efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018159

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

C Name of organization
CHRISTIANA CARE HEALTH SERVICES INC
% VICE PRESIDENT'S OFFICE
Doing business as

Number and street (or P O box if mail is not delivered to street address) PO BOX 2653
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
WILMINGTON, DE 198050653

D Employer identification number
51-0103684

E Telephone number
(302) 623-7201

G Gross receipts $ 2,196,906,965

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CHRISTIANACARE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1965

M State of legal domicile DE

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	11,139
6	Total number of volunteers (estimate if necessary)	**6**	1,145
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,836,153
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,055,505

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	35,304,559	22,698,446
9	Program service revenue (Part VIII, line 2g)	1,396,421,550	1,371,432,728
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71,183,909	62,409,870
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	294,090,298	227,054,451
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,797,000,316	1,683,595,495
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,044,935,974	1,101,167,332
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	538,565,296	415,593,042
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,583,501,270	1,516,760,374
19	Revenue less expenses Subtract line 18 from line 12	213,499,046	166,835,121

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,946,500,848	3,230,957,055
21	Total liabilities (Part X, line 26)	615,628,909	652,910,048
22	Net assets or fund balances Subtract line 21 from line 20	2,330,871,939	2,578,047,007

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: 2019-05-09

ROBERT M MCMURRAY CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ANTONIO C RUSSO	ANTONIO C RUSSO	2019-05-09		P00858539

Firm's name ▶ PricewaterhouseCoopers LLP — Firm's EIN ▶

Firm's address ▶ 2001 MARKET ST SUITE 1800
PHILADELPHIA, PA 19103

Phone no (267) 330-3000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code See Additional Data)	(Expenses $	494,226,316	including grants of $	0) (Revenue $	325,854,630)
4b	(Code See Additional Data)	(Expenses $	80,038,354	including grants of $	0) (Revenue $	158,568,485)
4c	(Code See Additional Data)	(Expenses $	261,693,602	including grants of $	0) (Revenue $	377,721,895)
4d	Other program services (Describe in Schedule O)					
	(Expenses $	346,330,730	including grants of $	0) (Revenue $	734,335,250)	
4e	**Total program service expenses ▶**		1,182,289,002			

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	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*	11b		No
c	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*	11c		No
d	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*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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* (see instructions)	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	Yes	
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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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, line 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 lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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 11b 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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	484		
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	11,139		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		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?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	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*		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								13,335,172	0	851,237

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,350

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SKANSKA USA BUILDING, 518 EAST TOWNSHIP LINE RD BLUE BELL, PA 19422	CONSTRUCTION SRVCS	29,118,880
CERNER CORPORATION, PO BOX 959156 ST LOUIS, MO 631959156	SOFTWARE SRVCS	27,363,551
WHITING TURNER CONTRACTING, PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION SRVCS	8,465,725
BANCROFT CONSTRUCTION CO, 1300 GRANT AVE SUITE 110 WILMINGTON, DE 19806	CONSTRUCTION SRVCS	4,370,362
MILESTONE CONSTRUCTION LLC, 4 MILL PARK COURT NEWARK, DE 19713	CONSTRUCTION SRVCS	4,132,200

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 269

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	75,271			
d Related organizations	1d	3,786,181			
e Government grants (contributions)	1e	17,024,238			
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,812,756			
g Noncash contributions included in lines 1a-1f $					
h **Total.** Add lines 1a-1f		22,698,446			
Program Service Revenue	Business Code				
2a NET PROGRAM SERVICE REVENUES	622110	1,348,513,236	1,348,513,236		
b OTHER REVENUES	900099	22,919,492	1,997,813	3,836,153	17,085,526
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f		1,371,432,728			
3 Investment income (including dividends, interest, and other similar amounts)		30,006,000			30,006,000
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
	(i) Real	(ii) Personal			
6a Gross rents	2,248,956				
b Less rental expenses	1,959,223				
c Rental income or (loss)	289,733	0			
d Net rental income or (loss)		289,733			289,733
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	232,714,055				
b Less cost or other basis and sales expenses	200,310,185				
c Gain or (loss)	32,403,870				
d Net gain or (loss)		32,403,870			32,403,870
Other Revenue 8a Gross income from fundraising events (not including $ 75,271 of contributions reported on line 1c) See Part IV, line 18	a 26,375				
b Less direct expenses	b 0				
c Net income or (loss) from fundraising events		26,375			26,375
9a Gross income from gaming activities See Part IV, line 19	a 4,600				
b Less direct expenses	b 0				
c Net income or (loss) from gaming activities		4,600			4,600
10a Gross sales of inventory, less returns and allowances	a 535,090,503				
b Less cost of goods sold	b 311,042,062				
c Net income or (loss) from sales of inventory		224,048,441	224,048,441		
Miscellaneous Revenue	Business Code				
11a MAINTENANCE FEES	531390	1,686,211			1,686,211
b MEANINGFUL USE	110000	999,091	999,091		
c					
d All other revenue					
e **Total.** Add lines 11a–11d		2,685,302			
12 Total revenue. See Instructions		1,683,595,495	1,575,558,581	3,836,153	81,502,315

Part IX Statement of Functional Expenses

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

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

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	10,832,125	4,204,329	6,627,796	
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	836,659,984	651,750,919	184,909,065	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	66,855,873	51,746,446	15,109,427	
9 Other employee benefits	127,288,711	98,521,462	28,767,249	
10 Payroll taxes	59,530,639	46,076,715	13,453,924	
11 Fees for services (non-employees)				
a Management	0			
b Legal	907,685	702,548	205,137	
c Accounting	409,431	316,900	92,531	
d Lobbying	198,652	153,757	44,895	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	5,205,849	0	5,205,849	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	3,066,352	2,373,356	692,996	
13 Office expenses	4,178,792	3,234,385	944,407	
14 Information technology	42,347,823	32,777,215	9,570,608	
15 Royalties . .	0			
16 Occupancy	18,178,919	14,070,483	4,108,436	
17 Travel	3,096,950	2,397,039	699,911	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	5,620,785	4,350,487	1,270,298	
20 Interest	3,700,129	2,863,900	836,229	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	96,306,968	74,541,593	21,765,375	
23 Insurance . . .	27,792,124	21,511,104	6,281,020	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	54,643,560	54,643,560		
b OTHER SUPPLIES AND SERVICES	149,939,023	116,052,804	33,886,219	
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,516,760,374	1,182,289,002	334,471,372	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	74,992,808	1	108,699,985
	2	Savings and temporary cash investments	182,606,435	2	184,648,494
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	239,035,873	4	284,783,184
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	23,441,424	8	27,443,400
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,949,714,809			
	b	Less accumulated depreciation — 10b: 1,183,800,072	776,685,087	10c	765,914,737
	11	Investments—publicly traded securities	1,369,302,395	11	1,610,796,948
	12	Investments—other securities See Part IV, line 11	141,317,495	12	46,132,195
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	1,015,805	14	1,015,805
	15	Other assets See Part IV, line 11	138,103,526	15	201,522,307
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,946,500,848	16	3,230,957,055
Liabilities	17	Accounts payable and accrued expenses	235,732,820	17	260,031,427
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	256,454,888	20	248,557,244
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	123,441,201	25	144,321,377
	26	**Total liabilities.** Add lines 17 through 25	615,628,909	26	652,910,048
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,274,639,016	27	2,519,255,609
	28	Temporarily restricted net assets	28,856,381	28	29,596,700
	29	Permanently restricted net assets	27,376,542	29	29,194,698
		Organizations that do not follow SFAS 117 (ASC 958), 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	2,330,871,939	33	2,578,047,007
	34	Total liabilities and net assets/fund balances	2,946,500,848	34	3,230,957,055

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,683,595,495
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,516,760,374
3	Revenue less expenses Subtract line 2 from line 1	3	166,835,121
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,330,871,939
5	Net unrealized gains (losses) on investments	5	88,370,019
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,030,072
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,578,047,007

Part XII Financial Statements and Reporting

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

			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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

Additional Data

Software ID:

Software Version:

EIN: 51-0103684

Name: CHRISTIANA CARE HEALTH SERVICES INC

Form 990 (2017)

Form 990, Part III, Line 4a:

PROVISION OF PROFESSIONAL PATIENT CARE FOR THE HOSPITALS OF CHRISTIANA CARE 3,687 NURSES ARE EMPLOYED WITH 297,069 PATIENT DAYS RECORDED DURING FISCAL 2018 THE HOSPITALS OFFER A FULL SCOPE OF SERVICES WITH THE NEEDS OF THE POPULATION SERVED WITHOUT REGARD TO AGE, RACE OR ECONOMIC CIRCUMSTANCES

Form 990, Part III, Line 4b:

LABORATORY-PROVIDED LAB TESTING FOR BOTH INPATIENTS AND OUTPATIENTS DURING FISCAL 2018, 3,526,157 LAB TESTS WERE PERFORMED WITH AN APPROXIMATE STAFF OF 344

Form 990, Part III, Line 4c:

OPERATING ROOM-PROVIDED BOTH INPATIENT AND OUTPATIENT SURGICAL PROCEDURES IN FISCAL 2018, 37,634 OPERATIONS WERE PERFORMED, REQUIRING A STAFF OF APPROXIMATELY 285

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN E BURGESS MD MEMBER, VICE CHAIR-THRU 11/17	1 0 1 0	X		X				20,838	0	672
BETTY J CAFFO PHD MEMBER, VICE CHAIR	1 0 1 0	X		X				0	0	0
DONEENE DAMON ESQ CHAIRMAN OF THE BOARD	1 0 1 0	X		X				0	0	0
TARA D ELLIOTT ESQ MEMBER	1 0 1 0	X						0	0	0
JAMES HOPKINS MD MEMBER	40 0 1 0	X						530,364	0	36,616
ERIC T JOHNSON MD MEMBER	1 0 1 0	X						0	0	0
PAUL KANIEFSKI MEMBER	1 0 1 0	X						0	0	0
ANDREW M LUBIN MEMBER	1 0 1 0	X						0	0	0
LOLITA A LOPEZ MEMBER	1 0 1 0	X						0	0	0
NICHOLAS M MARSINI JR MEMBER	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN FUREY MCDONOUGH ESQ MEMBER	1 0 1 0	X						0	0	0
MICHAEL R MILLER MEMBER- THRU 11/2017	1 0 1 0	X						0	0	0
JOHN M MURRAY II MEMBER	1 0 1 0	X						0	0	0
JANICE E NEVIN MD PRESIDENT & CEO	40 0 1 0	X		X				1,601,691	0	149,409
SKIP PENNELLA MEMBER	1 0 1 0	X						0	0	0
THEODORE G PLUSH MEMBER	1 0 1 0	X						0	0	0
LEO RAISIS MD MEMBER- THRU 11/2017	1 0 1 0	X						0	0	0
GEORGIANNA RILEY MEMBER	1 0 1 0	X						0	0	0
PENELOPE T SARIDAKIS MEMBER	1 0 1 0	X						0	0	0
JOSEPH BENNETT MD MEMBER	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE FOUTRAKIS MEMBER	1 0 1 0	X						0	0	0
DAVID B STRATTON ESQ MEMBER	1 0 1 0	X						0	0	0
THOMAS L CORRIGAN EXECUTIVE VP AND CFO	40 0 1 0			X				1,025,589	0	44,713
BRENDA K PIERCE ESQ SECRETARY OF CORP- THRU 6/18	40 0 3 0			X				418,542	0	56,436
JENNIFER L SCHWARTZ ESQ SECRETARY OF CORP- AS OF 6/18	40 0 1 0			X				0	0	0
AUDREY VAN LUVEN SR VP&CHIEF HR OFF THRU 7/17	0 0 0 0				X			602,768	0	30,331
KENNETH SILVERSTEIN CHIEF CLINICAL OFFICER	40 0 0 0				X			821,109	0	102,447
RICHARD CUMING CHIEF NURSING EXECUTIVE	40 0 0 0				X			539,180	0	64,086
MICHAEL EPPEHIMER CHIEF OP OFFICER - MED GROUP	40 0 0 0				X			533,555	0	61,364
SHARON KURFUERST CHIEF OP OFFICER - HEALTH SVC	40 0 0 0				X			546,766	0	62,715

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NEIL JASANI CHIEF PEOPLE OFFICER	40 0 0 0				X			513,605	0	42,013
TIMOTHY GARDNER MD MEDICAL DIRECTOR, HVIS	40 0 0 0					X		877,918	0	37,916
VIRGINIA COLLIER PHYSICIAN	40 0 0 0					X		871,925	0	26,997
PAUL DAVIS PHYSICIAN	40 0 0 0					X		819,980	0	43,898
NICHOLAS PETRELLI MD MEDICAL DIRECTOR, CANCER	40 0 0 0					X		751,825	0	39,025
MARK BOROWSKY PHYSCIAN	40 0 0 0					X		730,592	0	44,713
ROBERT LASKOWSKI FORMER PRESIDENT & CEO	0 0 0 0						X	2,128,925	0	7,886

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018159

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

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 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	39,177,754	42,304,655	30,666,972	35,304,559	22,698,446	170,152,386
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	39,177,754	42,304,655	30,666,972	35,304,559	22,698,446	170,152,386
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support.** Subtract line 5 from line 4						170,152,386

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	39,177,754	42,304,655	30,666,972	35,304,559	22,698,446	170,152,386
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,839,119	19,534,737	20,364,397	26,315,630	32,254,956	116,308,839
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,658,279	5,286,674	3,728,215	3,412,799	2,685,302	16,771,269
11 **Total support.** Add lines 7 through 10						303,232,494

12 Gross receipts from related activities, etc (see instructions) **12** 8,616,247,320

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	**14**	56 113 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	**15**	59 971 %

16a **33 1/3% support test—2017.** 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—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 51-0103684

Name: CHRISTIANA CARE HEALTH SERVICES INC

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018159

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.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	198,652	198,652
c Total lobbying expenditures (add lines 1a and 1b)	198,652	198,652
d Other exempt purpose expenditures	1,516,561,722	1,567,394,794
e Total exempt purpose expenditures (add lines 1c and 1d)	1,516,760,374	1,567,593,446
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	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-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	180,124	237,095	174,335	198,652	790,206
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) 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?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
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

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

Return Reference	Explanation	

TY 2017 AffiliatedGroupAttachment

Name: CHRISTIANA CARE HEALTH SERVICES INC

EIN: 51-0103684

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

_____ _____ _____ CHRISTIANA CARE HEALTH SYSTEM $ NONE $ 3,269,336 CHRISTIANA CARE HEALTH SERVICES 198,652 1,516,561,722 CHRISTIANA CARE HOME HEALTH AND COMMUNITY SERVICES NONE 45,376,090 CHRISTIANA CARE HEALTH INITIATIVES NONE 2,187,646 ---------- ---------- TOTAL $ 198,652 $ 1,567,394,794 THE ORGANIZATION HAS MADE THE LOBBYING ELECTION UNDER I.R.C. SECTION 501(H) FOR THE TAX YEAR ENDED JUNE 30, 2018. THIS ELECTION HAS NOT BEEN REVOKED BEFORE THE START OF THE ORGANIZATION'S TAX YEAR THAT BEGAN IN 2017.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018159

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	102,737,030	84,884,618	71,078,532	57,618,783	54,104,570
b Contributions	1,197,900	11,443,636	15,000,000	13,000,000	0
c Net investment earnings, gains, and losses	7,177,549	6,597,077	-278,006	1,204,217	4,079,790
d Grants or scholarships			0	0	0
e Other expenditures for facilities and programs	41,980,344	188,301	915,908	744,468	565,577
f Administrative expenses			0	0	0
g End of year balance	69,132,135	102,737,030	84,884,618	71,078,532	57,618,783

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

- a Board designated or quasi-endowment ▶ 45 470 %
- b Permanent endowment ▶ 29 660 %
- c Temporarily restricted endowment ▶ 24 870 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	Yes	
(ii) related organizations		No

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		39,541,766		39,541,766
b Buildings		1,191,321,509	686,617,433	504,704,076
c Leasehold improvements				
d Equipment		689,376,548	473,597,796	215,778,752
e Other		29,474,986	23,584,843	5,890,143
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				765,914,737

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

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

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

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

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	136,226,960
(2) DUE FROM AFFILIATES	7,606,979
(3) OTHER ASSETS	57,688,368
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	201,522,307

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
PENSION AND POST RETIREMENT BE	77,321,618
INSURANCE LIABILITIES	33,323,924
OTHER LIABILITIES	33,675,835
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	144,321,377

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 3A & 4	DETAIL OF ENDOWMENT FUNDS THE ORGANIZATION'S BOARD DESIGNATED ENDOWMENTS ARE INTENDED TO C OVER ANNUAL INCREMENTAL OPERATING EXPENSES OF THE HEALTH SERVICES' CANCER PROGRAM, VALUE I NSTITUTE, AND INFANT MORTALITY THE ORGANIZATION'S PERMANENT ENDOWMENT CONSISTS OF APPROXI MATELY NINETEEN DONOR RESTRICTED ENDOWMENT FUNDS USED FOR A VARIETY OF PURPOSES, INCLUDING SALARY AND PROGRAM SUPPORT THE ORGANIZATION'S TEMPORARILY RESTRICTED ENDOWMENT REPRESENT S TEMPORARILY RESTRICTED NET ASSETS WHICH ARE RESTRICTED FOR INDIGENT CARE, BUILDING AND M AINTENANCE AND PROGRAM SUPPORT ----------

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018159

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990***

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

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

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

		(a) Event #1 CELEBRATE HOPE (event type)	(b) Event #2 NONE (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	101,646	0	0	101,646
	2 Less Contributions	75,271	0	0	75,271
	3 Gross income (line 1 minus line 2)	26,375	0	0	26,375
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	0	0	0
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				0
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				26,375

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018159

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)			22,771,338		22,771,338	1 500 %
b Medicaid (from Worksheet 3, column a)			257,348,078	231,060,992	26,287,086	1 730 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			280,119,416	231,060,992	49,058,424	3 230 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	58	68,767	11,794,542	4,038,774	7,755,768	0 510 %
f Health professions education (from Worksheet 5)	5	11	60,572,470	11,628,905	48,943,565	3 230 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	2		16,359,626	14,905,490	1,454,136	0 100 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4		878,173		878,173	0 060 %
j **Total.** Other Benefits	69	68,778	89,604,811	30,573,169	59,031,642	3 900 %
k **Total.** Add lines 7d and 7j	69	68,778	369,724,227	261,634,161	108,090,066	7 130 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1		192		192	
2 Economic development	1		200,665		200,665	0 010 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	2		44,448		44,448	
7 Community health improvement advocacy						
8 Workforce development	2		17,173		17,173	
9 Other						
10 Total	6		262,478		262,478	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	50,250,831		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	5,025,083		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	479,504,541		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	580,057,798		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-100,553,257		
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	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **2**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group A-CHRISTIANA AND WILMINGTON HOSPITALS

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) SEE PART V, SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A-CHRISTIANA AND WILMINGTON HOSPITALS

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

A-CHRISTIANA AND WILMINGTON HOSPITALS

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A-CHRISTIANA AND WILMINGTON HOSPITALS

Name of hospital facility or letter of facility reporting group

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☑ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C (DES OF ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CARE)	CHRISTIANA CARE HEALTH SERVICES, INC ("CHRISTIANA CARE"HEALTH SERVICES") HAS A SELF PAY DISCOUNT PERCENTAGE OF 15% THAT IS APPLIED TO ALL UNINSURED PATIENTS' ACCOUNTS, REGARDLESS OF THE PERSON'S ABILITY TO PAY THIS DISCOUNT PERCENTAGE IS COMPARABLE TO THAT WHICH IS EXTENDED TO OUR MANAGED CARE COMPANIES ---------- PART I, LINE 6A (COMMUNITY BENEFIT ANNUAL REPORT INFORMATION) CHRISTIANA CARE HEALTH SYSTEM (CCHS) DID PREPARE A COMMUNITY HEALTH NEEDS ASSESSMENT AND A COMMUNITY HEALTH IMPLEMENTATION PLAN DURING THE FY2016 TAX YEAR BOTH DOCUMENTS ARE AVAILABLE AT THE FOLLOWING LINK ON THE CCHS WEBSITE HTTPS //CHRISTIANACARE ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY-HEALTH-IMPLEMENTATION-PLAN/ ---------- PART I, LINE 7 (COSTING METHODOLOGY USED) THE COSTING METHODOLOGY USED IN CALCULATING THE AMOUNTS REPORTED ON THE LINE 7 TABLE ARE BASED ON A COST TO CHARGE RATIO THE COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 ----------

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION A, LINE 2 (BAD DEBT EXPENSE)	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON ACTUAL CHARGES WRITTEN OFF (AMOUNTS THAT ARE DEEMED TO BE UNCOLLECTIBLE) ---------- PART III, SECTION A, LINE 4 (BAD DEBT EXPENSE FOOTNOTE) THE TEXT OF THE ORGANIZATION'S BAD DEBT EXPENSE FOOTNOTE CAN BE FOUND ON PAGE 26 (FOOTNOTE #13) OF THE ELECTRONICALLY ATTACHED CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTIANA CARE HEALTH SERVICES, INC ----------

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8 (COSTING METHODOLOGY, MEDICARE SHORTFALL)	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 IS BASED ON A COST TO CHARGE RATIO CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF 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 ---------- PART III, SECTION B, LINE 9B (COLLECTION PRACTICES) 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 15% SELF PAY DISCOUNT IT ALSO REVEALS A PATIENT'S ABILITY TO ESTABLISH INTEREST-FREE MONTHLY PAYMENT ARRANGEMENTS FOR ANY OUTSTANDING BALANCE THAT IS NOT COVERED BY A THIRD PARTY PAYER AS PART OF THE SELF PAY DUNNING PROCESS, CHRISTIANA CARE MAKES UNINSURED PATIENTS AWARE OF THE FINANCIAL ASSISTANCE PROGRAM WITH THE RELEASE OF OUR FIRST STATEMENT ALL SUBSEQUENT STATEMENTS PROVIDE THE PATIENTS WITH AN OPPORTUNITY TO CALL OUR CUSTOMER SERVICES DEPARTMENT IF THEY ARE UNABLE TO MAKE PAYMENT IN FULL IF A PATIENT QUALIFIES FOR A CHARITABLE ADJUSTMENT, THEY ARE EXTENDED THE COURTESY OF AN AUTOMATIC ADJUSTMENT TO THEIR BILLS FOR THE NEXT YEAR PATIENTS WOULD NEED TO REAPPLY FOR CHARITABLE CONSIDERATION AFTER THE ONE YEAR HAS LAPSED ALL COLLECTION ACTIONS WOULD CEASE ONCE A PATIENT IS DEEMED ELIGIBLE FOR CHARITY OR ONCE A PATIENT ESTABLISHES AND MAINTAINS A MONTHLY PAYMENT ARRANGEMENT ----------

Form and Line Reference	Explanation
PART VI, LINE 2 (NEEDS ASSESSMENT)	CHRISTIANA CARE CONDUCTED ITS CHNA IN FISCAL YEAR 2016 IN ACCORDANCE WITH THE REQUIREMENTS OF THE AFFORDABLE CARE ACT AND SECTION 501(R) OF THE INTERNAL REVENUE CODE THE CHNA INFO RMED THE DEVELOPMENT OF CHRISTIANA CARES 2017-2019 COMMUNITY HEALTH IMPLEMENTATION PLAN (C HIP) BOTH THE CHNA AND THE CHIP ARE AVAILABLE ON CHRISTIANA CARES WEBSITE AT HTTPS //CHR ISTIANACARE ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY- HEALTH-NEEDS-ASSESSMENT/ CHRIS TIANA CARE CONTRACTED WITH COMMUNITY HEALTH ADVISORS, LLC (CHA) TO ASSIST WITH CONDUCTING THE RESEARCH, PRIMARY AND SECONDARY DATA COLLECTION, REVIEW AND ANALYSIS, TO DEVELOP THE C HNA CHRISTIANA CARE ALSO CONSIDERED SEVERAL SECONDARY DATA SOURCES, IDENTIFIED IN THE CHN A, TO ENSURE KEY DEMOGRAPHIC TRENDS AND DATA ON SOCIAL DETERMINANTS OF HEALTH FURTHER INFO RMED OUR FINDINGS CHRISTIANA CARES COMMITMENT TO COMMUNITY ENGAGEMENT IS REFLECTED IN THE CHNA THROUGH ITS COLLECTION AND REVIEW OF PRIMARY DATA CHRISTIANA CARE CONDUCTED INTERVI EWS WITH THIRTY-FOUR COMMUNITY STAKEHOLDERS AND LEADERS (THE LIST OF THESE INDIVIDUALS IS INCLUDED IN THE CHNA) IN ADDITION TO THOSE INTERVIEWS, CHRISTIANA CARE ALSO CONDUCTED A S URVEY OF FIFTY-FIVE COMMUNITY MEMBERS IN FEBRUARY 2016 AT THE NEW CASTLE COUNTY FARMERS MA RKET THE SURVEY ASKED FOR COMMUNITY MEMBER INPUT ON THE TOP FIVE "HEALTH ISSUES" FACING T HE COMMUNITY AND THE TOP FIVE "HEALTH-RELATED ISSUES" FACING THE COMMUNITY ONCE THE INITI AL DATA COLLECTION, SURVEYS, AND INTERVIEWS WERE COMPLETED, CHRISTIANA CARE ASKED KEY COMM UNITY STAKEHOLDERS AND MEMBERS OF THE CHRISTIANA CARE LEADERSHIP TEAM TO PRIORITIZE THE SI GNIFICANT HEALTH NEEDS BASED ON THE ISSUES IDENTIFIED IN THE COMMUNITY SURVEYS AS A RESUL T, THE FOLLOWING WERE IDENTIFIED IN THE CHNA AS "PRIORITIZED SIGNIFICANT HEALTH NEEDS" 1 PREVALENCE OF POVERTY AND OTHER FACTORS INCLUDING FOOD INSECURITY, HOUSING, AFFORDABILITY OF CARE, AND EMPLOYMENT/JOB SECURITY 2 MENTAL HEALTH AND SUBSTANCE USE DISORDER 3 VIOLE NCE AND PUBLIC SAFETY 4 WOMEN AND CHILDRENS HEALTH, ESPECIALLY, PRECONCEPTION HEALTH, PRE NATAL CARE, AND INFANT MORTALITY THE CHNA REVIEWED THE EXISTING CHRISTIANA CARE PROGRAMS A ND OTHER COMMUNITY RESOURCES THAT ADDRESSED THE FOUR AREAS OF PRIORITY HEALTH NEEDS, AND I T ALSO DISCUSSED THE ACTIONS CHRISTIANA CARE HAD UNDERTAKEN TO ADDRESS THE PREVIOUSLY REPO RTED PRIORITY HEALTH NEEDS WHICH INCLUDED NEW MODELS OF CARE AND ENHANCED MENTAL HEALTH SE RVICES THE CHRISTIANA CARE BOARD OF DIRECTORS APPROVED THE CHNA IN ITS MAY 2016 BOARD MEE TING THE CHNA AND THE IDENTIFIED AREAS OF PRIORITY HEALTH NEEDS INFORMED THE DEVELOPMENT OF CHRISTIANA CARES 2017-2019 CHIP THE FOLLOWING IS A BRIEF SUMMARY OF THE ACTION ITEMS O UTLINED IN THE CHIP, AND AVAILABLE AT HTTPS //CHRISTIANACARE ORG/ABOUT/WHOWEARE/COMMUNITY BENEFIT/COMMUNITY- HEALTH-IMPLEMENTATION-PLAN/ PREVALENCE OF POVERTY CHRISTIANA CARE WIL L CONTINUE TO SUPPORT COLLABORATION ACROSS SECTORS AND WITH OTHER HEALTH SYSTEMS TO ADDRES S THE SOCIAL DETERMINANTS OF HEALTH CHRISTIANA CARE WILL ALSO CONTINUE TO UTILIZE HEALTH GUIDES, HEALTH AMBASSADORS, AND COMMUNITY HEALTH WORKERS TO CONNECT WITH COMMUNITY MEMBERS AND PROVIDE THEM WITH INFORMATION ABOUT ACCESSING HEALTH AND SOCIAL SERVICES RESOURCES M ENTAL HEALTH AND SUBSTANCE USE DISORDER CHRISTIANA CARE WILL CONTINUE ITS ONGOING BEHAVIO RAL HEALTH AND PRIMARY CARE INTEGRATION EFFORTS AND CONTINUE TO SUPPORT IMPROVED ACCESS TO BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT AND PREVENTION SERVICES VIOLENCE AND PUBLIC SAFETY CHRISTIANA CARE WILL CONTINUE TO PARTNER WITH COMMUNITY ORGANIZATIONS A ND GOVERNMENT ENTITIES AT ALL LEVELS TO ADDRESS THE VIOLENCE AND PUBLIC SAFETY ISSUES FACI NG DELAWARE, WITH A PARTICULAR FOCUS ON THE EPIDEMIC OF GUN VIOLENCE IN THE CITY OF WILMIN GTON CHRISTIANA CARE WILL USE ITS OUTREACH PROGRAMS THAT INCORPORATE INNOVATIVE EDUCATION AL TOOLS TO WORK TO PREVENT VIOLENCE WOMENS AND CHILDRENS HEALTH CHRISTIANA CARE WILL IN CREASE PRECONCEPTION HEALTH AND PRE-NATAL CARE FOR PREGNANT WOMEN, ATTEMPT TO REDUCE THE U NINTENDED PREGNANCY AND PREMATURE BIRTH RATES, AND SEEK TO REDUCE INFANT MORTALITY ADDITI ONAL PROGRAM INFORMATION IS AVAILABLE IN THE CHNA AND CHIP, AS WELL AS IN PART V OF THIS S CHEDULE H CHRISTIANA CARE IS COMMITTED TO LISTENING TO THE COMMUNITY IT SERVES AND LEARNI NG ABOUT THE NEEDS OF COMMUNITY MEMBERS THE GREATER WILMINGTON COMMUNITY PARTNERSHIP AND THE COMMUNITY ENGAGEMENT ADVISORY COUNCIL, TWO GROUPS CHRISTIANA CARE FORMED TO HAVE DIREC T CONTACT WITH COMMUNITY LEADERS AND STAKEHOLDERS, ARE EXAMPLES OF THIS COMMITMENT CHRIST IANA CARE PARTICIPATION IN GROUPS LIKE THE DELAWARE HEALTHY MOTHER AND INFANT CONSORTIUM, DESCRIBED PREVIOUSLY IN PART V, AND HEALTHY NEIGHBORHOODS, A DELAWARE CENTER FOR HEALTH IN NOVATION INITIATIVE TO ADDRESS POPULATION HEALTH CHALLENGES, ARE OTHER EXAMPLES OF ITS COM MITMENT TO LEARNING ABOUT AND ADDRESSING THE HEALTH NEEDS OF ITS COMMUNITY IN PARTNERSHIP WITH STAKEHOLDERS THROUGHOUT THE STATE ----------

Form and Line Reference	Explanation
PART VI, LINE 2 (NEEDS ASSESSMENT)	----------

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 (COMMUNITY INFORMATION)	CHRISTIANA CARES PRIMARY SERVICE AREA IS IN NEW CASTLE COUNTY, DELAWARE THE MAJORITY OF CHRISTIANA CARES PATIENTS, APPROXIMATELY 80%, RESIDE IN NEW CASTLE COUNTY ACCORDING TO THE U S CENSUS AMERICAN COMMUNITY SURVEY, DELAWARE WAS ONE OF ONLY TWO STATES TO HAVE A RISE IN ITS POVERTY RATE BETWEEN 2016 AND 2017 WITH THE STATE POVERTY RATE RISING TO 13 6% THE POVERTY RATE IN NEW CASTLE COUNTY IS 11%, LOWER THAN THE STATE AND NATIONAL AVERAGE, BUT WITHIN NEW CASTLE COUNTY THERE IS GREAT VARIATION IN POVERTY LEVELS IN THE CITY OF WILMINGTON, 26% OF RESIDENTS ARE LIVING AT OR BELOW THE POVERTY LEVEL THE RACIAL/ETHNIC COMPOSITION OF NEW CASTLE COUNTY IS PREDOMINATELY WHITE/CAUCASIAN WITH 23 4% OF ITS SERVICE POPULATION AS AFRICAN-AMERICAN NON-HISPANIC, 9 7% AS HISPANIC, 5 1% ASIAN, AND 2 5% AS ALL OTHERS MORE DETAILED INFORMATION ON THE DEMOGRAPHICS OF CHRISTIANA CARES SERVICE AREA POPULATION CAN BE FOUND WITHIN ITS CHNA AT HTTPS //CHRISTIANACARE ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY- HEALTH-NEEDS-ASSESSMENT/ ----------

Form and Line Reference	Explanation
PART VI, LINE 5 (INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH)	CHRISTIANA CARES MISSION IS TO SERVE OUR NEIGHBORS AS RESPECTFUL, CARING, PARTNERS IN THEI R HEALTH WE DO THIS BY CREATING INNOVATIVE, AFFORDABLE, SYSTEMS OF CARE THAT OUR NEIGHBOR S VALUE WE ARE COMMITTED TO FULFILLING OUR MISSION OF SERVICE TO OUR NEIGHBORS, AND AS TH E LARGEST HEALTH CARE PROVIDER IN A STATE THAT HAS NO SAFETY NET OR PUBLIC HOSPITAL, WE SE RVE A SIGNIFICANT PORTION OF THE COMMUNITYS UNINSURED AND UNDERINSURED POPULATION ALONG WI TH A SUBSTANTIAL PORTION OF THE STATES MEDICAID POPULATION CHRISTIANA CARE IS KEENLY AWAR E OF THE IMPORTANCE OF THE COMMITMENT WE HAVE TO THE HEALTH OF OUR COMMUNITIES EACH YEAR, CHRISTIANA CARES WILMINGTON HOSPITAL HEALTH CENTER ATTRACTS APPROXIMATELY 67,500 PATIENT VISITS A SIGNIFICANT NUMBER WHEN YOU CONSIDER THE ENTIRE POPULATION OF NEW CASTLE COUNTY WHICH IS APPROXIMATELY 550,000 CHRISTIANA CARE ALSO PROVIDES SERVICES THAT DELAWAREANS CA NNOT FIND ELSEWHERE IN THE STATE CHRISTIANA CARES KIDNEY TRANSPLANT PROGRAM IS DELAWARES ONLY ADULT TRANSPLANT PROGRAM MORE THAN 300 PATIENTS HAVE BEEN TRANSPLANTED IN THE DECADE THE PROGRAM HAS BEEN IN OPERATION AND EVERY YEAR, MORE THAN 1,000 PATIENTS RELY ON THE KI DNEY TRANSPLANT TEAM FOR KIDNEY FAILURE CARE IN THIS REPORTING PERIOD, CHRISTIANA CARE AL SO OPENED DELAWARES FIRST EPILEPSY MONITORING UNIT (EMU) THE EMU IS PART OF A LARGER EFFO RT TO ESTABLISH AN EPILEPSY CENTER OF EXCELLENCE, UNDER THE GUIDELINES OF THE NATIONAL ASS OCIATION OF EPILEPSY CENTERS, SO ADULTS OF ANY AGE CAN RECEIVE THE HIGHEST QUALITY ROUTINE AND SPECIALTY CARE FOR SEIZURE DISORDERS PATIENT COMFORT AND SAFETY WAS A PARAMOUNT CONC ERN WHEN CREATING THIS EMU AND IT IS ONE OF THE FEW EMUS IN THE COUNTRY THAT USES A PATIEN T LIFT TO ALLOW PATIENTS TO MOVE SAFELY AROUND THEIR ROOM AND NOT FEAR FALLS CHRISTIANA C ARES CENTER FOR SPECIAL HEALTH CARE NEEDS, BASED IN THE WILMINGTON HOSPITAL, IS ALSO NEW T HIS REPORTING PERIOD, AND IS THE ONLY CENTER IN THE AREA DEDICATED TO CARING FOR ADULTS AG ED 18 AND OLDER WITH COMPLEX MEDICAL AND SOCIAL CONDITIONS WHICH ORIGINATED IN CHILDHOOD S UCH AS CYSTIC FIBROSIS, HEMOPHILIA, AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES THE C ENTER STRIVES TO HELP PATIENTS AND THEIR FAMILIES TRANSITION SEAMLESSLY BETWEEN PEDIATRIC AND ADULT CARE BY PROVIDING THEM WITH ACCESSIBLE AND CONVENIENT CARE AND BY CONNECTING THE M WITH RESOURCES IN THE COMMUNITY ENSURING THAT PATIENTS HAVE A POSITIVE TRANSITION FROM PEDIATRIC TO ADULT CARE IS IMPORTANT AS STUDIES HAVE SHOWN DECLINES IN HEALTH FOR CERTAIN DISEASES ONCE A PATIENT AGES OUT OF PEDIATRIC CARE SIGNIFICANT RESEARCH IS ALSO HAPPENING ON THE CHRISTIANA CARE CAMPUS LAST YEAR, WE REPORTED ON CHRISTIANA CARES GENE EDITING IN STITUTE, WHICH IS A PART OF THE HELEN F GRAHAM CANCER CENTER AND RESEARCH INSTITUTE, AND ITS DEVELOPMENT OF A POTENTIALLY BREAKTHROUGH CRISPR GENE-EDITING TOOL WHICH COULD ALLOW F OR A MORE TARGETED TREATMENT STRATEGY FOR INDIVIDUAL PATIENTS THIS YEAR, CHRISTIANA CARE SCIENTISTS IN THE HELEN F GRAHAM CANCER CENTER AND RESEARCH INSTITUTES CENTER FOR TRANSLA TIONAL CANCER RESEARCH DISCOVERED THAT THE OVEREXPRESSION OF HOXA4 AND HOXA9 GENES IN COLO N CANCER STEM CELLS PROMOTES CELL REPLICATION AND CONTRIBUTES TO THE OVERPOPULATION OF STE M CELLS THAT DRIVES THE DEVELOPMENT OF COLON CANCER FINDINGS SUGGEST TREATMENT WITH VITAM IN A DERIVATIVES, CALLED RETINOID DRUGS, COULD PROVIDE A THERAPEUTIC STRATEGY FOR DECREASI NG THE EXPRESSION OF HOX GENES AND TARGETING HIGHLY RESISTANT CANCER STEM CELLS CHRISTIAN A CARE IS ALSO PARTICIPATING IN THE ASPIRIN TRIAL, THE LARGEST EVER TRIAL LOOKING AT THE R OLE OF ASPIRIN IN PREVENTING PRETERM BIRTH, A LEADING FACTOR IN INFANT MORTALITY STUDIES HAVE SUGGESTED THAT LOW-DOSE ASPIRIN GIVEN EARLY IN PREGNANCY MAY LOWER THE RISK OF PRETER M BIRTH BY 20% OR MORE IF THIS STUDY SUPPORTS THAT, ASPIRIN COULD BE AN ACCESSIBLE LOW-CO ST TREATMENT FOR EXPECTANT WOMEN LIVING IN POVERTY THESE ARE JUST A FEW EXAMPLES OF THE R ESEARCH CHRISTIANA CARE IS UNDERTAKING TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES THAT WILL HAVE IMPLICATIONS FOR THE BROADER POPULATION CHRISTIANA CARES GOVERNING BODY, I TS BOARD OF DIRECTORS, IS COMPRISED OF PERSONS WHO RESIDE IN ITS PRIMARY SERVICE AREA, AND MOST OF THE BOARD MEMBERS ARE NOT EMPLOYEES, INDEPENDENT CONTRACTORS, OR FAMILY MEMBERS O F CHRISTIANA CARE CHRISTIANA CARE HAS ALSO ESTABLISHED THE COMMUNITY ENGAGEMENT ADVISORY COUNCIL TO SUPPORT OPEN DIALOGUE ON THE NEEDS OF THE COMMUNITY AS DESCRIBED IN THE CHNA A ND CHIP, CHRISTIANA CARE FINANCIALLY SUPPORTS IMPROVEMENTS IN ACCESS TO CARE, COMMUNITY OU TREACH, IMPROVING THE CARE AND OVERALL HEALTH OF OUR NEIGHBORS, AND CONTINUING TO SUPPORT MEDICAL EDUCATION AND RESEARCH ONE OF THE MOST SIGNIFICANT AND INNOVATIVE WAYS CHRISTIANA CARE IS SERVING ITS COMMUNITY IS THROUGH CARELINK CARE NOW, A PATIENT-CENTERED CARE COORD INATION SERVICE CHRISTIANA CARE PARTNERS WITH APPROXIMATELY 300 PRIMARY CARE PHYSICIANS T O CHANGE THE WAY CARE IS DELIVERED TO 104,000 MEDI

Form and Line Reference	Explanation
PART VI, LINE 5 (INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH)	CARE BENEFICIARIES AND HEALTH PLAN MEMBERS CARELINK CARE NOW STRIVES TO ACHIEVE BETTER QU ALITY AND CARE AT A LOWER COST TO THE PATIENT THROUGH HARNESSING AN INFORMATION TECHNOLOGY PLATFORM THAT INTEGRATES ALL AVAILABLE SOURCES OF A PERSONS HEALTH DATA ADMISSIONS AND EM ERGENCY DEPARTMENT VISIT INFORMATION, LAB RESULTS, PHARMACEUTICAL USE DATA AND PHYSICIAN V ISITS INTO CARE COORDINATION SOFTWARE THAT SUPPORTS AN INTERDISCIPLINARY TEAM IN PROVIDING COORDINATED CARE SERVICES TO PROVIDERS AND THEIR PATIENTS CARELINK CARE NOW IS ABLE TO I DENTIFY THE HIGHEST RISK POPULATIONS THROUGH ITS PREDICTIVE ANALYTIC CAPABILITIES AND REAC H OUT TO INDIVIDUALS IN REAL TIME TO ENSURE THEY GET THE HEALTH SERVICES THEY NEED CHRIST IANA CARE IS ALSO A FOUNDING PARTNER IN EBRIGHTHEALTH ACO, AN ACCOUNTABLE CARE ORGANIZATIO N THAT SERVES 50,000 REGIONAL MEDICARE BENEFICIARIES FROM DELAWARE, PENNSYLVANIA, AND MARY LAND CARELINK CARE NOW IS ALSO PART OF THIS INITIATIVE IN ITS FIRST TWO YEARS OF OPERATI ON, EBRIGHTHEALTH ACO HAS IMPROVED QUALITY OF CARE AND ACHIEVED COST SAVINGS OF NEARLY $2 MILLION EVERY DAY, CHRISTIANA CARE REACHES OUT TO ITS NEIGHBORS IN THEIR COMMUNITIES THRO UGH OUR HEALTH GUIDES, WHO PROVIDE LINKS TO QUALITY AFFORDABLE HEALTHCARE TO UNINSURED PAT IENTS, OUR HEALTH AMBASSADORS WHO CONNECT WITH WOMEN IN COMMUNITIES WHERE THERE IS A HIGH RISK FOR INFANT MORTALITY TO ENSURE THEY RECEIVE CARE AND ACCESS TO RESOURCES, OUR PEER EN GAGEMENT SPECIALISTS WHO SEEK A REACHABLE MOMENT WITH THOSE RECOVERING FROM AN OVERDOSE WI THIN THE HOSPITAL TO ENCOURAGE THEM TO TAKE THE FIRST STEPS TOWARDS CONFRONTING THEIR SUBS TANCE USE DISORDER, OUR VIOLENCE PREVENTION COORDINATOR, WHO TALKS WITH TEENS ABOUT THE RE AL IMPACT OF VIOLENCE ON THEM AND THEIR FAMILIES, AND OUR COMMUNITY EDUCATORS WHO ENCOURAG E ADOLESCENTS TO MAKE RESPONSIBLE AND SAFE CHOICES WHEN IT COMES TO THEIR SEXUAL HEALTH T HESE ARE BUT A FEW EXAMPLES OF HOW CHRISTIANA SERVES ITS NEIGHBORS OTHER EXAMPLES OF THE INNOVATIVE WAYS IN WHICH CHRISTIANA CARE WORKS TO IMPROVE THE HEALTH AND QUALITY OF LIFE I N THE COMMUNITY ARE DESCRIBED IN MORE DETAIL IN THE CHNA AND CHIP, AS WELL AS IN SECTIONS B AND C OF THIS NARRATIVE CHRISTIANA CARE ALSO WORKS TO IMPROVE THE HEALTH OF ITS COMMUNI TIES BY DIRECTLY ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH THROUGH THE CHARLES J HARRI NGTON FUND WHICH WAS MADE POSSIBLE THROUGH A $13 MILLION BEQUEST TO ADVANCE SCHOLARSHIP AN D SUPPORT INNOVATIVE PROJECTS THAT HELP REDUCE HEALTH CARE DISPARITIES FOR THE UNDERSERVED AND DISADVANTAGED POPULATIONS THROUGHOUT OUR SERVICE AREA ONE COMPONENT OF THE FUND, KNO WN AS THE HARRINGTON VALUE INSTITUTE COMMUNITY PARTNERSHIP FUND (HARRINGTON FUND), SUPPORT S NEW OR EXISTING INNOVATIVE COMMUNITY PROGRAMS THAT TARGET ONE OR MORE SOCIAL DETERMINANT S OF HEALTH AND INCLUDE BOTH A COMMUNITY FOCUS AND A CLINICAL OUTCOME IN JUNE 2017, CHRIS TIANA CARE ANNOUNCED HARRINGTON FUND AWARDS TO FOUR PROJECTS THESE PROJECTS WERE 1 READ ING INTERVENTION READING CORPS PROGRAM A CONTINUING PROJECT, THE WILMINGTON BASED READING ASSIST INSTITUTE PROVIDES EARLY INTERVENTION FOR FIRST THROUGH THIRD GRADE STUDENTS IN LO W-INCOME AND LOW-PERFORMING PUBLIC ELEMENTARY SCHOOLS WHO SUFFER FROM LANGUAGE-BASED LEARN ING DISABILITIES, AND WHO ARE READING AT OR BELOW THE 25TH PERCENTILE WE KNOW THAT NOT BE ING ABLE TO READ WILL HAVE A SIGNIFICANTLY NEGATIVE IMPACT ON AN INDIVIDUALS LIFE AND HEAL TH NOT BEING ABLE TO READ A PRESCRIPTION OR CARE INSTRUCTIONS AFTER SURGERY WILL HAVE AN OBVIOUS IMPACT ON HEALTH, BUT ILLITERACY IS ALSO LIKELY TO HINDER A PERSONS EMPLOYABILITY CAN ALSO HAVE A NEGATIVE IMPACT ON HEALTH 2 HEALTHY LATINA FAMILIES IMPROVING ACCESS AN D CARE A CONTINUING PROJECT, LAUNCHED IN 2012, THE PROMOTORAS FOR HEALTHY FAMILY PROGRAM STRATEGICALLY EMBEDS SPECIALLY TRAINED HISPANIC, SPANISH-SPEAKING HEALTH ADVOCATES AND RES OURCES KNOWN AS PROMOTORAS THROUGHOUT LATINA COMMUNITIES TO PROVIDE HEALTH OUTREACH AND ED UCATION, ELIMINATE BARRIERS TO CARE, AND

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 (AFFILIATED HEALTHCARE SYSTEM INFORMATION)	CHRISTIANA CARE IS A MAJOR TEACHING HEALTH SYSTEM WITH A 1,514 MEMBER MEDICAL-DENTAL STAFF AND MORE THAN 260 MEDICAL-DENTAL RESIDENTS AND FELLOWS MAJOR FACILITIES INCLUDE - CHRISTIANA HOSPITAL-STANTON CAMPUS LOCATED IN NEWARK, DELAWARE, THIS CAMPUS IS HOME TO THE 906 LICENSED BED CHRISTIANA HOSPITAL, THE CHRISTIANA CARE CENTER FOR HEART & VASCULAR HEALTH, THE HELEN F GRAHAM CANCER CENTER & RESEARCH INSTITUTE, THE CHRISTIANA CARE BREAST CENTER, THE CHRISTIANA SURGICENTER, AND THE JOHN H AMMON MEDICAL EDUCATION CENTER CHRISTIANA HOSPITAL IS ALSO THE STATES ONLY HIGH RISK DELIVERY HOSPITAL FEATURING A LEVEL III NEONATAL INTENSIVE CARE UNIT CHRISTIANA HOSPITAL IS ALSO A LEVEL I TRAUMA CENTER - WILMINGTON HOSPITAL CAMPUS LOCATED IN THE HEART OF THE CITY OF WILMINGTON, THIS CAMPUS IS THE CORPORATE HEADQUARTERS FOR THE HEALTH SYSTEM AND INCLUDES THE 321 LICENSED BED WILMINGTON HOSPITAL, THE ROCCO A ABESSINIO FAMILY WILMINGTON HOSPITAL HEALTH CENTER, THE CENTER FOR REHABILITATION, THE CENTER FOR ADVANCED JOINT REPLACEMENT, THE WILMINGTON ANNEX, THE SWANK MEMORY CENTER, THE FIRST STATE SCHOOL, AND THE ROXANA CANNON ARSHT SURGICENTER WILMINGTON HOSPITAL IS A LEVEL III TRAUMA CENTER - MIDDLETOWN EMERGENCY DEPARTMENT CHRISTIANA CARE FACILITIES ALSO INCLUDE AN EMERGENCY DEPARTMENT FACILITY IN MIDDLETOWN, DELAWARE, THAT SERVES THE MIDDLETOWN, ODESSA AND TOWNSEND, DELAWARE POPULATIONS ON A 24-7 BASIS THE FACILITY CONTAINS 18 TREATMENT ROOMS, AND IS AVAILABLE TO SERVE MANY OF THE FREQUENT EMERGENCY CARE NEEDS OF THE LOCAL COMMUNITY ----------

990 Schedule H, Supplemental Information

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

Additional Data

Software ID:

Software Version:

EIN: 51-0103684

Name: CHRISTIANA CARE HEALTH SERVICES INC

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

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

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

Form and Line Reference	Explanation
PART V, SECTION B LINE 5 (INPUT FROM COMMUNITY)	CHRISTIANA CARE HEALTH SYSTEM (CHRISTIANA CARE) CONDUCTED ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN FISCAL 2016 TO IMPROVE ITS UNDERSTANDING OF THE NEEDS OF RESID ENTS IN ITS SERVICE AREA IN ORDER TO BETTER SERVE THEM TO COMPLETE THE CHNA, CHRISTIANA C ARE CONTRACTED WITH COMMUNITY HEALTH ADVISORS, LLC (CHA) CHA CONDUCTED RESEARCH, INTERVIE WS, AND A COMMUNITY HEALTH SURVEY TO OBTAIN AND ANALYZE PRIMARY AND SECONDARY DATA AS WAS DETAILED IN THE CHRISTIANA CARE CHNA, PRIMARY DATA COLLECTION EFFORTS INCLUDED INTERVIEWS WITH KEY STAKEHOLDERS AND COMMUNITY LEADERS, ALONG WITH A BRIEF COMMUNITY HEALTH SURVEY C OMPLETED BY AREA RESIDENTS THIRTY-FOUR STAKEHOLDERS AND COMMUNITY LEADERS WERE INTERVIEWE D SOME OF THOSE INTERVIEWED, SUCH AS DR KARYL RATTAY, DIRECTOR OF THE DELAWARE DIVISION OF PUBLIC HEALTH, HAD EXPERTISE IN PUBLIC HEALTH, WHILE OTHERS, LIKE MARIA MATOS, PRESIDEN T AND CEO OF THE LATIN AMERICAN COMMUNITY CENTER, HAD SPECIAL KNOWLEDGE ABOUT THE COMMUNIT IES WE SERVE THE STAKEHOLDERS AND COMMUNITY LEADERS INTERVIEWED SERVE A DIVERSE CROSS-SEC TION OF THE COMMUNITY AND HAVE BROAD UNDERSTANDINGS OF THE DIFFERENT FACTORS THAT PLAY INT O COMMUNITY HEALTH NEEDS THIS DIVERSITY OF KNOWLEDGE WAS IMPORTANT TO CHRISTIANA CARE AS IT SOUGHT TO ENSURE THE CHNA WOULD BE TRULY REPRESENTATIVE OF THE COMMUNITY IT SERVES THE STAKEHOLDERS INTERVIEWED WERE THE FOLLOWING 1 LINDA BRITTINGHAM, CHRISTIANA CARE DIRECT OR OF SOCIAL WORK 2 KATHY CANNATELLI, EUGENE DU PONT PREVENTATIVE MEDICINE & REHABILITATI ON INSTITUTE & CENTER FOR COMMUNITY HEALTH 3 PAUL CALISTRO, WEST END NEIGHBORHOOD HOUSE 4 DR CHRIS CANNON, ARSHT CANNON FOUNDATION 5 REVEREND TAMIKA COBB, BEAUTIFUL GATES OUTRE ACH CENTER 6 VICKY COOKE, DELAWARE BREAST COALITION 7 CHIEF BOBBY CUMMINGS, CITY OF WILM INGTON POLICE 8 PASTOR GERDTS, FIRST AND CENTRAL PRESBYTERIAN CHURCH IN WILMINGTON 9 SUS AN GETMAN, WILMINGTON SENIOR CENTER 10 ALLISON GILL, AMERICAN CANCER SOCIETY 11 JIM GRAN T, DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES 12 RICH HEFFRON, DELAWARE STATE CHAM BER OF COMMERCE 13 JUDITH HERRMAN, UNIVERSITY OF DELAWARE SCHOOL OF NURSING 14 JOE HICKE Y, ST PATRICKS CENTER 15 PASTOR ANDY JACOB, HANOVER PRESBYTERIAN CHURCH 16 LYNN JONES, C HRISTIANA CARE VISITING NURSE ASSOCIATION 17 TYRONE JONES, UNITED WAY OF DELAWARE 18 NOR A KATURAKES, CHRISTIANA CARE CANCER OUTREACH AND EDUCATION 19 OMAR KHAN, M D , EUGENE DUP ONT PREVENTIVE MEDICINE & REHABILITATION INSTITUTE, AND CENTER FOR COMMUNITY HEALTH 20 JI M LAFFERTY, MENTAL HEALTH SOCIETY 21 SECRETARY RITA LANDGRAF, DELAWARE DEPARTMENT OF HEAL TH AND SOCIAL SERVICES 22 REVEREND TOM LAYMAN, SUNDAY BREAKFAST MISSION 23 LOLITA LOPEZ, WESTSIDE FAMILY HEALTH 24 MARIA MATOS, LATIN AMERICAN COMMUNITY CENTER 25 DR KARYL RAT TAY, DIRECTOR OF THE DELAWARE DIVISION OF PUBLIC HEALTH 26 JILL ROGERS, DELAWARE DIVISION OF DEVELOPMENTAL DISABILITIES 27 COLONEL ELMER SETTING, NEW CASTLE POLICE 28 HANIFA SHA BAZZ, WILMINGTON CITY COUNCILW

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

Form and Line Reference	Explanation
PART V, SECTION B LINE 5 (INPUT FROM COMMUNITY)	OMAN 29 EILEEN SPARLING, UD CENTER FOR DISABILITIES STUDIES 30 MICHELLE TAYLOR, UNITED W AY OF DELAWARE 31 LAVAIDA WHITE, RETIRED PUBLIC HEALTH NURSE AND ACTIVE COMMUNITY RESIDEN T 32 EMILY VERA, MENTAL HEALTH SOCIETY 33 TWO MEMBERS OF THE CHRISTIANA CARE PATIENT ADV ISORY COMMITTEES THE KEY STAKEHOLDERS SHARED SIGNIFICANT INFORMATION ABOUT OUR COMMUNITIES AND THE CHALLENGES THEY FACE, BUT CHRISTIANA CARE THOUGHT IT WAS NECESSARY TO ALSO GET CO MMUNITY MEMBERS DIRECT INPUT ON THE TOP HEALTH AND HEALTH-RELATED ISSUES IN THEIR COMMUNIT IES TO ENSURE COMMUNITY MEMBERS ALSO HAD A VOICE IN THE CHNA A BRIEF COMMUNITY HEALTH SUR VEY WAS CREATED TO RETAIN COMMUNITY MEMBER INPUT, AND FIFTY-FIVE INDIVIDUALS VISITING THE NEW CASTLE FARMERS MARKET COMPLETED THIS SURVEY IDENTIFYING THE TOP HEALTH ISSUES IN THE C OMMUNITY SUCH AS DIABETES AND THE TOP HEALTH-RELATED ISSUES IN THE COMMUNITY SUCH AS AFFOR DABLE CARE ALTHOUGH THE 2016 CHNA AND CHIP WERE COMPLETED, CHRISTIANA CARE CONTINUES TO P RIORITIZE COMMUNICATION WITH COMMUNITY MEMBERS AND STAKEHOLDERS TO ENSURE COMMUNITIES NEED S ARE KNOWN AND ADDRESSED THE GREATER WILMINGTON COMMUNITY PARTNERSHIP IS AN EXAMPLE OF O UR COMMITMENT TO COMMUNITY COLLABORATION THIS PARTNERSHIP CAME TOGETHER IN 2012 WHEN CHRI STIANA CARE AND REPRESENTATIVES FROM DIFFERENT SHELTERS MET TO DISCUSS INDIVIDUALS WHO WER E GOING TO THE WILMINGTON EMERGENCY DEPARTMENT FOR NON-MEDICAL NEEDS, WHEN A SHELTER MAY H AVE SERVED THEM BETTER IT WAS RECOGNIZED THAT THE SHELTERS ALL KEPT THE SAME HOURS, WHILE THE EMERGENCY DEPARTMENT, OPEN SEVEN DAYS A WEEK FOR TWENTY-FOUR HOURS A DAY, WAS ALWAYS ABLE TO PROVIDE SHELTER AS A RESULT, THE SHELTERS WORKED ON EXPANDING THEIR HOURS IN COOR DINATION WITH EACH OTHER SO THE EMERGENCY DEPARTMENT WOULD NOT BE THE ONLY OPTION FOR INDI VIDUALS WHO NEEDED SHELTER MORE THAN SIXTY ORGANIZATIONS INCLUDING SHELTERS, FOOD AND CLO THING BANKS, FAITH-BASED AGENCIES, AND CITY AND STATE SERVICE AGENCIES ARE NOW REPRESENTED IN THE PARTNERSHIP CHRISTIANA CARE HOSTS THESE MONTHLY MEETINGS IN ITS WILMINGTON HOSPIT AL, AND THE MEETINGS SERVE TO KEEP CHRISTIANA CARE AND ITS COMMUNITY PARTNERS AWARE OF WHA T IS HAPPENING IN COMMUNITIES AND ENABLES THE SUCCESSFUL COMMUNITY COLLABORATION THAT LED TO ITS DEVELOPMENT TO CONTINUE CHRISTIANA CARE ALSO CREATED THE COMMUNITY ENGAGEMENT ADVI SORY COUNCIL WHICH SEEKS TO ASSIST CHRISTIANA CARE IN IMPROVING THE HEALTH OF COMMUNITY ME MBERS AND COMMUNITIES BY ADVISING CHRISTIANA CARE, SHARING INSIGHTS ON COMMUNITY NEEDS, ID ENTIFYING COMMUNITY RESOURCES TO LEVERAGE THAT WILL STRENGTHEN CHRISTIANA CARES WORK WITHI N COMMUNITIES, AND SERVING AS AN OPEN CHANNEL OF COMMUNICATION BETWEEN CHRISTIANA CARE AND THE COMMUNITY THE COMMUNITY ENGAGEMENT ADVISORY COUNCIL SUPPORTS CHRISTIANA CARE AS IT S EEKS TRANSFORMATIVE RELATIONSHIPS WITH COMMUNITIES THAT WILL ALLOW BOTH THE COMMUNITY AND CHRISTIANA CARE TO BENEFIT FROM WORKING TOGETHER TOWARDS MUTUAL GOALS THE COMMUNITY ENGAG EMENT ADVISORY COUNCIL INCLUDE

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

Form and Line Reference	Explanation
PART V, SECTION B LINE 5 (INPUT FROM COMMUNITY)	S APPROXIMATELY TWENTY INDIVIDUALS FROM DIFFERENT COMMUNITY AGENCIES SUCH AS THE CENTRAL B APTIST COMMUNITY DEVELOPMENT CORPORATION AND URBAN PROMISE WILMINGTON CHRISTIANA CARE ALS O CONTINUES TO LEARN FROM ITS COMMUNITY MEMBERS BY ROUTINELY PARTICIPATING IN HEALTH FAIRS AND COMMUNITY EVENTS AND INITIATIVES CHRISTIANA CARE ALSO MONITORS NATIONAL DATA AND TRE NDS IN HEALTHCARE TO PREPARE FOR ISSUES THAT MAY HAVE AN IMPACT IN DELAWARE, AND TO DETERM INE IF THERE ARE PROGRAMS IN OTHER STATES OR COMMUNITIES THAT WOULD BE HELPFUL WITHIN THE COMMUNITIES WE SERVE AN EXAMPLE OF CHRISTIANA CARE LISTENING TO ITS COMMUNITIES AND ADOPT ING A NATIONAL PROGRAM WOULD BE ITS SUPPORT OF THE PLAY STREETS WILMINGTON INITIATIVE THE DELAWARE CENTER FOR HEALTH INNOVATIONS HEALTHY NEIGHBORHOODS CHRONIC DISEASE/HEALTHY LIFE STYLES TASKFORCE RECOMMENDED BRINGING PLAY STREETS TO WILMINGTON NEIGHBORHOODS TO INCREASE COMMUNITY COHESION AND PROVIDE A SAFE SPACE FOR HEALTHY RECREATION FOR FAMILIES PLAY STR EETS HAS BEEN ADOPTED BY COMMUNITIES ACROSS THE COUNTRY, AND CHRISTIANA CARE IS A MAJOR SP ONSOR AND ORGANIZING PARTNER OF PLAY STREETS WILMINGTON WHICH SERVED EIGHT NEIGHBORHOODS T HROUGHOUT THE SUMMER OF 2018 AND WILL BEGIN AGAIN IN JUNE 2019 ---------- PART V, SECTION B, LINE 6 (JOINT CHNA) CHRISTIANA CARES TWO HOSPITAL FACILITIES, CHRISTIANA AND WILMINGTON HOSPITALS, JOINTLY CONDUCTED THEIR CHNA ---------- PART V, SECTION B, LINE 7-10 (CHNA & IMPLEMENTATION PLAN PUBLIC AVAILABILITY) CHRISTIANA CARES CHNA IS AVA ILABLE ON ITS WEBSITE AT HTTPS //CHRISTIANACARE ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMU NITY- HEALTH-NEEDS-ASSESSMENT/ CHRISTIANA CARES CHNA IS ALSO AVAILABLE TO THE PUBLIC UPON REQUEST CHRISTIANA CARE'S COMMUNITY HEALTH IMPLEMENTATION PLAN ("CHIP") WAS ADOPTED ON O R BEFORE THE 15TH DAY OF THE 5TH MONTH AFTER JUNE 30, 2016, AS ALLOWED UNDER THE IRS SECTI ON 501(R) REGULATIONS THE TAX YEAR THE HOSPITAL FACILITY LAST ADOPTED AN IMPLEMENTATION S TRATEGY WAS 2015 CHRISTIANA CARES CHIP IS AVAILABLE ON ITS WEBSITE AT HTTPS //CHRISTIANA CARE ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY- HEALTH-IMPLEMENTATION-PLAN/ A PAPER C OPY OF THE CHIP IS ALSO AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST ---------- ---

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA)	CHRISTIANA CARE CONTINUES TO ADDRESS THE FOUR AREAS OF NEED IDENTIFIED IN THE 2016 CHNA P OVERTY, MENTAL HEALTH AND SUBSTANCE USE DISORDER, VIOLENCE AND PUBLIC SAFETY, AND WOMEN AN D CHILDRENS HEALTH THERE WAS ALSO SIGNIFICANT NEED IDENTIFIED IN THE CHNA IN THE AREAS OF TRANSPORTATION, HOUSING, AND EMPLOYMENT WHICH ARE SOCIAL DETERMINANTS OF HEALTH THAT CHRI STIANA CARE WAS NOT YET ABLE TO ADDRESS THROUGH ITS OWN INITIATIVES GIVEN A LACK OF EXPERT ISE AND INFRASTRUCTURE GENERALLY, ADDRESSING SOCIAL DETERMINANTS OF HEALTH IS NOT THE TRA DITIONAL WORK OF HOSPITALS, BUT CHRISTIANA CARE HAS SOUGHT TO ADDRESS THESE AREAS OF NEED THROUGH COMMUNITY PARTNERSHIPS CHRISTIANA CARE IS A PARTNER WITH DELAWARE PATHWAYS, A STA TE-WIDE INITIATIVE LED BY THE DEPARTMENTS OF LABOR AND EDUCATION WHICH SEEKS TO ENGAGE YOU TH IN CAREER EXPLORATION AND TRAINING THROUGH INDUSTRY-BASED CAREER PATHWAYS, AND WITH JOB S FOR DELAWARE GRADUATES WHICH IS ANOTHER STATE-WIDE INITIATIVE AND NATIONALLY REPLICATED MODEL THAT WORKS TO SIMULTANEOUSLY ADDRESS DELAWARES UNEMPLOYMENT AND DROPOUT RATES NOT O NLY ARE THESE PARTNERSHIPS IMPORTANT BECAUSE COMMUNITY MEMBERS HAVE IDENTIFIED EMPLOYMENT AS AN AREA OF NEED, BUT ALSO BECAUSE AS THE LARGEST EMPLOYER IN THE STATE OF DELAWARE, CHR ISTIANA CARE BELIEVES IT HAS A RESPONSIBILITY TO ACT AS A LEADER AND DEMONSTRATE THE NECES SITY OF TAKING A ROLE IN IMPROVING COMMUNITIES ANOTHER EXAMPLE OF THE WAY IN WHICH CHRIST IANA CARE SEEKS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH IS THROUGH ITS PARTNERSHIP WITH T HE COMMUNITY LEGAL AID SOCIETY, INC (CLASI) CHRISTIANA CARE AND CLASI CREATED THE MEDICA L LEGAL PARTNERSHIP TO INTEGRATE LAWYERS INTO HEALTH CARE TEAMS TO HELP ADDRESS LEGAL MATT ERS OR NEEDS THAT HAVE AN IMPACT ON CLIENTS HEALTH OR ARE CREATED OR AGGRAVATED BY THE CLI ENTS HEALTH ISSUES CLASI PROVIDES FREE, CIVIL LEGAL SERVICES TO THOSE INDIVIDUALS WHO MEE T CERTAIN ELIGIBILITY CRITERIA AND WHO NEED AN ADVOCATE WHEN FACING ISSUES LIKE THE TERMIN ATION OF PUBLIC BENEFITS SUCH AS MEDICAID OR SOCIAL SECURITY, EVICTIONS, UTILITY SHUT-OFFS , AND OBTAINING REASONABLE ACCOMMODATIONS FROM EMPLOYERS THE FOLLOWING ARE BRIEF HIGHLIGH TS OF SOME KEY PROGRAMS AND INITIATIVES THAT CHRISTIANA CARE HAS UNDERTAKEN TO ADDRESS THE AREAS OF NEED IDENTIFIED IN THE CHNA PLEASE SEE THE CHRISTIANA CARE CHIP AT HTTPS //CHRI STIANACARE ORG/ABOUT/WHOWEARE/COMMUNITYBENEFIT/COMMUNITY- HEALTH-IMPLEMENTATION-PLAN/ FOR A COMPLETE DESCRIPTION OF HOW CHRISTIANA CARE IS ADDRESSING THE IDENTIFIED AREAS OF NEED 1 PREVALENCE OF POVERTY CHRISTIANA CARES INITIATIVES IN THIS AREA OF NEED SEEK TO ADDRESS THE FOLLOWING POVERTY AND SOCIAL DETERMINANTS OF HEALTH, FOOD INSECURITY, AFFORDABILITY OF CARE, AND HOUSING, EMPLOYMENT, AND JOB SECURITY PROGRAMS AND INITIATIVES INCLUDE THE F OLLOWING CAMP FRESH (FRESH RESOURCES EVERYONE SHOULD HAVE) CAMP FRESH SERVES YOUTH WHO A TTEND A NUMBER OF HIGH SCHOOLS ACROSS NEW CASTLE COUNTY THE MAJORITY OF THE TEENS IN THE PROGRAM ARE LIVING IN FEDERALL

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA)	Y RECOGNIZED HIGH-RISK ZIP CODES, INCLUDING 19801, 19802, 19805 AND 19720 THE CAMP, WHICH WAS CREATED IN JUNE OF 2007, IS A YEAR-ROUND HEALTH EDUCATION AND ADVOCACY PROGRAM, AND I T PROVIDES A VARIETY OF WELLNESS AND LEARNING-DRIVEN OPPORTUNITIES FOR YOUNG PEOPLE WHO AR E ENROLLED IN MEDICAID CAMP FRESH PROMOTES IMPROVED NUTRITION AND MENTAL HEALTH, INCREASE D PHYSICAL ACTIVITY, AWARENESS OF SEXUAL HEALTH RISKS AND IDENTIFYING OPPORTUNITIES FOR PE RSONAL, ACADEMIC AND PROFESSIONAL GROWTH CAMP FRESH ALSO HOLDS EVENTS SUCH AS PARENT RESO URCE NIGHT, STRESS MANAGEMENT, AND THE CAMP FRESH FINALE DURING THIS REPORTING YEAR, MORE THAN 450 PEOPLE ATTENDED THESE EVENTS AND 42 TEENS, ALL ENROLLED IN MEDICAID, PARTICIPATE D IN THE SUMMER CAMP PRODUCE RX PROGRAM IN THE SUMMER OF 2017, CHRISTIANA CARE PARTNERED WITH WESTSIDE FAMILY HEALTHCARE AND URBAN ACRES PRODUCE, A COMMUNITY-OWNED FARM STAND, TO ESTABLISH THE FRESH PRODUCE PRESCRIPTION PILOT PROGRAM THIS PILOT PROGRAM PROVIDED WEEKL Y FARMERS MARKETS AT TWO WESTSIDE FAMILY HEALTHCARE LOCATIONS IN WILMINGTON DURING THE SUM MER, AND SOUGHT TO ADDRESS FOOD INSECURITY AMONG A COHORT OF WESTSIDE FAMILY HEALTHCARE PA TIENTS WHO WERE PRE-DIABETIC OR PRENATAL WOMEN LIVING WITHIN THE 19801, 19802 AND 19805 ZI P CODES THIS INITIATIVE ENDED IN OCTOBER 2017, AND CHRISTIANA CARE EXPANDED UPON THOSE EF FORTS IN CONTINUED PARTNERSHIP WITH URBAN ACRES PRODUCE THE FOLLOWING SPRING AND SUMMER W ITH CHRISTIANA CARE SUPPORT, URBAN ACRES PRODUCE WAS ABLE TO OPERATE FARM STANDS IN SIX LO CATIONS THROUGHOUT THE CITY OF WILMINGTON INCLUDING A STAND AT THE WILMINGTON HOSPITAL AND CONTINUING THE TWO STANDS AT WESTSIDE FAMILY HEALTHCARE LOCATIONS THAT WERE ESTABLISHED I N THE PRIOR PILOT THE STANDS WERE IN OPERATION FROM MAY 1ST TO SEPTEMBER 30TH, 2018 ANYO NE WAS WELCOME TO PURCHASE AFFORDABLE PRODUCE FROM THE STANDS, BUT PREGNANT AND POST-PARTU M WOMEN WHO LIVED IN HIGH RISK ZIP CODES AND WERE ENROLLED IN HEALTHY BEGINNINGS, A CHRIST IANA CARE PROGRAM DESIGNED TO REDUCE INFANT MORTALITY, WERE ELIGIBLE TO RECEIVE "PRESCRIPT IONSVOUCHERS FROM THE HEALTHY BEGINNINGS STAFF FOR USE ANY OF THE PRODUCE STANDS 173 PATI ENTS WERE ENROLLED IN THIS PROGRAM AT EACH PRODUCE STAND, A CHRISTIANA CARE COMMUNITY HEA LTH WORKER OR HEALTH GUIDE PROVIDED HELPFUL INFORMATION ABOUT ACCESSING HEALTHCARE, AND A DIETICIAN WAS ALSO PRESENT WITH SAMPLES OF HEALTHY FOODS AND RECIPES TO SHARE WHICH IS IMP ORTANT BECAUSE MAKING PRODUCE ACCESSIBLE IS ONLY HELPFUL IF INDIVIDUALS KNOW HOW TO PREPAR E IT IN WAYS THEY WANT TO EAT CHRISTIANA CARE HAS BEEN INTERVIEWING PARTICIPANTS AND ANAL YZING EVALUATION RESPONSES TO DETERMINE HOW THE PROGRAM CAN BE IMPROVED WHEN IT BEGINS AGA IN IN THE SPRING OF 2019 TO ENSURE THOSE PROVIDED A PRESCRIPTION TAKE FULL ADVANTAGE OF IT S OFFERINGS AND THAT A POSITIVE IMPACT ON HEALTH OCCURS CHRISTIANA CARE LOOKS FORWARD TO CONTINUING THIS INITIATIVE WITH URBAN ACRES PRODUCE BECAUSE THIS PARTNERSHIP COMBINES A CL INICAL AND COMMUNITY BASED APP

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA)	ROACH TO HEALTH, AND BECAUSE IT ALSO SUPPORTS COMMUNITY ECONOMIC DEVELOPMENT URBAN ACRES PRODUCE IS A WILMINGTON BASED FARM STAND WHICH NOT ONLY SEEKS TO PROVIDE ITS COMMUNITY WIT H ACCESS TO AFFORDABLE FRESH PRODUCE, BUT ALSO HIGH LEVEL JOBS AND THE ESTABLISHMENT OF A LOCAL-FOCUSED DISTRIBUTION NETWORK DELAWARE MEDICAL LEGAL PARTNERSHIP SINCE 2015 CHRISTI ANA CARE HAS PARTNERED WITH DELAWARE'S COMMUNITY LEGAL AID SOCEITY, INC ("CLASI") TO PROV IDE FREE, CIVIL LEGAL SERVICES TO LOW-INCOME PATIENTS, ADULTS AND CHILDREN, WHO ARE FACING LEGAL MATTERS OR NEEDS THAT MAY NEGATIVELY IMPACT THEIR HEALTH OR LEGAL MATTERS OR NEEDS WHICH MAY HAVE BEEN CREATED OR AGGRAVATED BY A PERSONS HEALTH ISSUES SOME OF THE MATTERS ADDRESSED THROUGH THIS PROGRAM ARE SAFE HOUSING, PREVENTION OF SUBSIDIZED AND PUBLIC HOUSI NG EVICTIONS, ASSISTANCE OBTAINING OR PRESERVING INCOME MAINTENANCE AND GOVERNMENT BENEFIT S, ACCESS TO SOCIAL SERVICES, APPROPRIATE EDUCATIONAL SERVICES, HEALTH INSURANCE AND ACCES S TO HEALTH CARE CLASI ATTORNEYS ARE LOCATED ON-SITE AT THE WILMINGTON HOSPITAL AND ARE I NTEGRATED INTO HEALTH CARE TEAMS HEALTH GUIDES HEALTH GUIDES PROVIDE UNINSURED PATIENTS WITH LINKAGES TO QUALITY, AFFORDABLE HEALTHCARE CHRISTIANA CARE'S HEALTH GUIDES ASSIST PA TIENTS WITH THE FINANCIAL ASSISTANCE PROCESS AND HELP PATIENTS NAVIGATE THE HEALTHCARE SYS TEM THROUGH PERSONAL INTERACTION, HEALTH RISK ASSESSMENT, AND IDENTIFICATION OF BARRIERS T O CARE HEALTH GUIDES ALSO HOST EDUCATION SESSIONS TO EDUCATE THE COMMUNITY ON HOW TO USE THEIR INSURANCE DURING THIS REPORTING YEAR, HEALTH GUIDES ASSISTED 2,160 INDIVIDUALS COM MUNITY HEALTH WORKERS A COMMUNITY HEALTH WORKER (CHW) IS A MEMBER OF THE HEALTH CARE TEAM WHO WORKS DIRECTLY WITH INDIVIDUALS AND FAMILIES TO ASSIST THEM IN ADDRESSING THEIR NON-C LINICAL HEALTH AND SOCIAL SERVICE NEEDS IN A CULTURALLY COMPETENT WAY TO ACHIEVE BETTER HE ALTH OUTCOMES AND HEALTH EQUITY IN THE COMMUNITIES THEY SERVE IN JUNE 2017, HEALTH MANAGE MENT ASSOCIATES IN PARTNERSHIP WITH THE DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES AND THE DELAWARE CENTER FOR HEALTH INNOVATION, PRODUCED A REPORT, DEVELOPMENT AND DEPLOYME NT OF COMMUNITY HEALTH WORKERS IN DELAWARE ESTABLISHING A CERTIFICATION PROGRAM AND REIMBU RSEMENT MECHANISM" WHICH ADDRESSED THE WAYS IN WHICH CHWS CAN BE ESTABLISHED AND UTLIZED I N DELAWARE TO IMPROVE POPULATION HEALTH CHRISTIANA CARE RESPONDED TO THIS REPORT BY DEVEL OPING A STANDARDIZED CURRICULUM, TRAINING, AND CERTIFICATION PROGRAM FOR CHWS IN ALIGNMENT WITH THE REPORT RECOMMENDATIONS IN JANUARY 2018, CHRISTIANA CARES FIRST CHW TRAINING WAS LAUNCHED WITH A SIX WEEK PROGRAM THAT 16 PARTICIPANTS SUCCESSFULLY COMPLETED CHRISTIANA CARE ALSO DEVELOPED A ROBUST CHW TRAINING EVALUATION, WITH THE ASSISTANCE OF ITS VALUE INS TITUTE, TO SUPPORT CONTINUOUS PROGRAM IMPROVEMENT QUARTERLY MEETINGS WILL BE HELD FOR THE CHWS TO PROVIDE OPPORTUNITIES FOR NETWORKING, GROUP COHESION, QUALITATIVE DATA COLLECTION AND ADDITIONAL EDUCATION

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

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

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

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16 (FINANCIAL ASSISTANCE POLICY AVAILABILITY)	A COPY OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT https //christianacare org/patients/financial-assistance-program/ ----------

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

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018159

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ 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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	DETAIL REGARDING BENEFITS PROVIDED SOCIAL CLUB DUES CCHS PROVIDES A SOCIAL CLUB MEMBERSHIP TO BE USED BY THE PRESIDENT IN CONNECTION WITH THEIR DUTIES THE PRESIDENT IS RESPONSIBLE FOR AND TAXED ON ANY PERSONAL USE OF SUCH CLUB MEMBERSHIP ----------
FORM 990, SCHEDULE J, PART I, LINE 4A	DETAIL OF SEVERANCE PAYMENTS AUDREY VAN LUVEN RECEIVED A SEVERANCE DISTRIBUTION OF $175,382 DURING THE 2017 CALENDAR YEAR VIRGINIA COLLIER RECEIVED A SEVERANCE DISTRIBUTION OF $503,300 DURING THE 2017 CALENDAR YEAR ---------- FORM 990, SCHEDULE J, PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED PLAN PARTICIPATION CHRISTIANA CARE HEALTH SERVICES, INC ("CCHS") MAINTAINS AN IRC SECTION 457(F) DEFERRED COMPENSATION PLAN THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED AND/OR RECEIVED DISTRIBUTIONS FROM THE 457(F) PLAN DURING THE YEAR THOMAS L CORRIGAN- $67,276 TIMOTHY GARDNER, MD- $39,001 NICHOLAS PETRELLI- $33,471 ----------
FORM 990, SCHEDULE J, PART I, LINE 7	PROVISION OF NON-FIXED PAYMENTS CCHS PROVIDES DISCRETIONARY BONUS AND/OR INCENTIVE COMPENSATION PAYMENTS TO ELIGIBLE EMPLOYEES PAYMENTS MADE TO ANY DISQUALIFIED PERSON IS APPROVED BY THE CCHS COMPENSATION COMMITTEE THROUGH THE PROCESS DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 15

Additional Data

Software ID:

Software Version:

EIN: 51-0103684

Name: CHRISTIANA CARE HEALTH SERVICES INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1THOMAS L CORRIGAN EXECUTIVE VP AND CFO	(I)	651,536	235,464	138,589	26,786	17,927	1,070,302	0
	(II)	0	0	0	0	0	0	0
1ROBERT LASKOWSKI FORMER PRESIDENT & CEO	(I)	0	0	2,128,925	7,886	0	2,136,811	0
	(II)	0	0	0	0	0	0	0
2JAMES HOPKINS MD MEMBER	(I)	408,364	85,000	37,000	25,436	11,180	566,980	0
	(II)	0	0	0	0	0	0	0
3BRENDA K PIERCE ESQ SECRETARY OF CORP-THRU 6/18	(I)	311,164	86,428	20,950	45,256	11,180	474,978	0
	(II)	0	0	0	0	0	0	0
4AUDREY VAN LUVEN SR VP&CHIEF HR OFF THRU 7/17	(I)	379,995	132,998	89,775	26,736	3,595	633,099	0
	(II)	0	0	0	0	0	0	0
5JANICE E NEVIN MD PRESIDENT & CEO	(I)	1,038,734	502,250	60,707	137,436	11,973	1,751,100	0
	(II)	0	0	0	0	0	0	0
6TIMOTHY GARDNER MD MEDICAL DIRECTOR, HVIS	(I)	655,274	182,006	40,638	26,736	11,180	915,834	0
	(II)	0	0	0	0	0	0	0
7VIRGINIA COLLIER PHYSICIAN	(I)	523,432	73,280	275,213	26,736	261	898,922	0
	(II)	0	0	0	0	0	0	0
8PAUL DAVIS PHYSICIAN	(I)	716,479	103,501	0	24,086	19,812	863,878	0
	(II)	0	0	0	0	0	0	0
9KENNETH SILVERSTEIN CHIEF CLINICAL OFFICER	(I)	609,589	211,520	0	84,520	17,927	923,556	0
	(II)	0	0	0	0	0	0	0
10RICHARD CUMING CHIEF NURSING EXECUTIVE	(I)	399,178	140,002	0	64,086	0	603,266	0
	(II)	0	0	0	0	0	0	0
11MICHAEL EPPEHIMER CHIEF OP OFFICER - MED GROUP	(I)	299,550	84,005	150,000	43,437	17,927	594,919	0
	(II)	0	0	0	0	0	0	0
12SHARON KURFUERST CHIEF OP OFFICER - HEALTH SVC	(I)	305,530	84,005	157,231	44,788	17,927	609,481	0
	(II)	0	0	0	0	0	0	0
13NICHOLAS PETRELLI MD MEDICAL DIRECTOR, CANCER	(I)	562,364	156,200	33,261	26,736	12,289	790,850	0
	(II)	0	0	0	0	0	0	0
14MARK BOROWSKY PHYSCIAN	(I)	580,592	150,000	0	26,786	17,927	775,305	0
	(II)	0	0	0	0	0	0	0
15NEIL JASANI CHIEF PEOPLE OFFICER	(I)	401,776	111,829	0	24,086	17,927	555,618	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018159

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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DELAWARE HLTH FACILITIES AUTHORITY SERIES 2008	51-0272458	246388NVO	11-20-2008	80,000,000	REFINANCE SERIES 2004 & MED BLDG		X		X		X
B	DELAWARE HLTH FACILITIES AUTHORITY SERIES 2010A	51-0272458	246388EQ5	11-04-2010	74,491,341	CONSTRUCTION OF HOSPITAL		X		X		X
C	DELAWARE HLTH FACILITIES AUTHORITY SERIES 2010	51-0272458	246388QPO	11-04-2010	127,295,000	CONSTRUCTION OF HOSPITAL		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,725,000	15,360,000	10,955,000	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	80,000,000	74,956,804	128,314,967	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	774,850	879,197	684,318	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	19,062,025	74,077,607	127,630,649	
11	Other spent proceeds	60,163,125	0	0	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2006	2014	2014	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	DETAIL OF OTHER PROGRAM SERVICES CHRISTIANA CARE HEALTH SERVICES ("CCHS"), HEADQUARTERED I N WILMINGTON, DELAWARE, IS ONE OF THE COUNTRY'S LARGEST HEALTH CARE PROVIDERS AND IS A MAJ OR TEACHING HOSPITAL WITH TWO CAMPUSES AND MORE THAN 260 MEDICAL-DENTAL RESIDENTS AND FELL OWS CHRISTIANA CARE IS RECOGNIZED AS A REGIONAL CENTER FOR EXCELLENCE IN CARDIOLOGY, CANC ER AND WOMEN'S HEALTH SERVICES THE SYSTEM FEATURES A LEVEL 3 NEONATAL INTENSIVE CARE UNIT , THE ONLY DELIVERING HOSPITAL IN THE STATE TO OFFER THIS LEVEL OF CARE FOR NEWBORNS CHRI STIANA CARE HEALTH SERVICES IS ALSO HOME TO DELAWARE'S ONLY LEVEL 1 TRAUMA CENTER, THE ONL Y OF ITS KIND BETWEEN PHILADELPHIA AND BALTIMORE A NOT-FOR-PROFIT, NON-SECTARIAN HEALTH S YSTEM, CHRISTIANA CARE INCLUDES TWO HOSPITALS WITH MORE THAN 1,200 PATIENT BEDS, PREVENTIV E MEDICINE, REHABILITATION SERVICES, A NETWORK OF PRIMARY CARE PHYSICIANS AND AN EXTENSIVE RANGE OF OUTPATIENT SERVICES WITH MORE THAN 11,800 EMPLOYEES, CHRISTIANA CARE IS THE LAR GEST PRIVATE EMPLOYER IN DELAWARE AND ONE OF THE LARGEST EMPLOYERS IN THE PHILADELPHIA REG ION ----------

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 21	DETAIL OF SUBAWARDS IN FURTHERANCE OF ITS MEDICAL RESEARCH ACTIVITIES, CHRISTIANA CARE HEALTH SERVICES, INC ("CCHS") MAKES SUB-AWARDS TO OTHER INSTITUTIONS THAT PERFORM RESEARCH IN CONNECTION WITH RESEARCH GRANTS AWARDED TO CCHS CCHS DOES NOT CATEGORIZE THESE SUB-AWARDS AS GRANTS OR ASSISTANCE FOR FORM 990 REPORTING, SINCE THE RECIPIENT ORGANIZATIONS PERFORM RESEARCH SERVICES FOR CCHS AND ARE CONSIDERED INDEPENDENT CONTRACTORS WHICH SERVE THE DIRECT NEEDS OF CCHS DURING THE YEAR ENDED JUNE 30, 2018, CCHS MADE SUB-AWARD PAYMENTS TO 3 RECIPIENTS TOTALING $81,669 ----------

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A,B	GOVERNING BODY AND MANAGEMENT THE BOARD OF DIRECTORS OF CHRISTIANA CARE HEALTH SYSTEM, INC ("SYSTEM"), SOLE MEMBER OF CHRISTIANA CARE HEALTH SERVICES, INC ("CCHS"), AT IT'S ANNUA L MEETING IN NOVEMBER, ELECTS DIRECTORS OF CCHS THE ANNUAL OPERATING BUDGET OF CCHS IS AP PROVED BY THE CCHS BOARD, THE SYSTEM FINANCE COMMITTEE AND THE SYSTEM BOARD ---------- -------

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS INFORMATION RELATED TO CCHS' FORM 990 FILING IS GATHERED BY FINANC E STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW THE FINAL 2017 FORM 990 FOR THE FISCAL YEAR ENDING JUNE 30, 2018 WAS REVIEWED AND APPROVED BY VARIOUS SENIOR MANAGEME NT OFFICIALS THE ORGANIZATION'S GOVERNING BOARD WAS ALSO PROVIDED ACCESS TO THE APPROVED 2017 FORM 990 VIA ITS BOARD OF DIRECTOR'S PORTAL ----------

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DETAIL OF OTHER CHANGES IN NET ASSETS CHANGE IN PENSION AND POSTRETIREMENT LIABILITIES $ (8,631,474) BENEFICIAL INTEREST IN SYSTEM (8,887) OTHER 610,289 ---------- TOTAL $ (8,030, 072) ==========

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018159

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHRISTIANA CARE CAMPUS REALTY LLC 501 WEST 14TH STREET WILMINGTON, DE 19801 51-0103684	SUPPORT SRVCS	DE	0	0	CCHS
(2) CHRISTIANA CARE QUALITY PARTNERS LLC 501 WEST 14TH STREET WILMINGTON, DE 19801 51-0103684	SUPPORT SRVCS	DE	-53,796	10,695	CCHS
(3) CHRISTIANA CARE QUALITY PARTNERS ACOLLC 501 WEST 14TH STREET WILMINGTON, DE 19801 51-0103684	SUPPORT SRVCS	DE	-1,071,933	10,698	CCHS
(4) CHRISTIANA CARE CARE LINK LLC 501 WEST 14TH STREET WILMINGTON, DE 19801 51-0103684	SUPPORT SRVCS	DE	-3,001,833	10,703	CCHS

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)THE DE CTR FOR MAT FETAL MED OF CC INC 200 HYGEIA DRIVE NEWARK, DE 19713 20-5891272	HEALTHCARE	DE	CCHS	C CORP	169,857	1,876,479	100 000 %	Yes	
(2)CHRISTIANA CARE HEALTH PLANS 200 HYGEIA DRIVE OFFICE 2524 NEWARK, DE 19713 51-0352728	INSURANCE	DE	CCHS SYSTEM	C CORP					No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)THE DE CTR FOR MAT FETAL MED OF CC INC	A,O	563,912	FMV

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

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

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

Part VII **Supplemental Information**

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