEALTH SERVICES INC | 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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

## 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 funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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- |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|---|---|---|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | 0 | 0 |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 186,739 | 186,739 |
| c Total lobbying expenditures (add lines 1a and 1b) | 186,739 | 186,739 |
| d Other exempt purpose expenditures | 1,149,171,145 | 1,231,053,559 |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 1,149,357,884 | 1,231,240,298 |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | 1,000,000 | 1,000,000 |

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

| | | | |
|---|---|---|---|
| g Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 | 250,000 |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

## 4-Year Averaging Period Under Section 501(h)

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying non-taxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 106,470 | 87,936 | 124,519 | 186,739 | 505,664 |
| d Grassroots non-taxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | 0 | 0 | 0 | 0 | 0 |

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

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

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

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

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

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

## Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| | | |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
CHRISTIANA CARE HEALTH SERVICES INC

**Employer identification number**
51-0103684

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 68,202,230 | 80,252,124 | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | 2,441,659 | -10,902,441 | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 25,979,663 | 1,147,453 | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 44,664,226 | 68,202,230 | | | |

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ **45.000 %**
- b Permanent endowment ▶ **20.000 %**
- c Term endowment ▶ **35.000 %**

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | Yes | |
| (ii) related organizations | 3a(ii) | | No |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | No |

4 Describe in Part XIV the intended uses of the organization's endowment funds

## Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 29,940,029 | | 29,940,029 |
| b Buildings | | 767,830,269 | 405,446,711 | 362,383,558 |
| c Leasehold improvements | | | | |
| d Equipment | | 559,882,159 | 394,089,743 | 165,792,416 |
| e Other | | 24,482,738 | 17,487,598 | 6,995,140 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 565,111,143 |

**Part VII Investments—Other Securities.** 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 |
|---|---|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| CONSTRUCTION IN PROGRESS | 44,266,158 |
| OTHER CURRENT ASSETS | 22,713,197 |
| CANCER PROGRAM | 20,046,178 |
| DEFERRED FINANCING COSTS | 1,043,412 |
| OTHER ASSETS | 36,509,943 |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | 124,578,888 |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | 0 |
| PENSION AND POST RETIREMENT BENEFITS | 276,097,031 |
| INSURANCE LIABILITIES | 30,641,529 |
| OTHER LIABILITIES | 27,352,010 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 334,090,570 |

**2.** Fin 48 Footnote In Part XIV, 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

## Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 1,236,929,346 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 1,149,357,884 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 87,571,462 |
| 4 | Net unrealized gains (losses) on investments | 4 | 40,301,057 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -26,250,850 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 14,050,207 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 101,621,669 |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,355,170,766 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 40,301,057 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 40,301,057 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,314,869,709 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,548,177 | | |
| b | Other (Describe in Part XIV) | 4b | -79,488,540 | | |
| c | Add lines **4a** and **4b** | | | 4c | -77,940,363 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 1,236,929,346 |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,232,136,845 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,232,136,845 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,548,177 | | |
| b | Other (Describe in Part XIV) | 4b | -84,327,138 | | |
| c | Add lines **4a** and **4b** | | | 4c | -82,778,961 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 1,149,357,884 |

## Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | FORM 990, SCHEDULE D, PART V, LINE 4 | THE ORGANIZATION'S BOARD DESIGNATED ENDOWMENT IS INTENDED TO COVER ANNUAL INCREMENTAL OPERATING EXPENSES OF THE HEALTH SERVICES CANCER PROGRAM THE ORGANIZATION'S PERMANENT ENDOWMENT CONSISTS OF APPROXIMATELY EIGHT INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS USED FOR A VARIETY OF PURPOSES, INCLUDING SALARY AND PROGRAM SUPPORT THE ORGANIZATION'S TERM ENDOWMENT REPRESENTS TEMPORARILY RESTRICTED NET ASSETS WHICH ARE RESTRICTED FOR INDIGENT CARE, BUILDING AND MAINTENANCE AND PROGRAM SUPPORT |
| FINANCIAL STATEMENT RECONCILIATION DETAIL | | RECONCILIATION OF CHANGE IN NET ASSETS FORM 990, SCHEDULE D, PART XI, LINE 8, OTHER TRANSFER FROM AFFILIATE $ 12,157,319 EFFECT OF DISCONTINUED OPS 126,012 CHANGE IN POST RETIREMENT LIABILITIES (39,921,577) BENEFICIAL INTEREST IN SYSTEM 1,349,266 SUBSIDIARY ACTIVITIES 38,130 ---------- TOTAL OTHER CHANGES $(26,250,850) ---------- RECONCILIATION OF REVENUES FORM 990, SCHEDULE D, PART XII, LINE 4B, OTHER COGS CONTRACTUAL ALLOWANCES $(72,508,593) RENTAL EXPENSES (1,164,375) SUBSIDIARY ACTIVITY (21,701,477) NET ASSETS RELEASED (3,911,093) TRANSFER FRM NON OP REV LOSS ON BOND 257,600 DISABILITY/SWAP 10,751,575 CONTRIBUTIONS 7,798,204 RECLASS 989,619 ---------- TOTAL OTHER CHANGES $79,488,540 ---------- ---------- RECONCILIATION OF EXPENSES FORM 990, SCHEDULE D, PART XIII, LINE 4B, OTHER COGS CONTRACTUAL ALLOWANCES $(72,508,593) RENTAL EXPENSES (1,164,375) SUBSIDIARY ACTIVITY (21,663,345) TRANSFER FRM NON OP REV LOSS ON BOND 257,600 DISABILITY/SWAP 10,751,575 ---------- TOTAL OTHER CHANGES $84,327,138 |

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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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or 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 IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed )

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|---|---|---|---|---|
| South Asia | 0 | 0 | Grantmaking | | 620,912 |
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| **Totals** . . . . . ▶ | 0 | 0 | | | 620,912 |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) 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 of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | South Asia | RESEARCH SUBAWARD-- A GLOBAL NETWORK STUDY TO ESTIMATE GESTATIONAL AGE BY FUNDAL HEIGHT | 620,912 | WIRE TRSFR | 0 | NA | FMV |
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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 . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
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**Part IV Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

| Identifier | ReturnReference | Explanation |
|---|---|---|
| PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U S | FORM 990, SCHEDULE F, PART I, LINE 2 | THE GRANT FUNDS TRANSFERRED REPRESENT A RESEARCH SUB-AWARD PURSUANT TO THE TERMS OF A FEDERAL RESEARCH GRANT RECEIVED, A PORTION OF THE RESEARCH REQUIRED INTERNATIONAL PARTICIPATION THE CHRISTIANA CARE HEALTH SERVICES, INC OBGYN DEPARTMENT CHAIR MONITORS ALL ASPECTS OF THIS GRANT |
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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

# Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**
CHRISTIANA CARE HEALTH SERVICES INC

**Employer identification number**
51-0103684

## Part I Charity Care and Certain Other Community Benefits at Cost

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Does the organization have a charity care policy? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," is it a written policy? | 1b | Yes | |
| 2 | If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals<br>☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals<br>☐ Generally tailored to individual hospitals | | | |
| 3 | Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients | | | |
| a | Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care<br>☐ 100% ☐ 150% ☑ 200% ☐ Other _____ | 3a | Yes | |
| b | Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care<br>☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ | 3b | | No |
| c | If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care | | | |
| 4 | Does the organization's policy provide free or discounted care to the "medically indigent"? | 4 | | No |
| 5a | Does the organization budget amounts for free or discounted care provided under its charity care policy? | 5a | Yes | |
| b | If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5b | Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? | 5c | | No |
| 6a | Does the organization prepare an annual community benefit report? | 6a | Yes | |
| 6b | If "Yes," does the organization make it available to the public? | 6b | Yes | |
| | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | | |

**7** Charity Care and Certain Other Community Benefits at Cost

| Charity Care and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| a Charity care at cost (from Worksheets 1 and 2) | | | 28,037,408 | 0 | 28,037,408 | 2 500 % |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | | 143,608,364 | 128,523,282 | 15,085,082 | 1 350 % |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Charity Care and Means-Tested Government Programs | | | 171,645,772 | 128,523,282 | 43,122,490 | 3 850 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from (Worksheet 4) | 74 | 68,783 | 2,363,650 | 1,867,935 | 495,715 | 0 040 % |
| f Health professions education (from Worksheet 5) | 10 | 2,761 | 33,388,704 | 10,476,615 | 22,912,089 | 2 040 % |
| g Subsidized health services (from Worksheet 6) | 2 | 8,248 | 110,003 | 0 | 110,003 | 0 010 % |
| h Research (from Worksheet 7) | 4 | | 9,652,750 | 0 | 9,652,750 | 0 860 % |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | 4 | 782 | 136,267 | 0 | 136,267 | 0 010 % |
| j **Total** Other Benefits | 94 | 80,574 | 45,651,374 | 12,344,550 | 33,306,824 | 2 960 % |
| k **Total.** Add lines 7d and 7j | 94 | 80,574 | 217,297,146 | 140,867,832 | 76,429,314 | 6 810 % |

## Part II Community Building Activities Complete this table if the organization conducted any community building activities.

| | | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|---|
| 1 | Physical improvements and housing | | | | | | |
| 2 | Economic development | | | | | | |
| 3 | Community support | | | | | | |
| 4 | Environmental improvements | | | | | | |
| 5 | Leadership development and training for community members | | | | | | |
| 6 | Coalition building | | | | | | |
| 7 | Community health improvement advocacy | | | | | | |
| 8 | Workforce development | | | | | | |
| 9 | Other | | | | | | |
| 10 | **Total** | | | | | | |

## Part III Bad Debt, Medicare, & Collection Practices

**Section A. Bad Debt Expense**

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1 | Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? | 1 | Yes | | |
| 2 | Enter the amount of the organization's bad debt expense (at cost) | 2 | 14,431,271 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy | 3 | 1,431,271 | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit | | | | |

**Section B. Medicare**

| | | | | | |
|---|---|---|---|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 350,457,939 | | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 383,935,945 | | |
| 7 | Subtract line 6 from line 5 This is the surplus or (shortfall) | 7 | -33,478,006 | | |
| 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 | | | | |

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

| | | | | | |
|---|---|---|---|---|---|
| 9a | Does the organization have a written debt collection policy? | 9a | Yes | | |
| 9b | If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI | 9b | Yes | | |

## Part IV Management Companies and Joint Ventures

| | (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership% | (e) Physicians' profit % or stock ownership % |
|---|---|---|---|---|---|
| 1 | | | | | |
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| 14 | | | | | |

## Part V Facility Information

| Name and address | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) |
|---|---|---|---|---|---|---|---|---|---|
| CHRISTIANA HOSPITAL<br>4755 OGLETOWN-STANTON ROAD<br>NEWARK, DE 19718 | X | X | | X | | X | X | | |
| WILMINGTON HOSPITAL<br>501 WEST 14TH STREET<br>WILMINGTON, DE 19801 | X | X | | X | | X | X | | |
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## Part VI Supplemental Information

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

**2** **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

**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 charity care policy

See additional data

**4** **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

CHRISTIANA CARE PROVIDES SERVICES TO URBAN, SUBURBAN AND RURAL COMMUNITIES INCLUDING ANY HOUSEHOLDS AT OR BELOW POVERTY LEVEL OUR WILMINGTON CAMPUS IS LOCATED IN THE HEART OF THE CITY OF WILMINGTON WHICH HAS THE GREATEST DENSITY OF THESE HOUSEHOLDS DELAWARE'S ONLY LEVEL I TRAUMA CENTER IS LOCATED ON OUR STANTON CAMPUS PROVIDING STATEWIDE TRAUMA CARE THIS CAMPUS ALSO FEATURES A LEVEL 3 NEONATAL INTENSIVE CARE UNIT, THE ONLY DELIVERING HOSPITAL IN THE STATE TO OFFER THIS LEVEL OF CARE FOR NEWBORNS

**5** **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

**6** Provide any other information important to describing how the organization's hospitals 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 )

See additional data

**7** 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 communites served

See additional data

**8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**
**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
CHRISTIANA CARE HEALTH SERVICES INC

**Employer identification number**
51-0103684

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain | **1b** | Yes | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | **2** | Yes | |
| **3** | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply<br>☑ Compensation committee ☑ Written employment contract<br>☑ Independent compensation consultant ☑ Compensation survey or study<br>☐ Form 990 of other organizations ☑ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.** | | | |
| **5** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | Yes | |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (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 reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| THOMAS L CORRIGAN | (i) | 425,133 | 123,998 | 10,697 | 29,439 | 13,756 | 603,023 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| GARY W FERGUSON | (i) | 490,057 | 135,641 | 9,577 | 131,540 | 5,926 | 772,741 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROBERT J LASKOWSKI MD | (i) | 854,639 | 346,000 | 14,282 | 219,041 | 22,810 | 1,456,772 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TIMOTHY GARDNER | (i) | 537,577 | 117,003 | 10,649 | 29,498 | 13,675 | 708,402 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NICHOLAS PETRELLI MD | (i) | 476,947 | 108,924 | 19,213 | 35,975 | 13,408 | 654,467 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WILLIAM WEINTRAUB | (i) | 501,013 | 52,432 | 4,313 | 35,289 | 15,357 | 608,404 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FERNANDO GARZIA | (i) | 588,559 | 0 | 1,684 | 29,880 | 13,849 | 633,972 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| EDWARD EWEN | (i) | 222,432 | 0 | 1,501 | 28,710 | 13,015 | 265,658 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JANICE NEVIN | (i) | 324,667 | 73,266 | 17,886 | 56,992 | 9,334 | 482,145 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DIANE TALAREK | (i) | 266,085 | 59,511 | 2,280 | 43,704 | 9,240 | 380,820 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RAY SEIGFRIED | (i) | 204,915 | 46,642 | 1,991 | 30,878 | 13,379 | 297,805 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BENJAMIN SHAW | (i) | 324,047 | 94,510 | 8,693 | 33,397 | 5,777 | 466,424 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JAMES H NEWMAN MD | (i) | 403,147 | 104,637 | 4,661 | 124,854 | 13,729 | 651,028 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MICHAEL BANBURY | (i) | 913,392 | 111,019 | 2,245 | 42,088 | 14,210 | 1,082,954 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| | | | | | | | | |

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| COMPENSATION INFORMATION | | SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPATION FORM 990, SCHEDULE J, LINE 4B 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 IN THE 457(F) PLAN DURING THE YEAR ROBERT J LASKOWSKI MD, GARY W FERGUSON, DIANE TALAREK, JANICE NEVIN, MD, JAMES NEWMAN, MD, NICHOLAS PETRELLI AND BENJAMIN SHAW ---------- PROVISION OF NON-FIXED PAYMENTS FORM 990, SCHEDULE J, LINE 7 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 |

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**Schedule K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No |
| A | DELAWARE HLTH FACILITIES AUTHORITY SERIES 2003 | 51-0272458 | 246388LY6 | 02-19-2003 | 42,306,644 | CONSTRUCT & EXPAND MED BUILDING | | X | | X |
| B | DELAWARE HLTH FACILITIES AUTHORITY SERIES 2008 | 51-0272458 | 246388NVO | 11-20-2008 | 80,000,000 | REFINANCE SERIES 2004 & MED BLDG | | X | | X |
| C | DELAWARE HLTH FACILITIES AUTHORITY SERIES 2009 | 51-0272458 | | 12-18-2009 | 30,000,000 | REFINANCE SERIES 1998 | | X | | X |

## Part II Proceeds

| | | A | B | C | D | E |
|---|---|---|---|---|---|---|
| 1 | Total proceeds of issue | 42,306,644 | 80,000,000 | 30,000,000 | | |
| 2 | Gross proceeds in reserve funds | 0 | 0 | 0 | | |
| 3 | Proceeds in refunding or defeasance escrows | 0 | 0 | 0 | | |
| 4 | Other unspent proceeds | 20,129 | 0 | 0 | | |
| 5 | Issuance costs from proceeds | 1,333,361 | 774,850 | 0 | | |
| 6 | Working capital expenditures from proceeds | 0 | 0 | 0 | | |
| 7 | Capital expenditures from proceeds | 40,953,155 | 19,062,025 | 0 | | |
| 8 | Year of substantial completion | 2006 | 2006 | 2000 | | |

| | | A | | B | | C | | D | | E | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 9 | Were the bonds issued as part of a current refunding issue? | | X | X | | X | | | | | |
| 10 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | | | |
| 11 | Has the final allocation of proceeds been made? | | X | X | | X | | | | | |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | | | | |

## Part III Private Business Use

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

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

| | | A | | B | | C | | D | | E | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | | X | | X | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | X | X | | | | | | | |
| 3c | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | X | | X | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 0 % | | 13 300 % | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | 0 % | | 0 % | | | | | | | |
| 6 | Total of lines 4 and 5 | 0 % | | 13 300 % | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | X | | X | | | | | | | |

## Part IV Arbitrage

| | | A | | B | | C | | D | | E | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | X | | X | | | | |
| 2 | Is the bond issue a variable rate issue? | | X | X | | | X | | | | |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | X | | X | | X | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | X | | | X | | X | | | | |
| b | Name of provider | TRINITY PLUS FUNDING | | | | | | | | | |
| c | Term of GIC | 2 8 | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | X | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | X | | | X | | X | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | X | X | | X | | | | | |

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**Schedule L** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

▶ 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 lines 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
CHRISTIANA CARE HEALTH SERVICES INC

**Employer identification number**
51-0103684

## Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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

| 1 (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? Yes | No |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? To | From | (c) Original principal amount | (d) Balance due | (e) In default? Yes | No | (f) Approved by board or committee? Yes | No | (g) Written agreement? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total . . . . . ▶ $ | | | | | | | | | | |

## Part III Grants or Assistance Benefitting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type 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 |
|---|---|---|---|---|---|
| JOSEPH GREGG | FAMILY MEMBER OF BRD MBR | 27,235 | PAYMENT OF COMPENSATION | | No |
| DOCTORS FOR EMERGENCY SERVICE | COMMON TRUSTEE/OFFICER | 455,929 | PURCHASE OF EMERGENCY RM SVCS | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**SCHEDULE O**
(Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
**▶ Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
CHRISTIANA CARE HEALTH SERVICES INC

**Employer identification number**
51-0103684

| Identifier | Return Reference | Explanation |
|---|---|---|
| SUPPLEMENTAL DISCLOSURES | | FORM 990, PART III, LINE 4D DETAIL OF OTHER COMMUNITY BENEFIT ACTIVITIES ONE OF THE REGION 'S LARGEST HEALTH CARE PROVIDERS, CHRISTIANA CARE HEALTH SERVICES, INC ("CCHS") SERVES AS THE REGION'S HEALTH CARE SAFETY NET PROVIDING MILLIONS IN HEALTH CARE SERVICES AND MEDICI NE TO PEOPLE WHO ARE UNINSURED AND NEED PRIMARY MEDICAL CARE AND HOSPITAL CARE OUR WILMIN GTON CAMPUS INCLUDES A MULTI-GROUP OUTPATIENT SPECIALITY PRACTICE THAT CARED FOR MORE THAN 90,000 PEOPLE WHO WERE UN-OR-UNDERINSURED TO ENSURE THAT INNER CITY RESIDENTS WITHOUT TR ANSPORTATION CAN ACCESS HEALTH CARE AT OUR SUBURBAN CAMPUS, WE OPERATE A FREE SHUTTLE SERV ICE BETWEEN THE TWO CAMPUSES EVERY DAY OF THE WEEK THROUGH FINANCIAL AND IN-KIND CONTRIBU TIONS, CCHS SPONSORS CHARITY EVENTS AND SUPPORTS LOCAL NOT-FOR-PROFIT COMMUNITY GROUPS AND HEALTH CARE EDUCATION THIS INCLUDES DONATING MEDICAL EQUIPMENT AND SUPPLIES, IN-KIND SER VICES, MEETING SPACE FOR EVENTS AND GIFTS TO COMMUNITY ORGANIZATIONS A MAJOR ACADEMIC AND RESEARCH HEALTH SYSTEM WITH TWO CAMPUSES, CCHS HAS MORE THAN 250 MEDICAL AND DENTAL RESID ENTS, 1,000 NURSING STUDENTS AND HUNDREDS OF MEDICAL STUDENTS FROM THOMAS JEFFERSON UNIVER SITY AND THE PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE IN ADDITION TO HANDS-ON EXPERIE NCE, DOCTORS, NURSES, ALLIED HEALTH PROFESSIONALS AND EMERGENCY RESPONDERS TRAIN AT THE ON LY VIRTUAL EDUCATION AND SIMULATION TRAINING CENTER ON THE NORTHEAST CORRIDOR USING TECHN IQUES PIONEERED BY FLIGHT TRAINING SIMULATION, OUR STUDENTS USE STATE-OF-THE-SCIENCE TECHN OLOGY TO PRACTICE COMPLEX PROCEDURES ON VIRTUAL "PATIENTS" POWERED BY ROBOTICS CCHS PARTI CIPATES IN HUNDREDS OF LOCAL AND NATIONAL RESEARCH STUDIES AND CLINICAL TRIALS IN MANY ARE AS OF CARE - FROM CARDIAC SURGERY TO RADIATION ONCOLOGY A NATIONAL CANCER INSTITUTE COMMU NITY CANCER CENTER, THE CENTER FOR TRANSLATIONAL CANCER RESEARCH TAKES THE LATEST IN SCIEN TIFIC KNOWLEDGE FROM THE LAB TO THE BEDSIDE THROUGH THE GENOME ATLAS PROJECT, WE ARE FAST -TRACKING RESEARCH ON TREATING CANCER BASED ON PATIENTS' GENETIC PROFILES COMMUNITY HEALT H AND OUTREACH ACTIVITIES TOUCH THOUSANDS OF STUDENTS, WHO RECEIVE ROUTINE AND PREVENTIVE CARE THROUGH WELLNESS CENTERS AT HIGH SCHOOLS CHRONICALLY ILL CHILDREN LEARN IN A SECURE SETTING AT FIRST STATE SCHOOL AT WILMINGTON HOSPITAL, INNER CITY TEENS GROW VEGETABLES AND LEARN HEALTHY EATING HABITS AT CAMP FRESH DELAWAREANS ARE SCREENED FOR CANCER AND CARDIO VASCULAR DISEASE THROUGH OUTREACH PROGRAMS THAT GO DIRECTLY TO PEOPLE AT RISK ADDITIONALL Y, EACH YEAR WE REACH HUNDREDS OF WOMEN WITH FREE PRENATAL CLASSES AND HUNDREDS MORE WITH OUR PROGRAMS TO PREVENT DOMESTIC VIOLENCE WE HELP HOMEOWNERS GO GREEN, SAFELY DISPOSING O F DRUGS IN A CLEAN OUT YOUR MEDICINE CABINET CAMPAIGN OUR COMMITMENT TO COMMUNITY RUNS DE EP BEYOND OUR INVESTMENT IN EXPANDING AND REBUILDING OUR WILMINGTON HOSPITAL CAMPUS - LOC ATED IN THE HEART OF THE CITY OF WILMINGTON - CCHS ACTIVELY PROVIDES LEADERSHIP TO THE UNI TED WAY, THE BLOOD BANK AND THE HOPE COMMISSION WHICH IS ADVOCATING AND IMPLEMENTING MEANI NGFUL STRATEGIES AND PROGRAMS THAT FOCUS ON THE REVITALIZATION OF WILMINGTON'S UNDERSERVED COMMUNITIES CCHS LEADERS SERVE ON BOARDS AND COMMITTEES OF THESE INITIATIVES AND OTHER P ROGRAMS, WHICH ARE PARTNERS IN OUR MISSION TO SERVE OUR NEIGHBORS ---------- GOVERNING BODY AND MANAGEMENT FORM 990, PART VI, SECTION A, LINE 7A,B THE BOARD OF DIRECT ORS OF CHRISTIANA CARE HEALTH SYSTEM, INC ("SYSTEM"), SOLE MEMBER OF CCHS, AT IT'S ANNUAL MEETING IN NOVEMBER, ELECTS DIRECTORS OF CCHS THE ANNUAL OPERATING BUDGET OF CCHS IS APP ROVED BY THE CCHS BOARD, THE SYSTEM FINANCE COMMITTEE AND THE SYSTEM BOARD ---------- ---------- FORM 990 REVIEW PROCESS FORM 990, PART VI, SECTION B, LINE 11A INFORMATION RELA TED TO CCHS' FORM 990 FILING IS GATHERED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSEC OOPERS LLP FOR REVIEW THE FINAL 2009 FORM 990 FOR THE FISCAL YEAR ENDING JUNE 30, 2010 WA S REVIEWED AND APPROVED BY VARIOUS SENIOR MANAGEMENT OFFICIALS THE ORGANIZATION'S GOVERNI NG BOARD WAS ALSO PROVIDED ACCESS TO THE APPROVED 2009 FORM 990 VIA ITS BOARD OF DIRECTOR' S PORTAL ---------- CONFLICT OF INTEREST POLICY FORM 990, PART VI, SECTION B , LINE 12C OUR CONFLICT OF INTEREST ("COI") POLICY IS LOCATED IN THE SUPERVISORY POLICY MA NUAL THERE IS AN ANNUAL MANDATORY EDUCATION FOR MANAGERS WHICH INCLUDES AN ELECTRONIC SIG N OFF ACKNOWLEDGING COMPLETION OF THE EDUCATION, REPORTING OF A REAL OR PERCEIVED CONFLICT OR THAT NO CONFLICTS OF INTEREST EXISTS THE HR/EMPLOY EE RELATIONS TEAM FOLLOWS UP WITH A NY ONE WHO HAS A CONFLICT OR PERCEIVED CONFLICT OR DOES NOT COMPLETE THE EDUCATION IN ORDER TO RESOLVE THE EMPLOY EE HANDBOOK SETS EXPECTATIONS FOR EMPLOY EE CONFLICTS OF INTEREST AN D EXPECTATIONS SEVERAL REPORTING MECHANISMS ALSO EXIST FOR EMPLOY EES TO REPORT CONCERNS THE BOARD OF DIRECTORS HAS THEIR OWN COI POLICY COI IS A STANDING AGENDA ITEM ON EACH BOA RD OR BOARD COMMITTEE MEETING BOARD MEMBERS EXPEC |

| Identifier | Return Reference | Explanation |
|---|---|---|
| SUPPLEMENTAL DISCLOSURES | | TATIONS FOR COI ARE CLEARLY COMMUNICATED ---------- COMPENSATION REVIEW AND APPROVAL FORM 990, PART VI, SECTION B, LINE 15 THE BOARD OF DIRECTORS ESTABLISHES CHRISTIA NA CARE'S COMPETITIVE TOTAL COMPENSATION POLICY AND PRACTICE THE EXECUTIVE COMPENSATION C OMMITTEE ("ECC") OF THE BOARD ENGAGES AN INDEPENDENT THIRD PARTY ANNUALLY WHO ASSESSES DAT A FROM SEVERAL MAJOR SURVEY'S TO ENSURE TOTAL REMUNERATION IS MARKET COMPETITIVE AND QUALI FIES FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE INTERMEDIATE SANCTIONS R ULE, SECTION 4958 OF THE INTERNAL REVENUE CODE AFTER DELIBERATION, THE ECC DOCUMENTS THEI R DECISIONS IN MEETING MINUTES ---------- GOVERNANCE, MANAGEMENT, AND DISCLO SURE FORM 990, PART VI, SECTION C, LINE 19 THE FORMS 1023 AND 990, GOVERNING DOCUMENTS, AU DITED FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY OF CCHS ARE AVAILABLE TO THE P UBLIC UPON REQUEST IN ADDITION, THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEB THROUGH DIGITAL ASSURANCE CERTIFICATION ("DAC") ---------- SUPPLEMENTAL INFORMATION REGARDING TAX EXEMPT BONDS FORM 990, SCHEDULE K, PART III A PORTION OF THE SERIES 2008 BO ND ISSUE WAS USED BY CCHS TO PURCHASE APPROXIMATELY 108 ACRES OF LAND THAT WILL BE UTILIZE D BY CCHS FOR FUTURE EXPANSION OF ITS HEALTHCARE OPERATIONS (WITH NO ANTICIPATED PRIVATE B USINESS USE) WHILE ITS PLANS FOR THIS NEW FACILITY AND OPERATIONS ARE BEING FINALIZED, CC HS ENTERED INTO A SHORT-TERM LEASE OF A PORTION OF THE LAND FOR FARMING ACTIVITIES USE WH ILE THIS PORTION OF THE ACQUIRED LAND IS BEING USED BY A THIRD PARTY, THE RENT BEING RECEI VED BY CCHS FOR SUCH USE IS MINIMAL AS SUCH, IT IS ANTICIPATED THAT OVER THE LIFE OF THE BOND, THE SERIES 2008 BOND WILL NOT HAVE PRIVATE BUSINESS USE IN EXCESS OF 5% |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**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 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 |
|---|---|---|---|---|---|
| CHRISTIANA CARE CAMPUS REALTY LLC<br>4701 OGLETOWN-STANTON ROAD<br>NEWARK, DE 19713<br>51-0103684 | SUPPORT SRVCS | DE | 0 | 3,800,438 | CCHS |
| | | | | | |
| | | | | | |
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| | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|---|---|---|---|---|---|
| CHRISTIANA CARE HEALTH SYSTEM INC<br>501 WEST 14TH STREET<br>WILMINGTON, DE 19801<br>52-1479538 | fundraising | DE | 501(c)(3) | 7 | NA |
| CHRISTIANA CARE HLTH INITIATIVES INC<br>200 HYGEIA DRIVE SUITE 2300<br>NEWARK, DE 19713<br>51-0295186 | OUTPATIENT SV | DE | 501(c)(3) | 9 | CCH SYSTEM |
| CHRISTIANA CARE HOME HEALTH & COM SRVCS<br>1 READS WAY<br>NEW CASTLE, DE 19720<br>51-0064334 | HOME HLTHCARE | DE | 501(c)(3) | 7 | CCH SYSTEM |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**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? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---|---|---|---|---|---|---|
| ALL ABOUT WOMEN<br>200 HYGEIA DRIVE<br>NEWARK, DE19713<br>20-3894053 | HEALTHCARE | DE | NA | C CORP | 44,749 | 629,902 | 100 000 % |
| THE DE CTR FOR MAT FETAL MED OF CC INC<br>200 HYGEIA DRIVE<br>NEWARK, DE19713<br>20-5891272 | HEALTHCARE | DE | NA | C CORP | -6,619 | 2,003,784 | 100 000 % |
| CHR CARE VASCULAR SPECIALISTS INC<br>200 HYGEIA DRIVE<br>NEWARK, DE19713<br>20-8303207 | HEALTHCARE | DE | NA | C CORP | 0 | 705,255 | 100 000 % |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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

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

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved |
|---|---|---|
| **(1)** CHR CARE VASCULAR SPECIALISTS INC | A,B,J | 231,125 |
| **(2)** THE DE CTR FOR MAT FETAL MED OF CC INC | A,L | 567,773 |
| **(3)** | | |
| **(4)** | | |
| **(5)** | | |
| **(6)** | | |

**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) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproprtionate allocations? | | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | | Yes | No | | Yes | No |
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## Additional Data

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

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

**4d. Other program services**

(Code ) (Expenses $ 272,044,874 including grants of $ ) (Revenue $ 491,008,318 )
OTHER PROGRAM SERVICES

## 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 | (C) Position (check all that apply) | | | | | | (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 | | | |
| CAROL A AMMON<br>CHAIRMAN OF THE BOARD | 2 0 | X | | X | | | | 0 | 0 | 0 |
| DAVID NICOLI<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| JOHN R COCHRAN III<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| DONEENE K DAMON ESQ<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| DONALD R KIRTLEY<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| OMAR A KHAN MD MHS<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| ROBERT J LASKOWSKI MD<br>PRESIDENT & CEO, EX OFFICIO | 40 0 | X | | X | | | | 1,214,921 | 0 | 241,851 |
| LOLITA A LOPEZ<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| JOHN MADDEN MD<br>EX OFFICIO MEMBER, VICE CHAIR | 1 0 | X | | X | | | | 51,100 | 0 | 3,909 |
| LEONARD NITOWSKI MD<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| HON JOSHUA W MARTIN III<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| GORDON OSTRUM JR MD<br>VICE CHAIR, EX OFFICIO | 1 0 | X | | X | | | | 0 | 0 | 0 |
| RICHARD R RIDOUT<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| JOHN W SCHEFLEN ESQ<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| FRED C SEARS II<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| WILFRED B SHERK<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| NANCY W SNYDER MS RN<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| JANICE TILDON BURTON MD<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| EDWARD K WISSING<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| PATRICK D HARKER PHD<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| MICHAEL R MILLER<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| LEO W RAISIS MD<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| LANNY EDELSOHN MD<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| DONALD J FRANCESCHINI<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| GARY M PFEIFFER<br>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 | (C) Position (check all that apply) | | | | | | (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 | | | |
| JOHN H LANDON<br>MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| BARBARA BURD<br>EX OFFICIO MEMBER | 1 0 | X | | | | | | 0 | 0 | 0 |
| THOMAS L CORRIGAN<br>SR VP FINANCE/CFO, OFF OF BRD | 40 0 | | | X | | | | 559,828 | 0 | 43,195 |
| GARY W FERGUSON<br>CHIEF OPER OFF, OFF OF BOARD | 40 0 | | | X | | | | 635,275 | 0 | 137,466 |
| JANICE NEVIN<br>SR VP AND ASSOC CMO | 40 0 | | | | X | | | 415,819 | 0 | 66,326 |
| DIANE TALAREK<br>SR VP OF PATIENT CARE SERVICES | 40 0 | | | | X | | | 327,876 | 0 | 52,944 |
| RAY SEIGFRIED<br>SR VP, ADMINISTRATION | 40 0 | | | | X | | | 253,548 | 0 | 44,257 |
| BENJAMIN SHAW<br>SR VP OF HR | 40 0 | | | | X | | | 427,250 | 0 | 39,174 |
| JAMES H NEWMAN MD<br>CHIEF MEDICAL OFFICER | 40 0 | | | | X | | | 512,445 | 0 | 138,583 |
| TIMOTHY GARDNER<br>MEDICAL DIRECTOR, HVIS | 40 0 | | | | | X | | 665,229 | 0 | 43,173 |
| NICHOLAS PETRELLI MD<br>MEDICAL DIRECTOR, CANCER | 40 0 | | | | | X | | 605,084 | 0 | 49,383 |
| WILLIAM WEINTRAUB<br>SECTION CHIEF, CARDIOLOGY | 40 0 | | | | | X | | 557,758 | 0 | 50,646 |
| FERNANDO GARZIA<br>DIRECTOR, CARDIAC SURGERY | 40 0 | | | | | X | | 590,243 | 0 | 43,729 |
| MICHAEL BANBURY<br>CHIEF, CARDIAC SURGERY | 40 0 | | | | | X | | 1,026,656 | 0 | 56,298 |
| EDWARD EWEN<br>PHYSICIAN | 40 0 | | | | | | X | 223,933 | 0 | 41,725 |

## Additional Data

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

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

CHRISTIANA CARE HEALTH SERVICES, INC ("CHRISTIANA CARE" OR "HEALTH SERVICES") HAS A SELF PAY DISCOUNT PERCENTAGE OF 10% 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

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

CHRISTIANA CARE HAS ESTABLISHED A DEDICATED SECTION ON OUR WEBSITE THAT CATALOGUES OUR COMMUNITY BENEFIT INITIATIVES AND STORIES THE GROWING LIBRARY OF STORIES (SOME OF WHICH HAVE BEEN RE-PURPOSED IN THE COMMUNITY BENEFITS ANNUAL REPORT COMPILED BY OUR STATEWIDE TRADE AND MEMBERSHIP SERVICES ORGANIZATION, THE DELAWARE HEALTHCARE ASSOCIATION) CAN BE FOUND AT HTTP //WWW CHRISTIANACARE ORG/COMMUNITYBENEFIT AND MEMBERSHIP SERVICES ORGANIZATION, THE DELAWARE HEALTHCARE ASSOCIATION) CAN BE FOUND AT HTTP //WWW CHRISTIANACARE ORG/COMMUNITYBENEFIT

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

THE BAD DEBT EXPENSE AMOUNT INCLUDED ON FORM 990, PART IX, COLUMN 25(A) WAS $28,422,974 FOR THE YEAR ENDED SEPTEMBER 30, 2010 THIS AMOUNT HAS BEEN SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES REPORTED ON THE SCHEDULE H, PART I, LINE 7 TABLE 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

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

HEALTH SERVICES PROVIDES SERVICES TO PATIENTS WHO MEET THE CRITERIA OF ITS CHARITY SERVICE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN THE ESTABLISHED RATES CRITERIA FOR CHARITY CARE CONSIDERS THE PATIENT'S FAMILY INCOME, NET WORTH, ETC HEALTH SERVICES MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE BASED ON ESTABLISHED RATES FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY IN ADDITION, THE MEDICARE AND MEDICAID PROGRAMS REIMBURSE HEALTH SERVICES FOR SERVICES AT AMOUNTS THAT ARE SUBSTANTIALLY LESS THAN THE HEALTH SERVICES ESTABLISHED RATES FOR SUCH SERVICES THE DIFFERENCE BETWEEN THE ESTABLISHED RATES AND THE REIMBURSEMENT FROM THE MEDICARE AND MEDICAID PROGRAMS IS RECORDED AS GOVERNMENT DISCOUNTS IN NET PATIENT SERVICE REVENUE HEALTH SERVICES ALSO RECORDS A PROVISION FOR BAD DEBTS, WHICH REPRESENTS MANAGEMENT'S ESTIMATE OF PATIENT ACCOUNTS RECEIVABLE THAT WILL NOT BE COLLECTED EVEN THOUGH THE PATIENT DOES NOT MEET THE CHARITY CARE CRITERIA TOTAL CHARITY CARE, GOVERNMENT DISCOUNTS, AND PROVISION FOR BAD DEBTS ARE AS FOLLOWS 2010- GOVERNMENT DISCOUNTS $647,276,458 CHARITY CARE 55,740,373 PROVISION FOR BAD DEBTS 28,633,474 ---------- $731,650,305 2009- GOVERNMENT DISCOUNTS $566,187,220 CHARITY CARE 46,820,943 PROVISION FOR BAD DEBTS 26,746,440 ---------- $639,754,603 THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON A COST TO CHARGE RATIO

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF CHRISTIANA CARE AND THE COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545, CHRISTIANA CARE 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 CHRISTIANA CARE 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

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

CHRISTIANA CARE HAS A FINANCIAL ASSISTANCE POLICY THAT IDENTIFIES THE CIRCUMSTANCES FOR WHICH A RESPONSIBLE PARTY WOULD BE EXTENDED A 100% ADJUSTMENT ON ALL MEDICAL BILLS THE INCOME THRESHOLD FOR THIS CHARITABLE ADJUSTMENT IS 200% OF THE FEDERAL POVERTY LEVEL AND IT IS BASED ON THE NUMBER OF DEPENDENTS IN THE HOUSEHOLD THE FINANCIAL ASSISTANCE POLICY FURTHER EXPLAINS THAT ANY UNINSURED PATIENT WHO FAILS TO QUALIFY FOR FINANCIAL ASSISTANCE WOULD BE GRANTED A 10% SELF PAY DISCOUNT IT ALSO REVEALS A PATIENT'S ABILITY TO ESTABLISH INTEREST-FREE MONTHLY PAYMENT ARRANGEMENTS FOR ANY OUTSTANDING BALANCE THAT IS NOT COVERED BY A THIRD PARTY PAYER AS PART OF THE SELF PAY DUNNING PROCESS, CHRISTIANA CARE MAKES UNINSURED PATIENTS AWARE OF THE FINANCIAL ASSISTANCE PROGRAM WITH THE RELEASE OF OUR FIRST STATEMENT ALL SUBSEQUENT STATEMENTS PROVIDE THE PATIENTS WITH AN OPPORTUNITY TO CALL OUR CUSTOMER SERVICES DEPARTMENT IF THEY ARE UNABLE TO MAKE PAYMENT IN FULL IF A PATIENT QUALIFIES FOR A CHARITABLE ADJUSTMENT, THEY ARE EXTENDED THE COURTESY OF AN AUTOMATIC ADJUSTMENT TO THEIR BILLS FOR THE NEXT YEAR 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 A MONTHLY PAYMENT ARRANGEMENT

**Form 990 Schedule H, Part VI - Supplemental Information, Line 2**

WHILE CHRISTIANA CARE HAS NOT YET CONDUCTED A FORMAL NEEDS ASSESSMENT, WE ACTIVELY MEASURE COMMUNITY NEEDS IN A NUMBER OF IMPORTANT WAYS TO HELP DETERMINE PROGRAMS AND SERVICES THAT WOULD BE OF MOST VALUE TO OUR PATIENTS AND NEIGHBORS, OUR ASSESSMENT INITIATIVES HAVE INCLUDED SURVEYS CONDUCTED AT COMMUNITY HEALTH FAIRS AND EVENTS RESULTS FROM THESE SURVEYS HAVE BEEN USED WITH APPLICATIONS FOR GRANT FUNDING, AMONG WHICH HAVE RESULTED IN FUNDING FOR WEIGHT MANAGEMENT, EXERCISE AND MENTAL HEALTH PROGRAMS OUR CAPTURING OF DATA ALSO INCLUDES POLLING ATTENDEES AT EVENTS HOSTED BY CHRISTIANA CARE, SUCH AS OUR FREE WOMEN'S HEALTH LECTURE SERIES AT THE JOHN H AMMON MEDICAL EDUCATION CENTER FROM THESE MONTHLY EVENTS, WE HAVE A GROWING LIBRARY OF SUGGESTIONS ON TOPICS FOR THE UPCOMING SERIES AS PART OF THE HEALTHY BEGINNINGS PROGRAM FROM OUR WOMEN'S HEALTH GROUP, CHRISTIANA CARE CONDUCTED FIVE PATIENT CENTERED FOCUS GROUPS IN PARTNERSHIP WITH THE UNIVERSITY OF DELAWARE THROUGHOUT THE FOCUS GROUPS PARTICIPANTS EXPRESSED THEIR BELIEFS IN THE STRENGTHS OF THE MODEL OF CARE CALLED CENTERING PREGNANCY CENTERING COMBINES PRENATAL CARE APPOINTMENTS, EDUCATION, AND SUPPORT TO PREGNANT WOMEN AND THEIR SUPPORT PERSONS PARTICIPANTS IN THESE FOCUS GROUPS ALSO SHARED THEIR VIEWS AND EXPERIENCES WITH HEALTHCARE ON A LARGER SCALE CHRISTIANA CARE ALSO HAS A COMMUNITY ADVISORY COUNCIL COMPRISED OF EIGHT TO TEN FAMILIES WHO HAD THEIR BABIES AT CHRISTIANA HOSPITAL COUNCIL MEMBERS PROVIDE ON-GOING FEEDBACK AND ADVICE TO THE DEPARTMENT FOR EXAMPLE, COUNCIL MEMBERS RECENTLY PROVIDED FEEDBACK ON HOSPITAL SIGNAGE (INCLUDING PUBLIC NOTIFICATION OF POLICIES) TO ASSURE THAT IT WAS CLEAR, FRIENDLY AND CULTURALLY SENSITIVE OUR DEPARTMENT OF NEONATOLOGY NICU ALSO HAS A LONG STANDING FAMILY COUNCIL TO HELP GAUGE NEEDS OF THIS POPULATION MOREOVER, OUR ORGANIZATION TYPICALLY REFERENCES A VARIETY OF SOURCES THAT PROVIDE SEARCHABLE DATA BY STATE, COUNTY, MUNICIPALITY, GENDER, RACE, BEHAVIOR, RISK AND/OR ANY COMBINATION OF THOSE QUALIFIERS THOSE SOURCES INCLUDE - CENSUS FACT FINDER
HTTP //FACTFINDER2 CENSUS GOV/FACES/NAV/JSF/PAGES/INDEX XHTML - DELAWARE HEALTH STATISTICS CENTER
HTTP //DHSS DELAWARE GOV/DHSS/DPH/HEALTHDATASTATS HTML - CDC BRFSS HTTP //WWW CDC GOV/BRFSS/ - KAISER STATE HEALTH FACTS HTTP //WWW STATEHEALTHFACTS ORG/ - CDC NATIONAL CENTER FOR HEALTH STATISTICS
HTTP //WWW CDC GOV/NCHS/ - TRUST FOR AMERICA'S HEALTH HTTP //HEALTHYAMERICANS ORG/STATES/ - COMMUNITY LEVEL INFORMATION ON KIDS HTTP //DATACENTER KIDSCOUNT ORG/DATA/BYSTATE/DEFAULT ASPX - COMMUNITY HEALTH STATUS INDICATORS HTTP //COMMUNITYHEALTH HHS GOV/HOMEPAGE ASPX?J=1 - COUNTY HEALTH RANKINGS
HTTP //WWW COUNTYHEALTHRANKINGS ORG/ - CAMHI AND THE NATIONAL SURVEY OF CHILDREN'S HEALTH
HTTP //CHILDHEALTHDATA ORG/CONTENT/DEFAULT ASPX, HTTP //NSCHDATA ORG/CONTENT/DEFAULT ASPX - HARVARD CENTER FOR ADVANCING HEALTH HTTP //DIVERSITYDATA SPH HARVARD EDU/ - PUBLIC HEALTH SNAPSHOTS
HTTP //WWW NALBOH ORG/PH_SNAPSHOTS HTM - OFFICE OF WOMEN'S HEALTH HTTP //WWW HEALTHSTATUS2010 COM/OWH/ - STATE CANCER PROFILES HTTP //STATECANCERPROFILES CANCER GOV/ - SNAPS POPULATION DATA
HTTP //EMERGENCY CDC GOV/SNAPS/ - COMMONWEALTH FUND STATE SCORECARD
HTTP //WWW COMMONWEALTHFUND ORG/MAPS-AND-DATA/STATE-DATA-CENTER/ STATE-SCORECARD ASPX - AHRQ STATE SNAPSHOTS HTTP //STATESNAPSHOTS AHRQ GOV/SNAPS09/INDEX JSP

**Form 990 Schedule H, Part VI - Supplemental Information, Line 3**

CHRISTIANA CARE PLACES EDUCATIONAL SIGNS IN OUR FACILITIES (INCLUDING OUR EMERGENCY DEPARTMENTS) IN BOTH ENGLISH AND SPANISH THE CARDS ADVISE THAT WE HAVE A FINANCIAL ASSISTANCE POLICY AND DIRECTS PATIENTS TO A PHONE NUMBER IN OUR CUSTOMER SERVICE DEPARTMENT FOR MORE INFORMATION OUR PATIENT & VISITOR GUIDE AND PATIENT'S RIGHTS AND RESPONSIBILITIES PAMPHLET ALSO EXPLAIN A PATIENT'S RIGHTS TO RECEIVE INFORMATION AND COUNSELING ON THE AVAILABILITY OF FINANCIAL AID FOR HEALTH CARE AND THE ABILITY TO RECEIVE AND REVIEW AND EXPLANATION OF CHARGES RELATED TO ONE'S CARE VERSIONS OF THE RIGHTS AND RESPONSIBILITIES PAMPHLET IN BOTH ENGLISH AND SPANISH CAN BE FOUND THROUGHOUT OUR FACILITIES THE PATIENT & VISITOR GUIDE APPEARS ON OUR WEBSITE IN BOTH LANGUAGES

**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**
**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**

PROMOTING THE HEALTH OF THE COMMUNITY PARAMOUNT TO CHRISTIANA CARE'S MISSION IS ITS WORKF ORCE DEVELOPMENT AND THE RECRUITMENT OF PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS CH RISTIANA CARE IS A MAJOR TEACHING HOSPITAL WITH TWO CAMPUSES AND MORE THAN 240 MEDICAL-DEN TAL RESIDENTS AND FELLOWS CHRISTIANA CARE EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFI ED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS A MAJORITY OF CHRISTIAN A CARE'S GOVERNING BODY (COMMUNITY BOARD) IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANI ZATION'S PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATIO N, NOR FAMILY MEMBERS OUR HEALTH SYSTEM PROMOTES THE HEALTH OF OUR COMMUNITY IN A WIDE VA RIETY OF WAYS THESE INCLUDE > PARTICIPATION IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS CHRISTIANA CARE PARTICIPATES WITH MEDICARE, MEDICAID, CHAMPUS, TRICARE AND OTHER GOVERNME NT-SPONSORED HEALTH CARE PROGRAMS, INCLUDING OUT OF STATE PLANS AS WELL ALL PARTICIPATION AGREEMENTS ARE BASED ON A FEE SCHEDULE THAT IS LESS THAN OUR PUBLISHED CHARGES > OPEN AC CESS REGARDLESS OF ANY PATIENT'S ABILITY TO PAY CHRISTIANA CARE ABIDES BY ALL EMTALA REGUL ATIONS NO ONE IS REFUSED TREATMENT IN OUR EMERGENCY ROOM OR URGENT CARE SETTINGS ALL NON -INSURED PATIENTS WHO COME THROUGH OUR EMERGENCY ROOM AND GET ADMITTED AS INPATIENTS IN OU R FACILITY ARE ACTUALLY SCREENED FOR MEDICAID ELIGIBILITY ONCE THEY HAVE BEEN STABILIZED THE APPLICATION PROCESS AND PAPERWORK ARE HANDLED BY A CONTRACTED VENDOR WHO (WITH AUTHORI ZATION) ACTS ON BEHALF OF THE PATIENT/FAMILY TO WORK THROUGH THE CUMBERSOME APPLICATION PR OCESS CHRISTIANA CARE PAYS OVER A MILLION DOLLARS PER YEAR FOR THIS SERVICE > AVAILABILI TY OF FINANCIAL ASSISTANCE CHRISTIANA CARE HAS A FINANCIAL ASSISTANCE POLICY THAT OFFERS A 100% ADJUSTMENT FOR ALL SERVICES PROVIDED TO PATIENTS WITH INCOME LESS THAN 200% OF THE F EDERAL POVERTY LEVEL UNINSURED PATIENTS WITH INCOME IN EXCESS OF 200% ARE EXTENDED A 10% SELF PAY DISCOUNT OUR COLLECTION POLICY SUPPORTS A PATIENT'S ABILITY TO MAKE INTEREST-FRE E MONTHLY PAYMENT ARRANGEMENTS IN AN EFFORT TO SATISFY AN OUTSTANDING BALANCE ALTHOUGH GU IDELINES EXIST THAT WOULD ATTEMPT TO HOLD THE PATIENT ACCOUNTABLE FOR 4% OF THE BALANCE PE R MONTH OR $50 (WHICHEVER IS GREATER) FLEXIBILITY EXISTS IN THAT WE WILL ONLY EXPECT THE P ATIENT TO ESTABLISH MONTHLY PAYMENT ARRANGEMENTS FOR WHAT THEY CAN TRULY AFFORD > EDUCATIO N AND TRAINING - CHRISTIANA CARE SERVES AS A FOUNDING MEMBER OF THE DELAWARE HEALTH SCIENC ES ALLIANCE, TOGETHER WITH THE UNIVERSITY OF DELAWARE, A I DUPONT HOSPITAL FOR CHILDREN A ND THOMAS JEFFERSON UNIVERSITY HOSPITAL THE ALLIANCE ENABLES PARTNER ORGANIZATIONS TO COL LABORATE AND CONDUCT CUTTING-EDGE BIOMEDICAL RESEARCH, TO IMPROVE THE HEALTH OF DELAWAREAN S THROUGH ACCESS TO SERVICES IN THE STATE AND REGION, AND TO EDUCATE THE NEXT GENERATION O F HEALTH CARE PROFESSIONALS THE ALLIANCE'S UNIQUE, BROAD-BASED PARTNERSHIP FOCUSES ON ESTA BLISHING INNOVATIVE COLLABORATIONS AMONG EXPERTS IN MEDICAL EDUCATION AND PRACTICE, HEALTH ECONOMICS AND POLICY, POPULATION SCIENCES, PUBLIC HEALTH, AND BIOMEDICAL SCIENCES AND ENG INEERING - PARTNERING WITH EDUCATIONAL INSTITUTIONS THROUGHOUT THE REGION, CHRISTIANA CAR E TRAINS DOCTORS, NURSES, ADVANCED PRACTICE NURSES, REGISTERED NURSE ANESTHESISTS, PHYSICI AN ASSISTANTS, PHARMACISTS AND ALLIED HEALTH PROFESSIONALS THROUGH A UNIQUE RELATIONSHIP WITH DELAWARE TECHNICAL AND COMMUNITY COLLEGE, CHRISTIANA CARE'S ALLIED HEALTH EDUCATION P ROGRAM PROVIDES ACCREDITED COURSES TO MEET THE COMMUNITY'S NEEDS FOR GRADUATES WITH VERY S PECIALIZED KNOWLEDGE IN A VARIETY OF ALLIED HEALTH CARE PROFESSIONS STUDENTS RECEIVE ACAD EMIC TRAINING AND CERTIFICATION FROM CHRISTIANA CARE'S FULL-TIME ALLIED HEALTH INSTRUCTORS AT THE COLLEGE AND RECEIVE ON-SITE CLINICAL TRAINING AT CHRISTIANA CARE A SEVEN-ROOM, VI RTUAL EDUCATION AND SIMULATION TECHNOLOGY CENTER WITHIN THE JOHN H AMMON MEDICAL EDUCATIO N CENTER ON CHRISTIANA CARE'S STANTON, DE, CAMPUS IS CERTIFIED AS A LEVEL II EDUCATIONAL I NSTITUTE BY THE AMERICAN COLLEGE OF SURGEONS AND IS PART OF AN INNOVATIVE, NATIONWIDE CONS ORTIUM, APPROVED BY THE AMERICAN CONGRESS OF OBSTETRICS AND GYNECOLOGY FOR TEACHING EXCELL ENT SURGICAL SKILLS TO OB/GYN RESIDENTS THE INNOVATIVE CENTER INCLUDES HIGH-FIDELITY, LIF E-LIKE, ADULT AND PEDIATRIC, COMPUTER-CONTROLLED HUMAN PATIENT MANIKINS WHICH RESPOND TO S TIMULI, BREATHE, SPEAK, BLINK THEIR EYES, AND PRODUCE HEART BEATS, BOWEL SOUNDS AND BLOOD PRESSURE READINGS - CHRISTIANA CARE IS ONE OF THE LARGEST COMMUNITY-BASED TEACHING HOSPIT ALS CONDUCTING RESEARCH IN THE UNITED STATES ROBUST PARTNERSHIPS IN CLINICAL, TRANSLATION AL AND OUTCOMES RESEARCH BOOST CHRISTIANA CARE'S NATIONAL REPUTATION AND SPEED NEW IDEAS, TECHNOLOGIES AND TREATMENTS TO COMMUNITIES CHALLENGED BY TODAY'S MOST PRESSING HEALTH CONC ERNS IN 2010, CHRISTIANA CARE CONDUCTED 631 CLINICAL RESEARCH AND PHARMACEUTICAL STUDIES > SCHOOL BASED HEALTH CENTERS SCHOOL BASED HEALTH

**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**

CENTERS REPRESENT ANOTHER IMPORTANT INITIATIVE TO IMPROVE ACCESS TO HEALTH CARE SERVICES IN PARTNERSHIP WITH SCHOOL DISTRICTS AND THE DELAWARE DIVISION OF PUBLIC HEALTH, DEPARTME NT OF HEALTH AND SOCIAL SERVICES, CHRISTIANA CARE OPERATES 16 HIGH-SCHOOL WELLNESS CENTERS THAT PROVIDE HIGH-QUALITY HEALTH CARE TO TEENS - RIGHT AT THE SCHOOL WELLNESS CENTERS HE LP TEENS OVERCOME MANY OBSTACLES TO RECEIVING GOOD HEALTH CARE SUCH AS LACK OF TRANSPORTAT ION, INCONVENIENT APPOINTMENT TIMES AND WORRIES ABOUT COST AND CONFIDENTIALITY WORKING WI TH EACH STUDENT'S HEALTH CARE PROVIDER, PARENTS AND SCHOOL NURSE, WELLNESS CENTERS PROVIDE COMPREHENSIVE MEDICAL AND MENTAL-HEALTH CARE AND HEALTH EDUCATION SERVICES OFFERED AT TH E WELLNESS CENTERS, FREE OF CHARGE, INCLUDE - PHYSICAL EXAMINATIONS, INCLUDING ROUTINE EX AMS, SPORTS PHYSICALS AND PRE-EMPLOYMENT PHYSICALS - HEALTH SCREENINGS, INCLUDING THOSE F OR COMMUNICABLE INFECTIONS - WOMEN'S HEALTH CARE - TREATMENT FOR MINOR ILLNESSES AND INJ URIES - IMMUNIZATIONS - NUTRITION AND WEIGHT MANAGEMENT - INDIVIDUAL, FAMILY AND GROUP COUNSELING - CRISIS INTERVENTION AND SUICIDE PREVENTION - TOBACCO CESSATION COUNSELING - DRUG AND ALCOHOL ABUSE COUNSELING AND REFERRAL - OUTREACH TO AT-RISK YOUTH - HEALTH AN D NUTRITION EDUCATION - DOCTOR REFERRALS - FOLLOW-UP AS REQUESTED BY THE STUDENT'S FAMIL Y HEALTH CARE PROVIDER > OTHER COMMUNITY PARTNERSHIPS CHRISTIANA CARE PARTNERS WITH OTHER ENTITIES IN THE COMMUNITY TO PROVIDE A WIDE RANGE OF SERVICES TO UNDERSERVED POPULATIONS PRIMARY CARE, CONSULTING PSYCHIATRIC SERVICES, WOUND CARE, DIABETES CARE AND OTHER SERVIC ES ARE MADE AVAILABLE THROUGH PARTNERSHIPS WITH FEDERALLY QUALIFIED HEALTH CENTERS INCLUDI NG THE HENRIETTA JOHNSON MEDICAL CENTER, THE CLAYMONT COMMUNITY CENTER, AND THE WESTSIDE C OMMUNITY HEALTH CENTER CHRISTIANA CARE ANNUALLY HOSTS ANNUALLY A DOMESTIC VIOLENCE FORUM JOINTLY SPONSORED BY WOMENFIRST, CHRISTIANA CARE'S COMMUNITY CENTERS OF EXCELLENCE IN WOME N'S HEALTH PROGRAM, YWCA, FRIENDSHIP HOUSE, INC , NEW CASTLE COUNTY COUNCIL, CHILDREN & FA MILIES FIRST AND DELAWARE COALITION AGAINST DOMESTIC VIOLENCE CHRISTIANA CARE IS HOME TO DELAWARE'S ONLY LEVEL I TRAUMA CENTER, THE ONLY CENTER OF ITS KIND BETWEEN PHILADELPHIA AN D BALTIMORE CHRISTIANA CARE ALSO FEATURES A LEVEL 3 NEONATAL INTENSIVE CARE UNIT, THE ONL Y DELIVERING HOSPITAL IN THE STATE TO OFFER THIS LEVEL OF CARE FOR NEWBORNS

**Form 990 Schedule H, Part VI - Supplemental Information, Line 7**

CHRISTIANA CARE HEALTH SERVICES, INC IS AN AFFILIATE OF CHRISTIANA CARE HEALTH SYSTEM, INC OTHER AFFILIATES IN THE CHRISTIANA CARE FAMILY INCLUDE CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC , (INCLUDING THE CHRISTIANA CARE VISITING NURSE ASSOCIATION), AND CHRISTIANA CARE HEALTH INITIATIVES, INC , EACH OF WHICH CONTRIBUTE TO PROMOTING HEALTH IN THE COMMUNITIES WE SERVE THE CHRISTIANA CARE VISITING NURSE ASSOCIATION FEATURES A DEDICATED TEAM OF NURSES, THERAPISTS, AIDES AND SOCIAL WORKERS WORKING IN TANDEM TO HELP OUR NEIGHBORS WITH THE HEALING POWER OF HOME BEYOND THE SKILLED NURSING, CHRONIC DISEASE MANAGEMENT AND MEDICATION MANAGEMENT SERVICES VNA PROVIDES, OUR TEAM OF MEDICAL SOCIAL WORKERS PROVIDES A WIDE VARIETY OF SUPPORT SERVICES ALZHEIMER'S AND DEMENTIA CARE, AND SUPPORT GROUPS FOR MOTHER AND BABY HOME CARE AND PEDIATRIC HOME CARE ARE AN INTEGRAL PART OF OUR OFFERINGS TO OUR COMMUNITY THE CAREGIVERS SERIES PROVIDES SUCH PRACTICAL GUIDANCE AS HOW TO PREVENT PRESSURE SORES, AVOID FALLS IN THE HOME, MANAGE MEDICATIONS AND NAVIGATE THE MEDICARE SYSTEM CAREGIVERS LEARN SUCH FINE POINTS AS HOW TO PREVENT RESPIRATORY-TRACT INFECTIONS AND TO CHOOSE SHOES WITH VELCRO CLOSURES TO MAKE IT EASIER TO DRESS SOMEONE WITH A DISABILITY BASED ON THE BOOK "THE COMFORT OF HOME A COMPLETE GUIDE FOR CAREGIVERS," THE SERIES IS PRESENTED AT CHRISTIANA CARE LOCATIONS THROUGHOUT THE STATE CAREGIVERS ALSO ARE ENCOURAGED TO LOOK AFTER THEMSELVES EACH SPRING AND FALL, THIS SERIES OF HELPFUL WORKSHOPS FOR FAMILY AND OTHER CAREGIVERS IS HELD IN EACH OF DELAWARE'S THREE COUNTIES TOPICS INCLUDE - PLANNING FOR CARE - ACCESSING COMMUNITY AND GOVERNMENT RESOURCES - TAKING CARE OF YOURSELF AS A CAREGIVER - MANAGING MEDICATIONS - DEALING WITH COMMON CAREGIVER CHALLENGES, INCLUDING BATHING, ASSISTANCE WITH WALKING AND SAFETY IN THE HOME CHRISTIANA CARE HEALTH INITIATIVES, INC FEATURES CHRISTIANA CARE OCCUPATIONAL HEALTH & WELLNESS SERVICES SPECIALIZES IN THE TREATMENT AND MANAGEMENT OF WORK-RELATED INJURY AND ILLNESS, AND EMPLOYEE HEALTH IT ALSO ENCOMPASSES CHRISTIANA CARE PHYSICAL THERAPY PLUS, OUR OUTPATIENT REHABILITATION SERIVICES, WHICH INCLUDES COMPREHENSIVE SERVICES FOR PATIENTS WITH COMPLEX OR CHRONIC DIAGNOSES SUCH AS STROKE OR BRAIN INJURY, LYMPHEDEMA, BALANCE AND VESTIBULAR DYSFUNCTION, PARKINSON'S DISEASE AND MANY OTHERS A SERIES OF FREESTANDING HEALTH CENTERS ROUND OUT CHRISTIANA CARE HEALTH INITIATIVES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133005261 |
|---|---|---|

# TY 2009 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 $ 8,265,241 Christiana Care Health Services 186,739 1,149,171,145 Christiana Care Home Health and Community Services NONE 37,412,312 Christiana Care Health Initiatives NONE 36,204,861 ---------- ---------- ---------- TOTAL $186,739 $1,231,053,559 The organization has made the lobbying election under I.R.C. section 501(h) for the tax year ended June 30, 2010. This election has not been revoked before the start of the organization's tax year that began in 2009.