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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

C Name of organization
CHRISTIANA CARE HEALTH SERVICES INC

Doing Business As

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

Room/suite

City or town, state or country, and ZIP + 4
WILMINGTON, DE 198050653

D Employer identification number
51-0103684

E Telephone number
(302)623-7201

G Gross receipts $ 1,662,692,354

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

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

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

H(c) Group exemption number ▶

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	10,427
6	Total number of volunteers (estimate if necessary)	**6**	1,206
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,956,861
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	24,658,031	20,838,066
	9 Program service revenue (Part VIII, line 2g)	1,157,682,282	1,120,120,641
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,432,828	40,639,912
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,156,205	120,601,404
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,236,929,346	1,302,200,023
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	620,912	569,101
	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)	723,873,807	747,837,875
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	424,863,165	423,068,209
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,149,357,884	1,171,475,185
	19 Revenue less expenses Subtract line 18 from line 12	87,571,462	130,724,838

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,630,379,446	2,025,366,133
	21 Total liabilities (Part X, line 26)	647,870,949	733,842,201
	22 Net assets or fund balances Subtract line 21 from line 20	982,508,497	1,291,523,932

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: 2012-05-11

THOMAS L CORRIGAN 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
Firm's name ▶ PricewaterhouseCoopers LLP				Firm's EIN ▶
Firm's address ▶ 2001 MARKET ST SUITE 1700 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 to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

CHRISTIANA CARE HEALTH SERVICES, INC IS DEDICATED TO IMPROVING THE HEALTH OF ALL INDIVIDUALS IN THE COMMUNITIES WE SERVE THROUGH HEALTH CARE SERVICES, EDUCATION AND RESEARCH CHRISTIANA CARE HEALTH SERVICES, INC STRIVES TO BE A COORDINATED, PATIENT-FOCUSED HEALTH CARE SYSTEM OF UNSURPASSED EXCELLENCE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 414,444,207 including grants of $) (Revenue $ 291,559,614)

PROVISION OF PROFESSIONAL PATIENT CARE FOR THE HOSPITALS OF CHRISTIANA CARE 3,221 NURSES ARE EMPLOYED WITH 274,527 PATIENT DAYS RECORDED DURING FISCAL 2011 THE HOSPITALS OFFER A FULL SCOPE OF SERVICES WITH THE NEEDS OF THE POPULATION SERVED WITHOUT REGARD TO AGE, RACE OR ECONOMIC CIRCUMSTANCES

4b (Code) (Expenses $ 62,331,635 including grants of $) (Revenue $ 128,456,757)

LABORATORY-PROVIDED LAB TESTING FOR BOTH INPATIENT AND OUTPATIENTS DURING FISCAL 2011, 5,825,423 LAB TESTS WERE PERFORMED WITH AN APPROXIMATE STAFF OF 286

4c (Code) (Expenses $ 188,869,167 including grants of $) (Revenue $ 269,689,536)

OPERATING ROOM-PROVIDED BOTH INPATIENT AND OUTPATIENT SURGICAL PROCEDURES IN FISCAL 2011, 40,220 OPERATIONS WERE PERFORMED, REQUIRING A STAFF OF APPROXIMATELY 325

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

(Expenses $ 271,354,879 including grants of $) (Revenue $ 521,939,156)

4e **Total program service expenses** ▶ $ 936,999,888

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 instruction)?	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 where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	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, line10? *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, XII, and XIII*	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, XII, and XIII 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, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, 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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	469		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	10,427		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
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," 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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization 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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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 to any question 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 24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 21		
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	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	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	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

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

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, 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, and 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								9,086,304	0	1,027,976

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 718

			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

(A) Name and business address	(B) Description of services	(C) Compensation
NASON 2000 FOULK ROAD SUITE F WILMINGTON, DE 19810	CONSTRUCTION SRVCS	2,829,392
WHITING TURNER PO BOX 17596 BALRIMORE, MD 21297	CONSTRUCTION SRVCS	3,776,506
WOHLSEN 18 BOULDEN CIRCLE STE 16 NEW CASTLE, DE 19720	CONSTRUCTION SRVCS	3,460,487
SKANSKA 516 EAST TOWNSHIP LINE ROAD BLUE BELL, PA 19422	CONSTRUCTION SRVCS	23,306,155
ANESTHESIA SERVICES 2 READS WAY SUITE 201 NEW CASTLE, DE 19720	MEDICAL SERVICES	6,234,399

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 139

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 3,504,009				
	e Government grants (contributions)	1e 6,198,058				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 11,135,999				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		20,838,066			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICE REVENUES	900099	1,092,578,748	1,092,578,748		
	b OTHER REVENUES	900002	27,541,893	2,211,024	5,952,961	19,377,908
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		1,120,120,641			
	3 Investment income (including dividends, interest and other similar amounts)		15,138,856			15,138,856
	4 Income from investment of tax-exempt bond proceeds		1			1
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross Rents	3,103,453				
	b Less rental expenses	1,071,494				
	c Rental income or (loss)	2,031,959				
	d Net rental income or (loss)		2,031,959		3,900	2,028,059
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	302,749,558				
	b Less cost or other basis and sales expenses	277,248,503				
	c Gain or (loss)	25,501,055				
	d Net gain or (loss)		25,501,055			25,501,055
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances a	199,027,625				
	b Less cost of goods sold b	82,172,334				
	c Net income or (loss) from sales of inventory		116,855,291	116,855,291		
	Miscellaneous Revenue	Business Code				
	11a CONDOMINIUM MAINTENANCE FEES	900099	1,714,154			1,714,154
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		1,714,154			
	12 **Total revenue.** See Instructions		1,302,200,023	1,211,645,063	5,956,861	63,760,033

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	569,101	569,101		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,549,647	3,481,818	5,067,829	
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	555,348,786	439,514,183	115,834,603	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	53,466,841	42,024,937	11,441,904	0
9 Other employee benefits	95,882,135	75,363,358	20,518,777	0
10 Payroll taxes	34,590,466	27,188,106	7,402,360	0
a Fees for services (non-employees) Management	45,000	35,370	9,630	0
b Legal	1,048,481	824,106	224,375	0
c Accounting	302,680	237,906	64,774	0
d Lobbying	190,594	149,807	40,787	0
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	2,767,938	2,175,599	592,339	0
g Other	0			
12 Advertising and promotion	1,873,396	1,472,489	400,907	0
13 Office expenses	275,216,285	232,646,774	42,569,511	0
14 Information technology	21,459,241	16,866,963	4,592,278	0
15 Royalties	0			
16 Occupancy	16,785,987	13,193,786	3,592,201	0
17 Travel	1,962,008	1,542,138	419,870	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,311,084	1,816,512	494,572	0
20 Interest	2,089,131	1,642,057	447,074	0
21 Payments to affiliates	697,831	548,495	149,336	0
22 Depreciation, depletion, and amortization	72,908,147	57,305,804	15,602,343	0
23 Insurance	-4,679,032	-3,677,719	-1,001,313	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PROVISION FOR BAD DEBTS	28,711,579	22,567,301	6,144,278	0
b LOSS ON SWAP	-622,141	-489,003	-133,138	0
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,171,475,185	936,999,888	234,475,297	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	169,641,119	1	127,452,043
	2	Savings and temporary cash investments	128,736,380	2	181,549,743
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	151,017,837	4	155,181,536
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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) Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	14,583,267	8	14,259,914
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 1,441,663,027			
	b	Less accumulated depreciation — 10b: 886,501,819	565,111,143	10c	555,161,208
	11	Investments—publicly traded securities	485,704,499	11	761,320,573
	12	Investments—other securities See Part IV, line 11	6,740,609	12	65,248,606
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	1,015,805	14	1,015,805
	15	Other assets See Part IV, line 11	107,828,787	15	164,176,705
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,630,379,446	16	2,025,366,133
Liabilities	17	Accounts payable and accrued expenses	179,340,379	17	174,662,612
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	134,922,083	20	328,420,871
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	333,608,487	25	230,758,718
	26	**Total liabilities.** Add lines 17 through 25	647,870,949	26	733,842,201
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	915,789,900	27	1,215,130,366
	28	Temporarily restricted net assets	44,085,612	28	53,013,396
	29	Permanently restricted net assets	22,632,985	29	23,380,170
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	982,508,497	33	1,291,523,932
	34	Total liabilities and net assets/fund balances	1,630,379,446	34	2,025,366,133

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,302,200,023
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,171,475,185
3	Revenue less expenses Subtract line 2 from line 1	3	130,724,838
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	982,508,497
5	Other changes in net assets or fund balances (explain in Schedule O)	5	178,290,597
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,291,523,932

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
CHRISTIANA CARE HEALTH SERVICES INC	51-0103684

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

5 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-

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

A Check ☑ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	190,594	190,594
c Total lobbying expenditures (add lines 1a and 1b)	190,594	190,594
d Other exempt purpose expenditures	1,171,284,591	1,252,263,741
e Total exempt purpose expenditures (add lines 1c and 1d)	1,171,475,185	1,252,454,335
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	87,936	124,519	186,739	190,594	589,788
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

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

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	44,664,226	68,202,230	80,252,124		
b Contributions					
c Investment earnings or losses	5,551,546	2,441,659	-10,902,441		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,110,183	25,979,663	1,147,453		
f Administrative expenses					
g End of year balance	49,105,589	44,664,226	68,202,230		

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

- a Board designated or quasi-endowment ▶ 51 000 %
- b Permanent endowment ▶ 18 000 %
- c Term endowment ▶ 31 000 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		35,586,873		35,586,873
b Buildings		785,191,357	437,802,444	347,388,913
c Leasehold improvements				
d Equipment		595,956,119	430,249,342	165,706,777
e Other		24,928,678	18,450,033	6,478,645
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				555,161,208

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

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

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

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	75,184,698
(2) OTHER CURRENT ASSETS	33,582,387
(3) DEFERRED FINANCING COSTS	2,551,764
(4) OTHER ASSETS	52,857,856
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	164,176,705

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
PENSION AND POST RETIREMENT BENEFITS	172,951,291
INSURANCE LIABILITIES	26,886,264
OTHER LIABILITIES	30,921,163
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	230,758,718

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,302,200,023
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,171,475,185
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	130,724,838
4	Net unrealized gains (losses) on investments	4	83,580,036
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	94,432,973
9	Total adjustments (net) Add lines 4 - 8	9	178,013,009
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	308,737,847

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

1	Total revenue, gains, and other support per audited financial statements			1	1,479,345,774
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	83,580,036		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	83,580,036
3	Subtract line **2e** from line **1**			3	1,395,765,738
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,240,366		
b	Other (Describe in Part XIV)	4b	-94,806,081		
c	Add lines **4a** and **4b**			4c	-93,565,715
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,302,200,023

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

1	Total expenses and losses per audited financial statements			1	1,267,896,283
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,267,896,283
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,240,366		
b	Other (Describe in Part XIV)	4b	-97,661,464		
c	Add lines **4a** and **4b**			4c	-96,421,098
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,171,475,185

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V, LINE 4	THE ORGANIZATION'S BOARD DESIGNATED ENDOWMENT IS INTENDED TO COVER ANNUAL INCREMENTAL OPERATING EXPENSES OF THE HEALTH SERVICES CANCER PROGRAM THE ORGANIZATION'S PERMANENT ENDOWMENT CONSISTS OF APPROXIMATELY EIGHT INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS USED FOR A VARIETY OF PURPOSES, INCLUDING SALARY AND PROGRAM SUPPORT THE ORGANIZATION'S TERM ENDOWMENT REPRESENTS TEMPORARILY RESTRICTED NET ASSETS WHICH ARE RESTRICTED FOR INDIGENT CARE, BUILDING AND MAINTENANCE AND PROGRAM SUPPORT
FINANCIAL STATEMENT RECONCILIATION DETAIL		RECONCILIATION OF CHANGE IN NET ASSETS FORM 990, SCHEDULE D, PART XI, LINE 8, OTHER TRANSFER FROM AFFILIATE $ 223,727 EFFECT OF DISCONTINUED OPS (3,616,301) CHANGE IN POST RETIREMENT LIABILITIES 90,064,014 BENEFICIAL INTEREST IN SYSTEM 7,890,331 SUBSIDIARY ACTIVITIES (128,798) ---------- TOTAL OTHER CHANGES $94,432,973 ---------- RECONCILIATION OF REVENUES FORM 990, SCHEDULE D, PART XII, LINE 4B, OTHER COGS CONTRACTUAL ALLOWANCES $(72,087,903) RENTAL EXPENSES (1,071,494) SUBSIDIARY ACTIVITY (23,751,131) NET ASSETS RELEASED (2,145,292) DISABILITY/SWAP (622,141) CONTRIBUTIONS 3,496,637 RECLASS 1,375,239 ---------- TOTAL OTHER CHANGES ($94,806,081) ---------- RECONCILIATION OF EXPENSES FORM 990, SCHEDULE D, PART XIII, LINE 4B, OTHER COGS CONTRACTUAL ALLOWANCES $(72,087,903) RENTAL EXPENSES (1,071,494) SUBSIDIARY ACTIVITY (23,879,926) DISABILITY/SWAP (622,141) ---------- TOTAL OTHER CHANGES $(97,661,464)

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
South Asia	0	0	Grantmaking		569,101
3a Sub-total	0	0			569,101
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	0			569,101

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	RESEARCH SUBAWARD-- A GLOBAL NETWORK STUDY TO ESTIMATE GESTATIONAL AGE BY FUNDAL HEIGHT	569,101	WIRE TRANSFR	0	N/A	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

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

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

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," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, 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 hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	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	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 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 Worksheets 1 and 2)			27,247,003		27,247,003	2 380 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			161,322,508	136,877,776	24,444,732	2 140 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			188,569,511	136,877,776	51,691,735	4 520 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	69	57,252	5,359,727	2,760	5,356,967	0 470 %
f Health professions education (from Worksheet 5)	7	2,499	34,467,424	11,023,630	23,443,794	2 050 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	3		10,628,366		10,628,366	0 930 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	3	1,517	47,389		47,389	
j **Total** Other Benefits	82	61,268	50,502,906	11,026,390	39,476,516	3 450 %
k **Total.** Add lines 7d and 7j	82	61,268	239,072,417	147,904,166	91,168,251	7 970 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

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

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	14,604,135		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	1,460,413		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	369,370,029
6	Enter Medicare allowable costs of care relating to payments on line 5	6	414,554,537
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-45,184,508
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
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, measured by total revenue per facility, from largest to smallest)

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: CHRISTIANA HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
If "Yes," indicate what the Needs Assessment 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 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 ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: WILMINGTON HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment 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 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 ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

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

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

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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

Identifier	ReturnReference	Explanation
DESCRIPTION OF ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CARE	PART I, LINE 3C	CHRISTIANA CARE HEALTH SERVICES, INC ("CHRISTIANA CARE" OR "HEALTH SERVICES") HAS A SELF PAY DISCOUNT PERCENTAGE OF 10% THAT IS APPLIED TO ALL UNINSURED PATIENTS' ACCOUNTS, REGARDLESS OF THE PERSON'S ABILITY TO PAY THIS DISCOUNT PERCENTAGE IS COMPARABLE TO THAT WHICH IS EXTENDED TO OUR MANAGED CARE COMPANIES COMMUNITY BENEFIT ANNUAL REPORT INFORMATION PART I, LINE 6A CHRISTIANA CARE HAS ESTABLISHED A DEDICATED SECTION ON OUR WEBSITE THAT CATALOGUES OUR COMMUNITY BENEFIT INITIATIVES AND STORIES THE GROWING LIBRARY OF STORIES (SOME OF WHICH HAVE BEEN RE-PURPOSED IN THE COMMUNITY BENEFITS ANNUAL REPORT COMPILED BY OUR STATEWIDE TRADE AND MEMBERSHIP SERVICES ORGANIZATION, THE DELAWARE HEALTHCARE ASSOCIATION) CAN BE FOUND AT HTTP //WWW CHRISTIANACARE ORG/COMMUNITYBENEFIT AND MEMBERSHIP SERVICES ORGANIZATION, THE DELAWARE HEALTHCARE ASSOCIATION) CAN BE FOUND AT HTTP //WWW CHRISTIANACARE ORG/COMMUNITYBENEFIT BAD DEBT EXPENSE PART I, LINE 7 THE BAD DEBT EXPENSE AMOUNT INCLUDED ON FORM 990, PART IX, COLUMN 25(A) WAS $28,711,579 FOR THE YEAR ENDED JUNE 30, 2011 THIS AMOUNT HAS BEEN SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES REPORTED ON THE SCHEDULE H, PART I, LINE 7 TABLE

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE- FOOTNOTE FROM FINANCIAL STATEMENTS	PART III, LINE 4	HEALTH SERVICES PROVIDES FREE MEDICAL SERVICES TO PATIENTS WHO MEET THE CRITERIA OF ITS FINANCIAL ASSISTANCE POLICY CRITERIA FOR CHARITY CARE CONSIDERS THE PATIENT'S FAMILY INCOME AND FAMILY SIZE HEALTH SERVICES MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE BASED ON FREE SERVICES FURNISHED UNDER ITS FINANCIAL ASSISTANCE POLICY THE COST OF CHARITY CARE PROVIDED WAS APPROXIMATELY $27 1 MILLION AND $ 28 0 MILLION IN 2011 AND 2010, RESPECTIVELY IN ADDITION TO CHARITY SERVICES, THE MEDICAID PROGRAM REIMBURSES HEALTH SERVICES FOR SERVICES AT AMOUNTS THAT ARE SUBSTANTIALLY LESS THAN THE COST TO PROVIDE SUCH SERVICES THE DIFFERENCE BETWEEN THE COST TO PROVIDE THOSE SERVICES AND THE REIMBURSEMENT FROM THE MEDICAID PROGRAM WAS APPROXIMATELY $17 6 MILLION AND $15 1 MILLION IN 2011 AND 2010, RESPECTIVELY HEALTH SERVICES ALSO RECORDS A PROVISION FOR BAD DEBTS, WHICH REPRESENTS MANAGEMENT'S ESTIMATE OF PATIENT ACCOUNTS RECEIVABLE THAT WILL NOT BE COLLECTED EVEN THOUGH THE PATIENT DOES NOT MEET THE CHARITY CARE CRITERIA THE PROVISION FOR BAD DEBTS WAS $28,711,579 AND $26,021,891 IN 2011 AND 2010, RESPECTIVELY THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON A COST TO CHARGE RATIO

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY, MEDICARE SHORTFALL	PART III, LINE 8	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 THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 IS BASED ON A COST TO CHARGE RATIO

Identifier	ReturnReference	Explanation
COLLECTION PRACTICES	PART III, LINE 9B	CHRISTIANA CARE HAS A FINANCIAL ASSISTANCE POLICY THAT IDENTIFIES THE CIRCUMSTANCES FOR WHICH A RESPONSIBLE PARTY WOULD BE EXTENDED A 100% ADJUSTMENT ON ALL MEDICAL BILLS THE INCOME THRESHOLD FOR THIS CHARITABLE ADJUSTMENT IS 200% OF THE FEDERAL POVERTY LEVEL AND IT IS BASED ON THE NUMBER OF DEPENDENTS IN THE HOUSEHOLD THE FINANCIAL ASSISTANCE POLICY FURTHER EXPLAINS THAT ANY UNINSURED PATIENT WHO FAILS TO QUALIFY FOR FINANCIAL ASSISTANCE WOULD BE GRANTED A 10% SELF PAY DISCOUNT IT ALSO REVEALS A PATIENT'S ABILITY TO ESTABLISH INTEREST-FREE MONTHLY PAYMENT ARRANGEMENTS FOR ANY OUTSTANDING BALANCE THAT IS NOT COVERED BY A THIRD PARTY PAYER AS PART OF THE SELF PAY DUNNING PROCESS, CHRISTIANA CARE MAKES UNINSURED PATIENTS AWARE OF THE FINANCIAL ASSISTANCE PROGRAM WITH THE RELEASE OF OUR FIRST STATEMENT ALL SUBSEQUENT STATEMENTS PROVIDE THE PATIENTS WITH AN OPPORTUNITY TO CALL OUR CUSTOMER SERVICES DEPARTMENT IF THEY ARE UNABLE TO MAKE PAYMENT IN FULL IF A PATIENT QUALIFIES FOR A CHARITABLE ADJUSTMENT, THEY ARE EXTENDED THE COURTESY OF AN AUTOMATIC ADJUSTMENT TO THEIR BILLS FOR THE NEXT YEAR PATIENTS WOULD NEED TO REAPPLY FOR CHARITABLE CONSIDERATION AFTER THE ONE YEAR HAS LAPSED ALL COLLECTION ACTIONS WOULD CEASE ONCE A PATIENT IS DEEMED ELIGIBLE FOR CHARITY OR ONCE A PATIENT ESTABLISHES A MONTHLY PAYMENT ARRANGEMENT

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI, LINE 2	CHRISTIANA CARE HAS PARTNERED WITH THE DELAWARE HEALTHCARE ASSOCIATION AND HAS IDENTIFIED RESOURCES AND A PROCESS TO DO A FORMAL NEEDS ASSESSMENT IN THE UPCOMING TAX YEAR IN THE MEANTIME, WE RECEIVE FEEDBACK FROM THE UN AND UNDERINSURED COMMUNITY FROM OUR OUTREACH TEAMS THAT WORK DIRECTLY IN THE COMMUNITY WITH THIS POPULATION TO HELP DETERMINE PROGRAMS AND SERVICES THAT WOULD BE OF MOST VALUE TO OUR PATIENTS AND NEIGHBORS, OTHER ASSESSMENT INITIATIVES AT CHRISTIANA CARE HAVE INCLUDED SURVEYS CONDUCTED AT COMMUNITY HEALTH FAIRS AND EVENTS RESULTS FROM THESE SURVEYS HAVE BEEN USED WITH APPLICATIONS FOR GRANT FUNDING, AMONG WHICH HAVE RESULTED IN FUNDING FOR WEIGHT MANAGEMENT, EXERCISE AND MENTAL HEALTH PROGRAMS MOREOVER, OUR ORGANIZATION TYPICALLY REFERENCES A VARIETY OF SOURCES THAT PROVIDE SEARCHABLE DATA BY STATE, COUNTY, MUNICIPALITY, GENDER, RACE, BEHAVIOR, RISK AND/OR ANY COMBINATION OF THOSE QUALIFIERS THOSE SOURCES INCLUDE - CENSUS FACT FINDER HTTP //FACTFINDER2 CENSUS GOV/FACES/NAV/JSF/PAGES/INDEX XHTML - DELAWARE HEALTH STATISTICS CENTER HTTP //DHSS DELAWARE GOV/DHSS/DPH/HEALTHDATASTATS HTML - CDC BRFSS HTTP //WWW CDC GOV/BRFSS/ - KAISER STATE HEALTH FACTS HTTP //WWW STATEHEALTHFACTS ORG/ - CDC NATIONAL CENTER FOR HEALTH STATISTICS HTTP //WWW CDC GOV/NCHS/ - TRUST FOR AMERICA'S HEALTH HTTP //HEALTHYAMERICANS ORG/STATES/ - COMMUNITY LEVEL INFORMATION ON KIDS HTTP //DATACENTER KIDSCOUNT ORG/DATA/BYSTATE/DEFAULT ASPX - COMMUNITY HEALTH STATUS INDICATORS HTTP //COMMUNITYHEALTH HHS GOV/HOMEPAGE ASPX? J=1 - COUNTY HEALTH RANKINGS HTTP //WWW COUNTYHEALTHRANKINGS ORG/ - CAMHI AND THE NATIONAL SURVEY OF CHILDREN'S HEALTH HTTP //CHILDHEALTHDATA ORG/CONTENT/DEFAULT ASPX, HTTP //NSCHDATA ORG/CONTENT/DEFAULT ASPX - HARVARD CENTER FOR ADVANCING HEALTH HTTP //DIVERSITYDATA SPH HARVARD EDU/ - PUBLIC HEALTH SNAPSHOTS HTTP //WWW NALBOH ORG/PH_SNAPSHOTS HTM - OFFICE OF WOMEN'S HEALTH HTTP //WWW HEALTHSTATUS2010 COM/OWH/ - STATE CANCER PROFILES HTTP //STATECANCERPROFILES CANCER GOV/ - SNAPS POPULATION DATA HTTP //EMERGENCY CDC GOV/SNAPS/ - COMMONWEALTH FUND STATE SCORECARD HTTP //WWW COMMONWEALTHFUND ORG/MAPS-AND-DATA/STATE-DATA-CENTER/STATE-SCOR ECARD ASPX - AHRQ STATE SNAPSHOTS HTTP //STATESNAPSHOTS AHRQ GOV/SNAPS09/INDEX JSP

Identifier	ReturnReference	Explanation
INFORMATION REGARDING PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI, LINE 3	CHRISTIANA CARE PLACES EDUCATIONAL SIGNS IN OUR EMERGENCY DEPARTMENTS IN BOTH ENGLISH AND SPANISH THE CARDS ADVISE THAT WE HAVE A FINANCIAL ASSISTANCE POLICY AND DIRECTS PATIENTS TO A PHONE NUMBER IN OUR CUSTOMER SERVICE DEPARTMENT FOR MORE INFORMATION ON OUR WEBSITE WE ALSO INSTRUCT PEOPLE WHO HAVE DIFFICULTY PAYING THEIR HOSPITAL BILL THAT CHRISTIANA CARE'S FINANCIAL ASSISTANCE PROGRAM CAN HELP FOR MORE INFORMATION, PERSONS ARE DIRECTED TO CALL 302-623-7000 IN ADDITION, VARIOUS SPECIAL FUNDS AND PROGRAMS ARE LISTED THROUGH WHICH THE OPPORTUNITY FOR FINANCIAL ASSISTANCE EXISTS

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI, LINE 4	CHRISTIANA CARE PROVIDES SERVICES TO URBAN, SUBURBAN AND RURAL COMMUNITIES INCLUDING ANY HOUSEHOLDS AT OR BELOW POVERTY LEVEL OUR WILMINGTON CAMPUS IS LOCATED IN THE HEART OF THE CITY OF WILMINGTON WHICH HAS THE GREATEST DENSITY OF THESE HOUSEHOLDS TEN (10) FEDERALLY-DESIGNATED LOW INCOME CENSUS TRACTS (IRS SECTION 42(D)(5)(C) QUALIFIED CENSUS TRACTS ARE LOCATED WITHIN A 3 MILE RADIUS OF THE WILMINGTON HOSPITAL CAMPUS CHRISTIANA CARE'S EFFORTS TO BUILDING A HEALTHY COMMUNITY IN WILMINGTON IS FURTHER REINFORCED WITH OUR ORGANIZATION'S EXPANSION AND RENOVATION OF THE WILMINGTON HOSPITAL CAMPUS THIS $210 MILLION INVESTMENT CONTINUES OUR COMMITMENT TO SERVE OUR COMMUNITY AND TO ENSURE THAT OUR NEIGHBORS CAN ACCESS AND RECEIVE THE HIGHEST LEVEL OF CARE AND COMFORT FOR DECADES TO COME WILMINGTON HOSPITAL WILL GROW BY 337,000 SQUARE FEET, CREATING A 1 MILLION-SQUARE-FOOT, STATE-OF-THE-ART MEDICAL CENTER WHEN COMPLETED IN 2014, THE TRANSFORMED FACILITY WILL INCLUDE - A NINE-STORY, 286,000-SQUARE-FOOT TOWER - AN UPGRADED EMERGENCY DEPARTMENT THAT'S DOUBLE ITS CURRENT SIZE - A NEW SURGICAL SUITE, INCLUDING 13 OPERATING ROOMS AND FOUR PROCEDURE ROOMS - THE CAPACITY FOR 120 PRIVATE PATIENT ROOMS - A NEW INTENSIVE-CARE UNIT - AN UPGRADED, 30-BED UNIT FOR THE CENTER FOR ADVANCED JOINT REPLACEMENT - A 51,000-SQUARE-FOOT, STATE-OF-THE-ART MEDICAL OFFICE BUILDING, ALLOWING MORE PHYSICIANS TO PRACTICE ON-SITE - A NEW MAIN LOBBY ENTRY WITH AN ENCLOSED CONNECTOR TO THE PARKING GARAGE - A TRANQUIL ATRIUM AND HEALING GARDEN DELAWARE'S ONLY LEVEL I TRAUMA CENTER IS LOCATED ON OUR STANTON CAMPUS PROVIDING STATEWIDE TRAUMA CARE THIS CAMPUS ALSO FEATURES A LEVEL 3 NEONATAL INTENSIVE CARE UNIT, THE ONLY DELIVERING HOSPITAL IN THE STATE TO OFFER THIS LEVEL OF CARE FOR NEWBORNS CHRISTIANA CARE ALSO OFFERS A FREE SHUTTLE SERVICE FROM WILMINGTON TO OUR STANTON CAMPUS, ALLOWING LOW-INCOME PERSONS WHO NEED SPECIALTY SERVICES TO MORE EASILY REACH OUR SUBURBAN HOSPITAL THAT OPENED IN 1985

Identifier	ReturnReference	Explanation
INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH	PART VI, LINE 5	PARAMOUNT TO CHRISTIANA CARE'S MISSION IS ITS WORKFORCE DEVELOPMENT AND THE RECRUITMENT OF PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS CHRISTIANA CARE IS A MAJOR TEACHING HOSPI TAL WITH TWO CAMPUSES AND 255 MEDICAL-DENTAL RESIDENTS AND FELLOWS CHRISTIANA CARE EXTEND S MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS A MAJORITY OF CHRISTIANA CARE'S GOVERNING BODY (COMMUNITY BOARD) IS COMP RISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NEITHER EMP LOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS OUR HEALTH SYSTEM PROMOTES THE HEALTH OF OUR COMMUNITY IN A WIDE VARIETY OF WAYS THESE INCLUDE PARTICIPATION IN GO VERNMENT-SPONSORED HEALTH CARE PROGRAMS CHRISTIANA CARE PARTICIPATES WITH MEDICARE, MEDICA ID, CHAMPUS, TRICARE AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, INCLUDING OUT OF STATE PLANS AS WELL ALL PARTICIPATION AGREEMENTS ARE BASED ON A FEE SCHEDULE THAT IS LES S THAN OUR PUBLISHED CHARGES AVAILABILITY OF FINANCIAL ASSISTANCE CHRISTIANA CARE HAS A F INANCIAL ASSISTANCE POLICY THAT OFFERS A 100% ADJUSTMENT FOR ALL SERVICES PROVIDED TO PATI ENTS WITH INCOME LESS THAN 200% OF THE FEDERAL POVERTY LEVEL UNINSURED PATIENTS WITH INCO ME IN EXCESS OF 200% ARE EXTENDED A 10% SELF PAY DISCOUNT OUR COLLECTION POLICY SUPPORTS A PATIENT'S ABILITY TO MAKE INTEREST-FREE MONTHLY PAYMENT ARRANGEMENTS IN AN EFFORT TO SAT ISFY AN OUTSTANDING BALANCE ALTHOUGH GUIDELINES EXIST THAT WOULD ATTEMPT TO HOLD THE PATI ENT ACCOUNTABLE FOR 4% OF THE BALANCE PER MONTH OR $50 (WHICHEVER IS GREATER) FLEXIBILITY EXISTS IN THAT WE WILL ONLY EXPECT THE PATIENT TO ESTABLISH MONTHLY PAYMENT ARRANGEMENTS F OR WHAT THEY CAN TRULY AFFORD EDUCATION AND TRAINING CHRISTIANA CARE SERVES AS A FOUNDING MEMBER OF THE DELAWARE HEALTH SCIENCES ALLIANCE, TOGETHER WITH THE UNIVERSITY OF DELAWARE , A I DUPONT HOSPITAL FOR CHILDREN AND THOMAS JEFFERSON UNIVERSITY HOSPITAL THE ALLIANCE ENABLES PARTNER ORGANIZATIONS TO COLLABORATE AND CONDUCT CUTTING-EDGE BIOMEDICAL RESEARCH , TO IMPROVE THE HEALTH OF DELAWAREANS THROUGH ACCESS TO SERVICES IN THE STATE AND REGION, AND TO EDUCATE THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS THE ALLIANCE'S UNIQUE, BR OAD-BASED PARTNERSHIP FOCUSES ON ESTABLISHING INNOVATIVE COLLABORATIONS AMONG EXPERTS IN M EDICAL EDUCATION AND PRACTICE, HEALTH ECONOMICS AND POLICY, POPULATION SCIENCES, PUBLIC HE ALTH, AND BIOMEDICAL SCIENCES AND ENGINEERING CHRISTIANA CARE IS PARTICIPATING IN JEFFERS ON MEDICAL COLLEGE'S DELAWARE BRANCH CAMPUS PROGRAM, PROVIDING CLINICAL EDUCATION TO THIRD - AND FOURTH-YEAR MEDICAL STUDENTS AS A BRANCH CAMPUS, CHRISTIANA CARE CAN PROVIDE BETTER CARE TO OUR NEIGHBORS BY ALLOWING THESE STUDENTS TO RECEIVE ADDITIONAL MEDICAL EDUCATION OPPORTUNITIES ON OUR CAMPUS PLUS, RECEIVING MORE OF THEIR CLINICAL TRAINING AT CHRISTIANA CARE INCREASES THE LIKELIHOOD THAT THESE STUDENTS REMAIN TO PRACTICE IN DELAWARE WHEN THE Y COMPLETE THEIR RESIDENCY TRAINING PARTNERING WITH EDUCATIONAL INSTITUTIONS THROUGHOUT T HE REGION, CHRISTIANA CARE TRAINS DOCTORS, NURSES, ADVANCED PRACTICE NURSES, REGISTERED NU RSE ANESTHETISTS, PHYSICIAN ASSISTANTS, PHARMACISTS AND ALLIED HEALTH PROFESSIONALS THROU GH A UNIQUE RELATIONSHIP WITH DELAWARE TECHNICAL AND COMMUNITY COLLEGE, CHRISTIANA CARE'S ALLIED HEALTH EDUCATION PROGRAM PROVIDES ACCREDITED COURSES TO MEET THE COMMUNITY'S NEEDS FOR GRADUATES WITH VERY SPECIALIZED KNOWLEDGE IN A VARIETY OF ALLIED HEALTH CARE PROFESSIO NS STUDENTS RECEIVE ACADEMIC TRAINING AND CERTIFICATION FROM CHRISTIANA CARE'S FULL-TIME ALLIED HEALTH INSTRUCTORS AT THE COLLEGE AND RECEIVE ON-SITE CLINICAL TRAINING AT CHRISTIA NA CARE A SEVEN-ROOM, VIRTUAL EDUCATION AND SIMULATION TECHNOLOGY CENTER WITHIN THE JOHN H AMMON MEDICAL EDUCATION CENTER ON CHRISTIANA CARE'S STANTON, DEL , CAMPUS IS CERTIFIED AS A LEVEL II EDUCATIONAL INSTITUTE BY THE AMERICAN COLLEGE OF SURGEONS AND IS PART OF AN INNOVATIVE, NATIONWIDE CONSORTIUM, APPROVED BY THE AMERICAN CONGRESS OF OBSTETRICS AND GYN ECOLOGY FOR TEACHING EXCELLENT SURGICAL SKILLS TO OB/GYN RESIDENTS THE INNOVATIVE CENTER INCLUDES HIGH-FIDELITY, LIFE-LIKE, ADULT AND PEDIATRIC, COMPUTER-CONTROLLED HUMAN PATIENT MANIKINS WHICH RESPOND TO STIMULI, BREATHE, SPEAK, BLINK THEIR EYES, AND PRODUCE HEART BEA TS, BOWEL SOUNDS AND BLOOD PRESSURE READINGS CHRISTIANA CARE IS ONE OF THE LARGEST COMMUN ITY-BASED TEACHING HOSPITALS CONDUCTING RESEARCH IN THE UNITED STATES ROBUST PARTNERSHIPS IN CLINICAL, TRANSLATIONAL AND OUTCOMES RESEARCH BOOST CHRISTIANA CARE'S NATIONAL REPUTAT ION AND SPEED NEW IDEAS, TECHNOLOGIES AND TREATMENTS TO COMMUNITIES CHALLENGED BY TODAY'S MOST PRESSING HEALTH CONCERNS IN FY 2011, CHRISTIANA CARE CONDUCTED MORE THAN 700 CLINICA L RESEARCH AND PHARMACEUTICAL STUDIES SCHOOL BASED HEALTH CENTERS SCHOOL BASED HEALTH CEN TERS REPRESENT ANOTHER IMPORTANT INITIATIVE TO IMPROVE ACCESS TO HEALTH CARE SERVICES IN PARTNERSHIP WITH SCHOOL DISTRICTS AND THE DELAWARE

Identifier	ReturnReference	Explanation
INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH	PART VI, LINE 5	DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, CHRISTIANA CARE OPER ATES 16 HIGH-SCHOOL WELLNESS CENTERS THAT PROVIDE HIGH-QUALITY HEALTH CARE TO TEENS - RIGH T AT THE SCHOOL WELLNESS CENTERS HELP TEENS OVERCOME MANY OBSTACLES TO RECEIVING GOOD HEA LTH CARE SUCH AS LACK OF TRANSPORTATION, INCONVENIENT APPOINTMENT TIMES AND WORRIES ABOUT COST AND CONFIDENTIALITY WORKING WITH EACH STUDENT'S HEALTH CARE PROVIDER, PARENTS AND SC HOOL NURSE, WELLNESS CENTERS PROVIDE COMPREHENSIVE MEDICAL AND MENTAL-HEALTH CARE AND HEAL TH EDUCATION SERVICES OFFERED AT THE WELLNESS CENTERS, INCLUDE - PHYSICAL EXAMINATIONS, INCLUDING ROUTINE EXAMS, SPORTS PHYSICALS AND PRE-EMPLOYMENT PHYSICALS - HEALTH SCREENING S, INCLUDING THOSE FOR COMMUNICABLE INFECTIONS - WOMEN'S HEALTH CARE - TREATMENT FOR MIN OR ILLNESSES AND INJURIES - IMMUNIZATIONS - NUTRITION AND WEIGHT MANAGEMENT - INDIVIDUA L, FAMILY AND GROUP COUNSELING - CRISIS INTERVENTION AND SUICIDE PREVENTION - TOBACCO CE SSATION COUNSELING - DRUG AND ALCOHOL ABUSE COUNSELING AND REFERRAL - OUTREACH TO AT-RIS K YOUTH - HEALTH AND NUTRITION EDUCATION - DOCTOR REFERRALS - FOLLOW-UP AS REQUESTED BY THE STUDENT'S FAMILY HEALTH CARE PROVIDER OTHER COMMUNITY PARTNERSHIPS CHRISTIANA CARE P ARTNERS WITH OTHER ENTITIES IN THE COMMUNITY TO PROVIDE A WIDE RANGE OF SERVICES TO UNDERS ERVED POPULATIONS PRIMARY CARE, CONSULTING PSYCHIATRIC SERVICES, WOUND CARE, DIABETES CAR E AND OTHER SERVICES ARE MADE AVAILABLE THROUGH PARTNERSHIPS WITH FEDERALLY QUALIFIED HEAL TH CENTERS INCLUDING THE HENRIETTA JOHNSON MEDICAL CENTER, THE CLAYMONT COMMUNITY CENTER, AND THE WESTSIDE COMMUNITY HEALTH CENTER CHRISTIANA CARE ANNUALLY HOSTS ANNUALLY A DOMEST IC VIOLENCE FORUM JOINTLY SPONSORED BY WOMENFIRST, CHRISTIANA CARE'S COMMUNITY CENTERS OF EXCELLENCE IN WOMEN'S HEALTH PROGRAM, YWCA, FRIENDSHIP HOUSE, INC , NEW CASTLE COUNTY COUN CIL, CHILDREN & FAMILIES FIRST AND DELAWARE COALITION AGAINST DOMESTIC VIOLENCE WORKING W ITH COMMUNITY PARTNERS, CHRISTIANA CARE PROVIDES HOMELESS DELAWAREANS WITH NEEDED MEDICAL CARE A CREATIVE COLLABORATION BETWEEN CHRISTIANA CARE'S DEPARTMENT OF SOCIAL WORK AND THE SUNDAY BREAKFAST MISSION IN WILMINGTON (THE CITY'S ONLY WALK-IN SHELTER FOR THE HOMELESS) HELPS THE HOMELESS PEOPLE RECEIVE THE CARE THEY NEED SO THEY CAN IMPROVE THEIR HEALTH AND BECOME LESS DEPENDENT ON THE EMERGENCY DEPARTMENT AT WILMINGTON HOSPITAL FOR TREATMENT T HE PROGRAM EXPANDED WHEN THE SUNDAY BREAKFAST MISSION OPENED A SHELTER FOR WOMEN AND CHILD REN CHRISTIANA CARE FURTHER SUPPORTED THE SUNDAY BREAKFAST MISSION THROUGH THE DONATION O F A TRUCKLOAD FULL OF MEDICAL EQUIPMENT, FURNITURE AND OTHER SUPPLIES FOR THE SHELTER'S NE W NURSE OFFICE THE OFFICE CARES FOR 45 MISSION RESIDENTS, FROM INFANTS TO SENIORS CHRIST IANA CARE HOSTED MORE THAN 300 WOMEN AT THE FIRST EVER GIRLS' NIGHT OUT EVENT AT THE HELEN F GRAHAM CANCER CENTER ATTENDEES AT THIS FREE EVENT TOOK ADVANTAGE OF LECTURES ON BREAS T-CANCER DIAGNOSIS AND PREVENTION, AND THE ROLE THAT GENETICS PLAYS IN CANCER PREVENTION GIRLS' NIGHT OUT ATTRACTED A DIVERSE CROWD OF WOMEN OF ALL AGES, RACES AND ETHNICITIES FRO M THROUGHOUT THE AREA, INCLUDING NEW CASTLE, KENT AND SUSSEX COUNTIES, SOUTHEASTERN PENNSY LVANIA, SOUTHERN NEW JERSEY AND CECIL COUNTY, MD CHRISTIANA CARE STAFF PROVIDED FREE BONE - DENSITY AND BLOOD-PRESSURE SCREENINGS FOR 186 ATTENDEES, WHILE BREAST CENTER STAFF LED TO URS OF THEIR NEW OFFICES AND PERFORMED MAMMOGRAMS FOR 40 WOMEN THE INAUGURAL EVENT ALSO F EATURED HEALTHY FOOD DEMONSTRATIONS, A PHOTO BOOTH AND GIVEAWAYS PROVIDED THROUGHOUT THE E VENING TO BETTER SERVE DELAWARE'S RAPIDLY GROWING HISPANIC COMMUNITY, CHRISTIANA CARE PRO VIDED TRAINING FOR PROMOTORAS, LATINA WOMEN WHO LEARN ABOUT BREAST HEALTH AND CANCER SCREE NINGS SO THEY CAN TAKE THAT LIFE-SAVING INFORMATION HOME TO THEIR NEIGHBORS AND LOVED ONES CHRISTIANA CARE'S HEALTHY BEGINNINGS PROGRAM IS FUNDED IN PART BY THE DELAWARE DIVISION OF PUBLIC HEALTH'S HEALTHY MOTHERS/HEALT

Identifier	ReturnReference	Explanation
AFFILIATED HEALTHCARE SYSTEM INFORMATION	PART VI, LINE 6	CHRISTIANA CARE HEALTH SERVICES, INC IS AN AFFILIATE OF CHRISTIANA CARE HEALTH SYSTEM, INC OTHER AFFILIATES IN THE CHRISTIANA CARE FAMILY INCLUDE CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC , (INCLUDING THE CHRISTIANA CARE VISITING NURSE ASSOCIATION), AND CHRISTIANA CARE HEALTH INITIATIVES, INC , EACH OF WHICH CONTRIBUTE TO PROMOTING HEALTH IN THE COMMUNITIES WE SERVE THE CHRISTIANA CARE VISITING NURSE ASSOCIATION FEATURES A DEDICATED TEAM OF NURSES, THERAPISTS, AIDES AND SOCIAL WORKERS WORKING IN TANDEM TO HELP OUR NEIGHBORS WITH THE HEALING POWER OF HOME BEYOND THE SKILLED NURSING, CHRONIC DISEASE MANAGEMENT AND MEDICATION MANAGEMENT SERVICES VNA PROVIDES, OUR TEAM OF MEDICAL SOCIAL WORKERS PROVIDES A WIDE VARIETY OF SUPPORT SERVICES ALZHEIMER'S AND DEMENTIA CARE, AND SUPPORT GROUPS FOR MOTHER AND BABY HOME CARE AND PEDIATRIC HOME CARE ARE AN INTEGRAL PART OF OUR OFFERINGS TO OUR COMMUNITY THE CAREGIVERS SERIES PROVIDES SUCH PRACTICAL GUIDANCE AS HOW TO PREVENT PRESSURE SORES, AVOID FALLS IN THE HOME, MANAGE MEDICATIONS AND NAVIGATE THE MEDICARE SYSTEM CAREGIVERS LEARN SUCH FINE POINTS AS HOW TO PREVENT RESPIRATORY-TRACT INFECTIONS AND TO CHOOSE SHOES WITH VELCRO CLOSURES TO MAKE IT EASIER TO DRESS SOMEONE WITH A DISABILITY BASED ON THE BOOK "THE COMFORT OF HOME A COMPLETE GUIDE FOR CAREGIVERS," THE SERIES IS PRESENTED AT CHRISTIANA CARE LOCATIONS THROUGHOUT THE STATE CAREGIVERS ALSO ARE ENCOURAGED TO LOOK AFTER THEMSELVES EACH SPRING AND FALL, THIS SERIES OF HELPFUL WORKSHOPS FOR FAMILY AND OTHER CAREGIVERS IS HELD IN EACH OF DELAWARE'S THREE COUNTIES TOPICS INCLUDE PLANNING FOR CARE, ACCESSING COMMUNITY AND GOVERNMENT RESOURCES, TAKING CARE OF YOURSELF AS A CAREGIVER, MANAGING MEDICATIONS, AND DEALING WITH COMMON CAREGIVER CHALLENGES, INCLUDING BATHING, ASSISTANCE WITH WALKING AND SAFETY IN THE HOME CHRISTIANA CARE HEALTH INITIATIVES, INC FEATURES CHRISTIANA CARE OCCUPATIONAL HEALTH & WELLNESS SERVICES SPECIALIZES IN THE TREATMENT AND MANAGEMENT OF WORK-RELATED INJURY AND ILLNESS, AND EMPLOYEE HEALTH IT ALSO ENCOMPASSES CHRISTIANA CARE PHYSICAL THERAPY PLUS, OUR OUTPATIENT REHABILITATION SERVICES, WHICH INCLUDES COMPREHENSIVE SERVICES FOR PATIENTS WITH COMPLEX OR CHRONIC DIAGNOSES SUCH AS STROKE OR BRAIN INJURY, LYMPHEDEMA, BALANCE AND VESTIBULAR DYSFUNCTION, PARKINSON'S DISEASE AND MANY OTHERS A SERIES OF FREESTANDING HEALTH CENTERS ROUND OUT CHRISTIANA CARE HEALTH INITIATIVES

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	PART VI, LINE 7	WHILE DELAWARE DOES NOT REQUIRE THE FILING OF A COMMUNITY BENEFIT REPORT, CHRISTIANA CARE HAS ESTABLISHED A DEDICATED SECTION ON OUR WEBSITE THAT CATALOGUES OUR COMMUNITY BENEFIT INITIATIVES AND STORIES THE GROWING LIBRARY OF STORIES (SOME OF WHICH HAVE BEEN RE-PURPOSED IN THE COMMUNITY BENEFITS ANNUAL REPORT COMPILED BY OUR STATEWIDE TRADE AND MEMBERSHIP SERVICES ORGANIZATION, THE DELAWARE HEALTHCARE ASSOCIATION) CAN BE FOUND AT HTTP //WWW CHRISTIANACARE ORG/COMMUNITYBENEFIT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ 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 orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ 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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS L CORRIGAN	(i)	437,518	164,491	7,166	30,155	15,991	655,321	0
	(ii)	0	0	0	0	0	0	0
(2) GARY W FERGUSON	(i)	488,976	178,986	8,352	129,168	6,553	812,035	0
	(ii)	0	0	0	0	0	0	0
(3) ROBERT J LASKOWSKI MD	(i)	833,410	418,000	11,457	166,274	25,028	1,454,169	0
	(ii)	0	0	0	0	0	0	0
(4) TIMOTHY GARDNER	(i)	513,449	145,049	12,607	28,603	15,886	715,594	0
	(ii)	0	0	0	0	0	0	0
(5) NICHOLAS PETRELLI MD	(i)	458,396	129,497	27,743	35,148	15,623	666,407	0
	(ii)	0	0	0	0	0	0	0
(6) WILLIAM WEINTRAUB	(i)	474,735	76,409	38,736	34,775	16,030	640,685	0
	(ii)	0	0	0	0	0	0	0
(7) FERNANDO GARZIA	(i)	550,014	0	9,337	29,432	16,054	604,837	0
	(ii)	0	0	0	0	0	0	0
(8) JANICE NEVIN	(i)	322,455	93,655	15,555	52,509	10,623	494,797	0
	(ii)	0	0	0	0	0	0	0
(9) DIANE TALAREK	(i)	263,959	72,143	0	45,510	10,535	392,147	0
	(ii)	0	0	0	0	0	0	0
(10) RAY SEIGFRIED	(i)	204,686	57,884	0	30,029	15,646	308,245	0
	(ii)	0	0	0	0	0	0	0
(11) BENJAMIN SHAW	(i)	108,144	0	698,983	18,325	0	825,452	0
	(ii)	0	0	0	0	0	0	0
(12) JAMES H NEWMAN MD	(i)	390,682	130,856	7,610	121,834	15,552	666,534	0
	(ii)	0	0	0	0	0	0	0
(13) MICHAEL BANBURY	(i)	850,720	128,969	15,848	40,657	16,364	1,052,558	0
	(ii)	0	0	0	0	0	0	0
(14) BRENDA K PIERCE ESQ	(i)	257,835	64,002	7,636	30,999	15,780	376,252	0
	(ii)	0	0	0	0	0	0	0
(15) AUDREY VAN LUVEN	(i)	252,380	69,969	20,920	31,199	6,004	380,472	0
	(ii)	0	0	0	0	0	0	0
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION		SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPATION FORM 990, SCHEDULE J, LINE 4B CHRISTIANA CARE HEALTH SERVICES, INC ("CCHS") MAINTAINS AN IRC SECTION 457(F) DEFERRED COMPENSATION PLAN THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE 457(F) PLAN DURING THE YEAR ROBERT J LASKOWSKI MD, GARY W FERGUSON, DIANE TALAREK, JANICE NEVIN, MD AND JAMES NEWMAN, MD ---------- PROVISION OF NON-FIXED PAYMENTS FORM 990, SCHEDULE J, LINE 7 CCHS PROVIDES DISCRETIONARY BONUS AND/OR INCENTIVE COMPENSATION PAYMENTS TO ELIGIBLE EMPLOYEES PAYMENTS MADE TO ANY DISQUALIFIED PERSON IS APPROVED BY THE CCHS COMPENSATION COMMITTEE THROUGH THE PROCESS DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 15

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

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 2003	51-0272458	246388ly6	02-19-2003	42,306,644	CONSTRUCT & EXPAND MED BUILDING		X		X		X
B	DELAWARE HLTH FACILITIES AUTHORITY SERIES 2008	51-0272458	246388NVO	11-20-2008	80,000,000	REFINANCE SERIES 2004 & MED BLDG		X		X		X
C	DELAWARE HLTH FACILITIES AUTHORITY SERIES 2009	51-0272458		12-18-2009	30,000,000	REFINANCE SERIES 1998		X		X		X
D	DELAWARE HLTH FACILITIES AUTHORITY SERIES 2010A	51-0272458	246388qe5	11-04-2010	74,491,341	CONSTRUCTION OF HOSPITAL		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	21,426,644	0	4,430,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	43,425,940	80,000,000	30,000,000	74,701,965
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	0	0	0	0
7	Issuance costs from proceeds	674,025	774,850	0	879,197
8	Credit enhancement from proceeds	659,489	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	42,068,998	19,062,025	0	42,918,380
11	Other spent proceeds	0	60,163,125	30,000,000	0
12	Other unspent proceeds	23,428	0	0	30,904,388
13	Year of substantial completion	2006	2006	2000	

		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			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X	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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	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?		X		X		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		X
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		13 300 %		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 ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		13 300 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION REGARDING TAX EXEMPT BONDS	FORM 990, SCHEDULE K, PART II, LINE 3	FOR DELAWARE HLTH FACILITIES AUTHORITY, SERIES 2003, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES $1,119,296 IN INVESTMENT EARNINGS FOR DELAWARE HLTH FACILITIES AUTHORITY, SERIES 2010A, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES $210,624 IN INVESTMENT EARNINGS FOR DELAWARE HLTH FACILITIES AUTHORITY, SERIES 2010, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES $2,360,174 IN INVESTMENT EARNINGS ---------- FORM 990, SCHEDULE K, PART III A PORTION OF THE SERIES 2008 BOND ISSUE WAS USED BY CCHS TO PURCHASE APPROXIMATELY 108 ACRES OF LAND THAT WILL BE UTILIZED BY CCHS FOR FUTURE EXPANSION OF ITS HEALTHCARE OPERATIONS (WITH NO ANTICIPATED PRIVATE BUSINESS USE) WHILE ITS PLANS FOR THIS NEW FACILITY AND OPERATIONS ARE BEING FINALIZED, CCHS ENTERED INTO A SHORT-TERM LEASE OF A PORTION OF THE LAND FOR FARMING ACTIVITIES USE WHILE THIS PORTION OF THE ACQUIRED LAND IS BEING USED BY A THIRD PARTY, THE RENT BEING RECEIVED BY CCHS FOR SUCH USE IS MINIMAL AS SUCH, IT IS ANTICIPATED THAT OVER THE LIFE OF THE BOND, THE SERIES 2008 BOND WILL NOT HAVE PRIVATE BUSINESS USE IN EXCESS OF 5%

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOSEPH GREGG	FAMILY MEMBER OF BRD MBR	28,506	PAYMENT OF COMPENSATION		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

Identifier	Return Reference	Explanation
SUPPLEMENTAL DISCLOSURES		FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICES CHRISTIANA CARE HEALTH SERVICES, HEADQUARTERED IN WILMINGTON, DELAWARE, IS ONE OF THE COUNTRY'S LARGEST HEALTH CARE PROVIDERS, RANKING 17TH IN THE NATION FOR HOSPITAL ADMISSIONS CHRISTIANA CARE IS A MAJOR TEACHING HOSPITAL WITH TWO CAMPUSES AND MORE THAN 240 MEDICAL-DENTAL RESIDENTS AND FELLOWS CHRISTIANA CARE IS RECOGNIZED AS A REGIONAL CENTER FOR EXCELLENCE IN CARDILOGY, CANCER AND WOMEN'S HEALTH SERVICES THE SYSTEM FEATURES A LEVEL 3 NEONATAL INTENSIVE CARE UNIT, THE ONLY DELIVERING HOPSITAL IN THE STATE TO OFFER THIS LEVEL OF CARE FOR NEWBORNS CHRISTIANA CARE HEALTH SERVICES IS ALSO HOME TO DELAWARE'S ONLY LEVEL 1 TRAUMA CENTER, THE ONLY OF ITS KIND BETWEEN PHILADELPHIA AND BALTIMORE A NOT-FOR-PROFIT, NON-SECTARIAN HEALTH SYSTEM, CHRISTIANA CARE INCLUDES TWO HOSPITALS WITH MORE THAN 1,100 PATIENT BEDS, A HOME HEALTH CARE SERVICE, PREVENTIVE MEDICINE, REHABILITATION SERVICES, A NETWORK OF PRIMARY CARE PHYSICIANS AND AN EXTENSIVE RANGE OF OUTPATIENT SERVICES WITH MORE THAN 10,400 EMPLOYEES, CHRISTIANA CARE IS THE LARGEST PRIVATE EMPLOYER IN DELAWARE AND THE 10TH LARGEST EMPLOYER IN THE PHILADELPHIA REGION IN FISCAL YEAR 2011, CHRISTIANA CARE HAD MORE THAN $2 1 BILLION IN TOTAL PATIENT REVENUE AND PROVIDED THE COMMUNITY WITH APPROXIMATELY $27 1 MILLIION IN CHARITY CARE (AT COST) ---------- GOVERNING BODY AND MANAGEMENT FORM 990, PART VI, SECTION A, LINE 7A,B THE BOARD OF DIRECTORS OF CHRISTIANA CARE HEALTH SYSTEM, INC ("SYSTEM"), SOLE MEMBER OF CCHS, AT IT'S ANNUAL MEETING IN NOVEMBER, ELECTS DIRECTORS OF CCHS THE ANNUAL OPERATING BUDGET OF CCHS IS APPROVED BY THE CCHS BOARD, THE SYSTEM FINANCE COMMITTEE AND THE SYSTEM BOARD ---------- FORM 990 REVIEW PROCESS FORM 990, PART VI, SECTION B, LINE 11A INFORMATION RELATED TO CCHS' FORM 990 FILING IS GATHERED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW THE FINAL 2010 FORM 990 FOR THE FISCAL YEAR ENDING JUNE 30, 2011 WAS REVIEWED AND APPROVED BY VARIOUS SENIOR MANAGEMENT OFFICIALS THE ORGANIZATION'S GOVERNING BOARD WAS ALSO PROVIDED ACCESS TO THE APPROVED 2010 FORM 990 VIA ITS BOARD OF DIRECTOR'S PORTAL ---------- CONFLICT OF INTEREST POLICY FORM 990, PART VI, SECTION B, LINE 12C OUR CONFLICT OF INTEREST ("COI") POLICY IS LOCATED IN THE SUPERVISORY POLICY 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 PERCEIVED CONFLICT OR THAT NO CONFLICTS OF INTEREST EXISTS THE HR/EMPLOYEE RELATIONS TEAM FOLLOWS UP WITH ANYONE WHO HAS A CONFLICT OR PERCEIVED CONFLICT OR DOES NOT COMPLETE THE EDUCATION IN ORDER TO RESOLVE THE EMPLOYEE HANDBOOK SETS EXPECTATIONS FOR EMPLOYEE CONFLICTS OF INTEREST 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 CLEARLY COMMUNICATED ---------- COMPENSATION REVIEW AND APPROVAL FORM 990, PART VI, SECTION B, LINE 15 THE BOARD OF DIRECTORS ESTABLISHES CHRISTIANA CARE'S COMPETITIVE TOTAL COMPENSATION POLICY AND PRACTICE THE EXECUTIVE COMPENSATION COMMITTEE ("ECC") OF THE BOARD ENGAGES AN INDEPENDENT THIRD PARTY ANNUALLY WHO ASSESSES DATA FROM SEVERAL MAJOR SURVEY'S TO ENSURE TOTAL REMUNERATION IS MARKET COMPETITIVE AND QUALIFIES FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE INTERMEDIATE SANCTIONS RULE, SECTION 4958 OF THE INTERNAL REVENUE CODE AFTER DELIBERATION, THE ECC DOCUMENTS THEIR DECISIONS IN MEETING MINUTES ---------- GOVERNANCE, MANAGEMENT, AND DISCLOSURE FORM 990, PART VI, SECTION C, LINE 19 THE FORMS 1023 AND 990, GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY OF CCHS ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN ADDITION, THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEB THROUGH DIGITAL ASSURANCE CERTIFICATION ("DAC") ---------- DETAIL OF OTHER CHANGES IN NET ASSETS FORM 990, PART XI, LINE 5 NET UNREALIZED GAINS AND LOSSES $ 83,580,036 TRANSFER TO AFFILIATE 223,727 EFFECT OF DISCONTINUED OPERATIONS (3,616,301) CHANGE IN POST RETIREMENT 90,064,014 BENEFICIAL INTEREST IN SYSTEM 7,890,331 SUBCORPORATIONS 148,790 ---------- TOTAL $178,290,597 ==========

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CAROL A AMMON TITLE CHAIRMAN OF THE BOARD HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID P NICOLI TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN R COCHRAN, III TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DONEENE K DAMON, ESQ TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME OMAR A KHAN, MD, MHS TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT J LASKOWSKI, MD TITLE PRESIDENT & CEO, EX OFFICIO HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LOLITA A LOPEZ TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HON JOSHUA W MARTIN, III TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GORDON OSTRUM, JR, MD TITLE EX OFFICIO MEMBER, VICE CHAIR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN W SCHEFLEN, ESQ TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME FRED C SEARS, II TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILFRED B SHERK TITLE MEMBER HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME NANCY W SNYDER, MS, RN TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JANICE TILDON BURTON, MD TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EDWARD K WISSING TITLE MEMBER HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PATRICK D HARKER, PHD TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LEO W RAISIS, MD TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME W DONALD JOHNSON TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANN KAPPEL TITLE EX OFFICIO HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANAND P PANWALKER, MD TITLE EX OFFICIO MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARY M PFEIFFER TITLE CHAIR ELECT HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT R RIDOUT TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DONALD R KIRTLEY TITLE MEMBER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS L CORRIGAN TITLE SR VP FINANCE/CFO, OFF OF BRD HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARY W FERGUSON TITLE CHIEF OPER OFF, OFF OF BOARD HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLIAM J WADE TITLE OFFICER OF BOARD HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BRENDA K PIERCE, ESQ TITLE OFFICER OF BOARD HOURS 2

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHRISTIANA CARE CAMPUS REALTY LLC 4701 OGLETOWN-STANTON ROAD NEWARK, DE 19713 51-0103684	SUPPORT SRVCS	DE	0	0	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 organization	
						Yes	No
(1) CHRISTIANA CARE HEALTH SYSTEM INC 501 WEST 14TH STREET WILMINGTON, DE 19801 52-1479538	fundraising	DE	501(C)(3)	7	NA		No
(2) CHRISTIANA CARE HLTH INITIATIVES INC 200 HYGEIA DRIVE SUITE 2300 NEWARK, DE 19713 51-0295186	OUTPATIENT SV	DE	501(C)(3)	9	CCH 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	CCH 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
(1) DELAWARE SLEEP DISORDERS CTR 200 HYGEIA DRIVE NEWARK, DE19713 20-5126228	MEDICAL SERVICES	DE	CCHI	N/A								
(2) GLASGOW MEDICAL CENTER LLC 2600 GLASGOW AVENUE SUITE 204 NEWARK, DE19702 51-0320926	MEDICAL SERVICES	DE	CCHI	N/A								
(3) LIMESTONE MEDICAL IMAGING LLC 200 HYGEIA DRIVE NEWARK, DE19713 20-3113063	MEDICAL SERVICES	DE	CCHI	N/A								

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
(1) ALL ABOUT WOMEN 200 HYGEIA DRIVE NEWARK, DE19713 20-3894053	HEALTHCARE	DE	CCHS	C CORP	0	586,925	100 000 %
(2) THE DE CTR FOR MAT FETAL MED OF CC INC 200 HYGEIA DRIVE NEWARK, DE19713 20-5891272	HEALTHCARE	DE	CCHS	C CORP	-128,797	2,619,208	100 000 %
(3) CHR CARE VASCULAR SPECIALISTS INC 200 HYGEIA DRIVE NEWARK, DE19713 20-8303207	HEALTHCARE	DE	CCHS	C CORP	0	606,787	100 000 %
(4) CHRISTIANA CARE HEALTH PLANS 200 HYGEIA DRIVE OFFICE 2524 NEWARK, DE19713 51-0352728	INSURANCE	DE	CCH SYSTEM	C CORP			

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CHR CARE VASCULAR SPECIALISTS INC	A	240,766	FMV
(2) THE DE CTR FOR MAT FETAL MED OF CC INC	A,L	583,741	FMV
(3) ALL ABOUT WOMEN OF CHRISTIANA CARE INC	A	439,579	FMV
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135025342

TY 2010 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 $ 4,376,562 CHRISTIANA CARE HEALTH SERVICES 190,594 1,171,284,591 CHRISTIANA CARE HOME HEALTH AND COMMUNITY SERVICES NONE 40,933,570 CHRISTIANA CARE HEALTH INITIATIVES NONE 35,669,018 ---------- ---------- TOTAL $ 190,594 $1,252,263,741 THE ORGANIZATION HAS MADE THE LOBBYING ELECTION UNDER I.R.C. SECTION 501(H) FOR THE TAX YEAR ENDED JUNE 30, 2011. THIS ELECTION HAS NOT BEEN REVOKED BEFORE THE START OF THE ORGANIZATION'S TAX YEAR THAT BEGAN IN 2010.

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 on Schedule O (Form 990).

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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) Pooled Financing	
							Yes	No	Yes	No	Yes	No
A	DELAWARE HLTH FACILITIES AUTH REV, SERIE	illegible	illegible	illegible	illegible	ACQUISITION FACILITY						
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0.			
2	Amount of bonds legally defeased	0.			
3	Total proceeds of issue	127,555,174.			
4	Gross proceeds in reserve funds	0.			
5	Capitalized interest from proceeds	0.			
6	Proceeds in refunding escrows	0.			
7	Issuance costs from proceeds	684,318.			
8	Credit enhancement from proceeds	0.			
9	Working capital expenditures from proceeds	0.			
10	Capital expenditures from proceeds	0.			
11	Other spent proceeds	0.			
12	Other unspent proceeds	126,870,856.			
13	Year of substantial completion				

		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						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?								

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
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 ▶	0.0000 %		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.0000 %		%		%		%	
6 Total of lines 4 and 5	0.0000 %		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

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

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Christiana Care Health Services, Inc.

Financial Statements
June 30, 2011 and 2010

Christiana Care Health Services, Inc.
Index
June 30, 2011 and 2010

pwc

Report of Independent Auditors

To the Board of Directors
of Christiana Care Health Services, Inc

In our opinion, the accompanying balance sheets and the related statements of operations, changes in net assets and cash flows present fairly, in all material respects, the financial position of Christiana Care Health Services, Inc ("Health Services") at June 30, 2011 and 2010, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America These financial statements are the responsibility of Health Services' management Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

PricewaterhouseCoopers LLP

September 26, 2011

PricewaterhouseCoopers LLP, Two Commerce Square, Suite 1700, 2001 Market Street, Philadelphia, PA 19103-7042
T: (267) 330 3000, F: (267) 330 3300, www.pwc.com/us

Christiana Care Health Services, Inc.
Balance Sheets
June 30, 2011 and 2010

	2011	2010
Assets		
Current assets		
Cash and cash equivalents	$ 127,734,581	$ 170,416,854
Short-term investments	181,549,743	128,736,380
Patient accounts receivable, net of allowance for doubtful accounts of $15,124,087 in 2011 and $13,478,131 in 2010	155,181,536	151,017,837
Other current assets	50,773,603	39,233,614
Assets limited as to use	1,746,674	-
Total current assets	516,986,137	489,404,685
Assets limited as to use	181,021,668	20,069,606
Long-term investments	643,800,838	472,375,502
Property and equipment, net	630,718,211	609,775,994
Other assets	56,652,199	41,982,995
Total assets	$2,029,179,053	$1,633,608,782
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt	$ 188,415,000	$ 87,990,000
Accounts payable	39,588,774	43,450,716
Accrued salaries and professional fees	93,608,778	86,195,032
Estimated third-party payor settlements	16,657,512	14,044,487
Other accrued expenses and current liabilities	28,686,426	38,810,550
Total current liabilities	366,956,490	270,490,785
Long-term debt, net of current portion	140,005,871	46,932,083
Pension and postretirement benefits	172,951,291	276,097,031
Self insurance liabilities	26,886,264	30,641,529
Other liabilities	31,094,663	26,900,727
Total liabilities	737,894,579	651,062,155
Net assets		
Unrestricted	1,214,890,908	915,828,030
Temporarily restricted	53,013,396	44,085,612
Permanently restricted	23,380,170	22,632,985
Total net assets	1,291,284,474	982,546,627
Total liabilities and net assets	$ 2,029,179,053	$ 1,633,608,782

The accompanying notes are an integral part of these financial statements

Christiana Care Health Services, Inc.
Statements of Operations and Changes in Net Assets
Years Ended June 30, 2011 and 2010

	2011	2010
Unrestricted operating revenues and other support		
Net patient service revenue	$ 1,207,475,995	$ 1,156,901,353
Other revenue	147,273,980	138,831,424
Net assets released from restrictions	2,145,291	3,911,093
Total unrestricted operating revenues and other support	1,356,895,266	1,299,643,870
Operating expenses		
Salaries and employee benefits	782,135,746	756,818,593
Supplies and other expenses	380,651,507	374,674,734
Interest expense	2,106,458	2,796,988
Provision for bad debts	28,919,079	26,021,891
Depreciation and amortization	74,083,493	71,824,639
Total operating expenses	1,267,896,283	1,232,136,845
Operating gain	88,998,983	67,507,025
Nonoperating revenues, gains, and losses		
Investment income	122,018,279	67,644,082
Other gains and (losses)	432,229	(12,117,188)
Total nonoperating revenues, gains, and losses	122,450,508	55,526,894
Excess of revenues over expenses	$ 211,449,491	$ 123,033,919

The accompanying notes are an integral part of these financial statements

Christiana Care Health Services, Inc.
Statements of Operations and Changes in Net Assets, continued
Years Ended June 30, 2011 and 2010

	2011	2010
Unrestricted net assets		
Excess of revenues over expenses	$ 211,449,491	$ 123,033,919
Net assets released from restrictions used for purchase of property and equipment	686,426	4,112,668
Other changes in pension and postretirement liabilities	90,064,014	(39,921,577)
Transfer from affiliate	479,248	12,352,301
Increase in unrestricted net assets before discontinued operations	302,679,179	99,577,311
Effect of discontinued operations	(3,616,301)	126,012
Increase in unrestricted net assets	299,062,878	99,703,323
Temporarily restricted net assets		
Contributions	3,496,637	7,798,204
Interest and dividend income	628,054	669,511
Transfer to affiliate	(255,521)	(194,982)
Change in beneficial interest in net assets of the System	7,890,331	1,349,266
Net assets released from restrictions	(2,831,717)	(8,023,761)
Increase in temporarily restricted net assets	8,927,784	1,598,238
Permanently restricted net assets		
Net realized gains	747,185	320,108
Increase in permanently restricted net assets	747,185	320,108
Increase in net assets	308,737,847	101,621,669
Net assets, beginning of year	982,546,627	880,924,958
Net assets, end of year	$ 1,291,284,474	$ 982,546,627

The accompanying notes are an integral part of these financial statements

Christiana Care Health Services, Inc.
Statements of Cash Flows
Years Ended June 30, 2011 and 2010

	2011	2010
Cash flows from operating activities		
Change in net assets	$ 308,737,847	$ 101,621,669
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Effect of discontinued operations	3,616,301	(126,012)
Net realized and unrealized gains on investments	(107,507,477)	(55,233,267)
Depreciation and amortization	74,083,493	71,824,639
Provision for bad debts	28,919,079	26,021,891
Transfer from affiliate	(479,248)	(12,352,301)
Change in beneficial interest in net assets of the System	(7,890,331)	(1,349,266)
Restricted contributions and investment income received	(4,871,876)	(8,787,823)
(Increase) decrease in		
Patient accounts receivable	(33,082,778)	(23,365,696)
Other current assets	(11,539,989)	(3,915,866)
Other assets	(8,886,822)	1,676,069
Increase (decrease) in		
Accounts payable and accrued expenses	(8,271,797)	5,583,875
Estimated third-party payor settlements	2,613,025	9,326,772
Pension and postretirement benefits	(103,145,740)	(1,629,309)
Self insurance liabilities	(3,755,265)	(9,402,618)
Other liabilities	5,487,724	12,359,691
Net cash provided by continuing operations	134,026,146	112,252,448
Net cash provided by discontinued operations	-	124,463
Net cash provided by operating activities	134,026,146	112,376,911
Cash flows from investing activities		
Purchase of property and equipment, net	(92,692,053)	(82,809,893)
Proceeds from sale of investments and assets limited as to use	499,868,377	265,888,937
Purchase of investments and assets limited as to use	(779,298,335)	(271,871,238)
Net cash used in investing activities	(372,122,011)	(88,792,194)
Cash flows from financing activities		
Repayment of long-term debt	(7,990,000)	(37,890,000)
Proceeds from issuance of long-term debt	200,195,000	30,000,000
Debt issuance costs	(246,225)	(85,983)
Securities lending	(1,896,307)	(1,864,135)
Restricted contributions and investment income received	4,871,876	8,787,823
Transfer from affiliate	479,248	12,352,301
Net cash provided by financing activities	195,413,592	11,300,006
Net (decrease) increase in cash and cash equivalents	(42,682,273)	34,884,723
Cash and cash equivalents		
Beginning of year	170,416,854	135,532,131
End of year	$ 127,734,581	$ 170,416,854
Supplemental disclosure of cash flow information		
Cash paid for interest, net of amounts capitalized	$ 1,066,654	$ 3,074,959

The accompanying notes are an integral part of these financial statements

1. Description of the Organization

Christiana Care Health Services, Inc ("Health Services"), a Delaware not-for-profit corporation, owns and operates Christiana Hospital, Wilmington Hospital, Eugene duPont Preventive Medicine and Rehabilitation Institute, a physician network, and residency training programs Health Services' primary activity is to provide healthcare services to the residents of Delaware and the surrounding counties in Maryland, Pennsylvania, and New Jersey

Health Services is an affiliate of Christiana Care Health System, Inc (the "System") The System is the parent organization of Health Services, Christiana Care Health Initiatives ("Health Initiatives"), Christiana Care Home Health and Community Services, Inc ("CCHHCS") and Christiana Care Health Plans, Inc ("Health Plans")

2. Summary of Significant Accounting Policies

Basis of Accounting

Health Services' financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America

Basis of Presentation

Health Services reports its net assets by classifying net assets into three categories according to donor imposed restrictions A description of these categories is as follows

Unrestricted net assets are free of donor imposed restrictions, all revenues, expenses, gains and losses that are not changes in temporarily or permanently restricted net assets

Temporarily restricted net assets include gifts for which donor imposed restrictions have not been met and the ultimate purpose of the proceeds is not permanently restricted

Permanently restricted net assets include gifts, trusts, and pledges which require, by donor restriction, that the corpus be invested in perpetuity and only the income be made available for program operations in accordance with donor restrictions

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Net Patient Service Revenue

Health Services has agreements with third-party payors that provide for payments to Health Services at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per-diem payments Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined

Revenue from the Medicare and Medicaid programs accounted for approximately 32% and 12%, respectively, of Health Services' net patient service revenue for the year ended June 30, 2011 and 32% and 11%, respectively, for the year ended June 30, 2010 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term The 2011 net patient service revenue increased approximately $1,498,000 and the 2010 net patient service revenue decreased by approximately $6,555,000 respectively because of final settlements and years that are no longer subject to audits, reviews, and investigations, as well as other changes in estimates

Charity Care
Health Services provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because Health Services does not pursue collections of amounts determined to qualify as charity care, they are not reported as revenue

Cash and Cash Equivalents
Cash and cash equivalents include investments in highly liquid debt instruments with original maturities of three months or less At June 30, 2011 and 2010, Health Services had cash balances in financial institutions which exceed federal depository insurance limits Management believes that the credit risk related to these deposits is minimal

Inventories
Inventories are stated at the lower of cost (determined by the first-in, first-out method) or market

Investments and Assets Limited as to Use
Investments and assets limited as to use are measured at fair value in the balance sheets based on the methodology described in Note 3 Managed funds represent subscriptions in funds-of-funds utilized to diversify the portfolio of Health Services Health Services estimates the fair value of managed funds using the reported net asset value (NAV) If the NAV is not calculated on the measurement date Health Services utilizes valuation techniques to determine if adjustment is necessary for consistent reporting Health Services has assessed factors such as the managed funds' compliance with fair value reporting standards, price transparencies and valuation procedures, the ability to redeem at NAV at the measurement date, and existence of redemption restrictions at the measurement dates Health Services is required to provide written notice of at least 90 calendar days prior to a calendar quarter end to redeem managed funds There are no lock-up provisions Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) are included in the excess of revenues over expenses unless the income or loss is restricted by donor

Assets limited as to use primarily include (i) assets held by trustees under indenture agreements, and (ii) designated assets set aside by the Board of Directors ("Board") Assets limited as to use classified as current in the balance sheet at June 30, 2011 represent bond proceeds to pay unpaid construction associated with the Wilmington Hospital project (Note 8)

Investments classified as current in the balance sheet at June 30, 2011 and 2010 are for amounts required to meet current liabilities and other operating needs of the organization

Health Services classifies investments as trading securities Investment income or loss generated by trading securities is classified within nonoperating revenues, gains, and losses within the statement of operations and changes in net assets During the 2011 fiscal year, Health Services evaluated the activity of the investment portfolio and determined the cash receipts and cash purchases resulting from purchases and sales of investments classified as trading securities as an investing activity and classified this activity accordingly within the statements of cash flows Additionally, Health Services reclassified the prior year activity from an operating activity to an investing activity

Property, Equipment, and Depreciation
Property and equipment acquisitions are recorded at cost Expenditures which substantially increase the useful lives of existing assets are capitalized Routine maintenance and repairs are expensed as incurred Depreciation is computed using the straight-line method based on the following estimated useful lives Buildings and building improvements 5-40 years, equipment 3-20 years Gains and losses from retirement or disposition of fixed assets are recognized in the statement of operations as nonoperating activity Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted contributions at fair value as of the date of the gift, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

Securities Lending
Health Services engages in securities lending whereby certain securities in its portfolio are loaned to other parties generally for a short period of time Health Services receives collateral equal to 102% of the market value of securities borrowed In accordance with ASC 860, *Transfers and Servicing*, Health Services records the fair value of the collateral received as both other current assets and other current liabilities as Health Services is obligated to return the collateral upon the return of the borrowed securities Other current assets and liabilities include $1,043,991 and $2,940,298 of collateral investments at June 30, 2011 and 2010, respectively

Deferred Financing Costs
Deferred financing costs represent the cost of issuing long-term debt Such costs are being amortized over the life of the applicable indebtedness using the interest method Deferred financing costs included in other assets totaled $2,551,764 and $1,043,412 at June 30, 2011 and 2010, respectively

Beneficial Interest in the System
Health Services records an interest in certain net assets of the System resulting from temporarily and permanently restricted contributions that were solicited and held by the System for the ultimate benefit of Health Services A beneficial interest in the net assets of the System is recorded within other assets in the balance sheet Changes in the value of the beneficial interest in the net assets of the System is recorded as a change in temporarily restricted net assets

Investments Held in Trust
Health Services is entitled to beneficial interests in perpetual trusts at various percentages, which are maintained by outside trustees Health Services' share of the market value of the trusts are recorded in permanently restricted net assets Unrealized gains and losses are also recorded as permanently restricted The periodic income distributions received from the trustees are recorded as increases in unrestricted or temporarily restricted net assets, based on the donors' intentions

Excess of Revenue over Expenses
The statement of operations includes excess of revenues over expenses Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets), other changes in pension and postretirement liabilities, and the effect of discontinued operations

Donor-Restricted Gifts
Unconditional promises to give cash and other assets to Health Services are reported at fair value at the date the promise is received The contributions are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions Donor restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements

Compensated Paid Leave
Health Services records a liability for amounts due to employees for future paid leave which are attributable to services performed in the current and prior periods During the 2010 fiscal year, Health Services recorded an estimated liability of $9,500,000 within other liabilities for employees' unused sick-time that was earned through June 30, 2010 A corresponding loss is recorded within other gains and (losses) in the Statements of Operations for the year ended June 30, 2010

Tax Status
Health Services is a Delaware nonprofit corporation and has been recognized as tax-exempt pursuant to Section 501(c) (3) of the Internal Revenue Code

In March 2010, the Internal Revenue Service (IRS) announced that for periods ending before April 1, 2005, medical residents would be eligible for the student exemption of Federal Insurance Contributions Act (FICA) taxes As a result, organizations that had filed timely FICA refund claims covering periods up through that date are eligible for refunds of both the employer and employee portions of FICA taxes paid, plus statutory interest Health Services completed the claim filing process in December 2010 As a result of the decision made by the IRS, Health Services recorded a net receivable of approximately $9 6 million in other current assets in the accompanying June 30, 2011 balance sheet Additionally, within the statement of operations for the year ended June 30, 2011, Health Services recorded a reduction in employee benefits expense of $6 6 million representing the previous overpayment of FICA taxes and $3 million within nonoperating gains representing the statutory interest associated with the claim recovery Health Services has established these estimates based on information presently available however these estimates are subject to change as the IRS adjudicates the claims

Subsequent Events
Health Services has performed an evaluation of subsequent events through September 26, 2011, which is the date the financial statements were considered widely distributed

Reclassifications
Certain amounts in the prior year financial statements have been reclassified to conform to the current year presentation

3. Investments, Assets Limited as to Use, and Investment Income

The composition of investments and assets limited as to use at June 30, 2011 and 2010 is set forth in the following table Investments and assets limited to use are stated at fair value

	2011	2010
Short-term investments	$ 181,549,743	$ 128,736,380
Assets limited as to use		
Externally designated by bond trustee		
Construction funds	157,775,244	-
Escrow funds	23,428	23,428
Total externally designated	157,798,672	23,428
Internally designated by Board of Directors		
Cancer program	24,969,670	20,046,178
Total assets limited as to use	182,768,342	20,069,606
Long-term investments		
Unrestricted	600,431,525	430,790,826
Temporarily restricted	26,862,275	25,824,822
Permanently restricted	16,507,038	15,759,854
Total long-term investments	643,800,838	472,375,502
Total investments and assets limited as to use	$ 1,008,118,923	$ 621,181,488

Within the Statement of Operations, investment income is comprised of the following

	Year ended June 30,	
	2011	2010
Interest and dividend income	$ 14,510,802	$ 12,410,815
Net realized gains	23,927,441	14,932,210
Change in net unrealized gains	83,580,036	40,301,057
	$ 122,018,279	$ 67,644,082

Health Services adheres to applicable accounting guidance for fair value measurements and defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date

Health Services applies the following fair value hierarchy

Level 1 – Quoted prices in active markets for identical assets or liabilities Level 1 assets include money market funds, debt and equity securities that are traded in an active exchange market, as well as certain U S Treasury and other U S Governments and agencies that are highly liquid and are actively traded in over-the counter markets

Level 2 – Observable inputs other than Level 1 such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the same term of the assets or liabilities Level 2 assets include equity, fixed income managed funds, and swap arrangements with quoted prices that are traded less frequently than exchange-traded instruments whose value is determined using a pricing model with inputs that are observable in the market or can be derived principally from or corroborated by observable market data

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities Level 3 assets include equity managed funds and investments held in trust by others whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement

The following table presents the financial instruments carried at fair value as of June 30, 2011 in accordance with the fair value hierarchy

	Level 1	Level 2	Level 3	Total
Investments and assets limited as to use				
Money market funds	$ 224,341,717	$ -	$ -	$ 224,341,717
U S Government and agency securities	29,600,627	52,824,228	-	82,424,855
Corporate and other debt securities	-	263,298,707	-	263,298,707
Equity securities	235,205,419	137,599,619	-	372,805,038
Equity managed funds	-	-	57,760,812	57,760,812
Investments held in trust by others	-	-	7,487,794	7,487,794
Total investments and assets limited as to use	489,147,763	453,722,554	65,248,606	1,008,118,923
Swap arrangements	-	537,337	-	537,337
Total assets at fair value	489,147,763	454,259,891	65,248,606	1,008,656,260

The following table illustrates the change in level 3 assets

	Investments Held by Others	Equity Managed Funds
Fair value July 1, 2010	$ 6,740,609	$ -
Purchases	-	54,500,000
Realized gains	172,243	447,848
Net change in unrealized gains	574,942	2,812,964
Fair value June 30, 2011	$ 7,487,794	$ 57,760,812

The following table presents the financial instruments carried at fair value as of June 30, 2010 in accordance with the fair value hierarchy

	Level 1	Level 2	Level 3	Total
Investments and assets limited as to use				
Money market funds	$ 96,734,044	$ -	$ -	$ 96,734,044
U S Government and agency securities	16,900,689	17,258,153	-	34,158,842
Corporate and other debt securities	-	149,787,650	-	149,787,650
Equity securities	231,159,543	102,600,800	-	333,760,343
Investments held in trust by others	-	-	6,740,609	6,740,609
Total investments and assets limited as to use	344,794,276	269,646,603	6,740,609	621,181,488
Swap Arrangements	-	(84,804)	-	(84,804)
Total assets at fair value	$ 344,794,276	$ 269,561,799	$ 6,740,609	$ 621,096,684

The following table illustrates the change in Level 3 assets

Fair value July 1, 2009	$ 6,420,501
Realized gains	345,073
Net change in unrealized gains	(24,965)
Fair value June 30, 2010	$ 6,740,609

4. Property and Equipment

A summary of property and equipment at June 30, 2011 and 2010 is as follows

	2011	2010
Land and land improvements	$ 40,087,383	$ 33,994,598
Land held for future use	20,360,888	20,360,888
Buildings and building improvements	785,191,357	767,830,269
Equipment	596,023,399	559,949,440
	1,441,663,027	1,382,135,195
Accumulated depreciation	(886,501,819)	(817,024,052)
	555,161,208	565,111,143
Construction-in-progress	75,557,003	44,664,851
	$ 630,718,211	$ 609,775,994

Depreciation expense amounted to $73,835,039 and $71,628,545 in 2011 and 2010, respectively In 2011 and 2010, Health Services incurred total interest costs of $4,330,645 and $3,233,446, respectively, of which $2,224,187 in 2011 and $436,458 in 2010 has been capitalized At June 30, 2011 construction contracts of $189,300,104 exist primarily for various expansion and other facility improvements The remaining commitment on these contracts was $140,764,143 Included in the remaining commitment is $139,779,090 for the expansion and renovation of the Wilmington Hospital Campus This project is due to be completed in 2014 At June 30, 2011 and 2010, $3,595,784 and $3,455,069, respectively, of property and equipment purchases had not been paid and accordingly, were accrued in other accrued expenses and current liabilities

5. Other Assets

Other Assets at June 30, 2011 and 2010 consist of the following

	2011	2010
Beneficial interest in the System	$ 33,024,253	$ 25,133,922
Deferred financing costs	2,551,764	1,043,412
Long term deposits	1,400,000	1,400,000
Value of interest rate swap	537,337	-
Goodwill	1,015,805	1,015,805
Other	16,386,163	8,079,894
Assets held for sale	1,736,877	5,309,962
	$ 56,652,199	$ 41,982,995

During the 2010 fiscal year Health Services committed to a plan to sell the property and equipment at the Riverside Health Care Center (See Note 17) The carrying value of this property and equipment, which approximates its fair value less costs to sell, is separately presented within other assets in the balance sheet

6. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2011 and 2010

	2011	2010
Health care services	$ 6,445,807	$ 6,755,880
Purchases of buildings and equipment	33,713,309	25,257,072
Education, research, and other operational needs	12,854,280	12,072,660
	$ 53,013,396	$ 44,085,612

Permanently restricted net assets consist of the following at June 30, 2011 and 2010

	2011	2010
Investments held in perpetuity	$ 15,892,376	$ 15,892,376
Investments held in trust by others	7,487,794	6,740,609
	$ 23,380,170	$ 22,632,985

7. Endowments

Health Services' endowment consists of approximately eight individual donor restricted endowment funds and one board-designated endowment fund for a variety of purposes The endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments The net assets associated with endowment funds including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor imposed restrictions

Health Services has interpreted the Uniform Prudent Management of Institutional Funds Act ("UPMIFA") as requiring the preservation of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, Health Services classifies as permanently restricted net assets, (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure on an annual basis by the Board of Directors of Health Services in a manner consistent with the standard of prudence prescribed by UPMIFA

Endowment net asset composition by type of fund as of June 30, 2011 and 2010

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
		2011		
Endowment funds:				
Donor-restricted	$ -	$ 15,116,675	$ 9,019,244	$ 24,135,919
Board-designated	24,969,670	-	-	24,969,670
Total endowment funds	$ 24,969,670	$ 15,116,675	$ 9,019,244	$ 49,105,589
		2010		
Endowment funds:				
Donor-restricted	$ -	$ 15,598,804	$ 9,019,244	$ 24,618,048
Board-designated	20,046,178	-	-	20,046,178
Total endowment funds	$ 20,046,178	$ 15,598,804	$ 9,019,244	$ 44,664,226

Changes in endowment net assets for the year ended June 30, 2011 and 2010

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, July 1, 2010	$ 20,046,178	$ 15,598,804	$ 9,019,244	$ 44,664,226
Investment income	4,923,492	628,054	-	5,551,546
Appropriation of endowment assets for expenditure	-	(1,110,183)	-	(1,110,183)
Endowment net assets, June 30, 2011	$ 24,969,670	$ 15,116,675	$ 9,019,244	$ 49,105,589
Endowment net assets, July 1, 2009	$ 43,274,030	$ 15,908,956	$ 9,019,244	$ 68,202,230
Investment income	1,772,148	669,511	-	2,441,659
Removal of board designation	(25,000,000)	-	-	(25,000,000)
Appropriation of endowment assets for expenditure	-	(979,663)	-	(979,663)
Endowment net assets, June 30, 2010	$ 20,046,178	$ 15,598,804	$ 9,019,244	$ 44,664,226

Description of Amounts classified as Permanently Restricted Net Assets and Temporarily Restricted Net Assets (Endowments Only)

	2011	2010
Temporarily restricted net assets		
Restricted for indigent care	$ 6,293,064	$ 6,716,109
Restricted for building and maintenance	5,459,375	5,826,188
Restricted for program support	3,364,236	3,056,507
Total temporarily restricted net assets	$ 15,116,675	$ 15,598,804
Permanently restricted net assets		
Restricted for salary support	$ 1,082,166	$ 1,082,166
Restricted for program support	7,937,078	7,937,078
Total permanently restricted net assets	$ 9,019,244	$ 9,019,244

Endowment Funds with Deficits
From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the value of the initial and subsequent donor gift amounts (deficit) When donor-restricted endowment deficits exist, they are classified as a reduction of unrestricted net assets There were no deficits of this nature reported in unrestricted net assets as of June 30, 2011 and June 30, 2010

Strategies Employed for Achieving Investment Objectives
To achieve its long-term rate of return objectives, Health Services relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized gains) and current yield (interest and dividends) Health Services targets a diversified asset allocation that places greater emphasis on equity-based investments to achieve its long-term objectives within prudent risk constraints

8. Debt

Health Services debt at June 30, 2011 and 2010 consisted of the following

	Interest rates	Final maturity	2011	2010
Series 2010 Revenue Bonds				
2010A	4 00% to 5 00%	2040	$ 73,000,000	$ -
2010B	variable	2040	75,000,000	-
2010C	variable	2040	25,000,000	-
2010D	2 44%	2020	10,335,000	-
2010E	3 01%	2025	16,860,000	-
Series 2009 Revenue Bonds	2 95%	2015	25,570,000	30,000,000
Series 2008 Revenue Bonds				
2008A	variable	2038	55,000,000	55,000,000
2008B	variable	2038	25,000,000	25,000,000
Series 2003 Revenue Bonds	3 80% to 5 25%	2015	20,880,000	24,440,000
			326,645,000	134,440,000
Unamortized premium			1,775,871	482,083
Current maturities			(8,415,000)	(7,990,000)
Long-term variable rate debt classified as current			(180,000,000)	(80,000,000)
			$ 140,005,871	$ 46,932,083

In November 2010, the Delaware Health Facilities Authority, on behalf of Health Services, issued $73,000,000 of fixed rate revenue bonds (Series 2010A Bonds), $75,000,000 of variable rate revenue bonds (Series 2010B Bonds), and $25,000,000 of variable rate revenue bonds (Series 2010C Bonds), collectively the Series 2010A/B/C Bonds Concurrent with the issuance of the Series 2010A/B/C Bonds, through a direct placement with a bank, Health Services issued $10,335,000 of fixed rate revenue bonds (Series 2010D Bonds) and $16,860,000 of fixed rate revenue bonds (Series 2010E Bonds) The Series 2010A/B/C Bonds along with the Series 2010D Bonds and the Series 2010E Bonds are referred to as the "2010 bond issuance"

The proceeds from the 2010 bond issuance will be primarily used to finance or reimburse Health Services for the construction and expansion of the Wilmington Hospital The proceeds were deposited into a construction fund as designated by the Bond Trustee (Note 3)

The 2010B Bonds and 2010C Bonds bear interest at a variable rate as determined by a remarketing agent, reset on a weekly and monthly basis, respectively Interest rates ranged from 05% to 30% for the Series 2010B Bonds and from 17% to 30% for the Series 2010C Bonds

In December 2009, through a direct placement with a bank, Health Services issued $30,000,000 of fixed rate bonds (Series 2009 Bonds) Proceeds from the issuance of the Series 2009 Bonds were used to extinguish all of the outstanding 1998 Bonds In conjunction with this transaction, Health Services recorded a loss from extinguishment of debt of $257,600

The Series 2008A Bonds bear interest at a variable rate, as determined by a remarketing agent, reset on a daily basis The Series 2008B Bonds bear interest at a variable rate, as determined by a remarketing agent, reset on a weekly basis The rates for the Series 2008 Bonds ranged from 03% to 32% during 2011 and 09% to 33% during 2010

Health Services is obligated to purchase any Series 2010B Bonds, Series 2010C Bonds and Series 2008 Bonds not remarketed The Series 2010B Bonds, Series 2010C Bonds and Series 2008 Bonds are classified as a current liability on the June 30, 2011 and June 30, 2010 balance sheets In the event the Series 2010B Bonds, Series 2010C Bonds and Series 2008 Bonds are not remarketed, Health Services would use available cash and investments to meet the obligations Assuming the remarketing of the Series 2010B Bonds, Series 2010C Bonds and Series 2008 Bonds scheduled maturities are as follows

2012	$ 8,415,000
2013	8,860,000
2014	9,330,000
2015	9,815,000
2016	10,030,000
Thereafter	280,195,000
	$ 326,645,000

Long-Term Debt Obligations
The fair value of long-term debt is based on quoted market prices or estimated using discounted cash flow analyses The fair value of Health Services long-term debt is $326,678,818 and $136,023,584 at June 30, 2011 and 2010, respectively

Defeasance
As of June 30, 2011 and 2010, $8,700,000 and $9,650,000, respectively, of advance refunded bonds, which are considered defeased, remain outstanding The defeasances were accomplished by depositing sufficient funds in an irrevocable escrow account held by a bank trustee The escrowed account will be used to satisfy all principal and interest requirements relating to the defeasance of the bonds Health Services was legally released as the primary obligor of the defeased bonds and, accordingly, the obligation to repay these bonds is no longer included in the balance sheets

9. Interest Rate Swap Agreement

In conjunction with the issuance of the Series 2008 Bonds, Health Services entered into an interest rate swap agreement for a notional amount of $25,000,000 with a financial institution to reduce Health Services' overall interest expense Under the interest rate swap agreement, Health Services receives payments from the financial institution in the amount of 67% of one month LIBOR In exchange, Health Services will pay the financial institution a fixed rate The fair value of the interest rate swap represented an asset of $537,337 at June 30, 2011 recorded within other assets and a liability of $84,804 at June 30, 2010 recorded within other liabilities The change in the fair value of the interest rate swap of $622,141 is recorded as a component of other gains and (losses) within the statement of operations

10. Commitments and Contingencies

Leases
Health Services has various leases for office facilities and other equipment under both cancelable and noncancelable operating leases Total related lease expense amounted to $8,995,977 and $9,186,774 in 2011 and 2010 respectively Future minimum lease payments under noncancelable operating leases are as follows

2012	$ 9,553,253
2013	7,370,796
2014	5,802,741
2015	3,480,630
2016	2,132,216
Thereafter	3,475,346

Litigation
Health Services is a defendant in several matters of litigation, all in the ordinary course of conducting business Management believes the ultimate outcome of these matters will not have a material effect on Health Services' financial position or results of operations

Commitment
In June, 2010 Health Services entered into a ten-year agreement with a vendor to provide information technology remote hosting services Payments under this commitment will total $33,828,000 At June 30, 2011 the remaining commitment is $27,745,200, of which $3,082,800 will be paid in 2012

11. Employee Benefit Plans

Pension Plans

Health Services sponsors a noncontributory defined benefit pension plan covering substantially all eligible employees hired on or before August 13, 2006 Employees hired after that date are participants in a defined contribution plan Contributions to the pension plan are based on the minimum amount required by the Employee Retirement Income Security Act of 1974

Retirement benefits are paid based principally on years of service and salary Pension plan assets consist primarily of corporate bonds, notes, U S government obligations, and common stocks

Postretirement Benefits

Health Services provides postretirement health care benefits to eligible employees and their dependents

The following table sets forth the components of the benefit obligations, plan assets, and funding status of the plan based on actuarial valuations performed as of June 30, 2011 and June 30, 2010

	Pension Benefits		Postretirement Benefits	
	2011	2010	2011	2010
Change in benefit obligation				
Benefit obligation at beginning of year	$ 586,712,273	$ 496,990,375	$ 75,379,077	$ 69,145,350
Service cost	27,258,861	24,539,787	1,218,615	1,147,413
Interest cost	30,795,416	30,285,835	3,757,531	3,900,734
Actuarial (gain) loss	(25,302,990)	51,860,696	(2,349,414)	4,023,416
Retiree drug subsidy	-	-	458,718	442,837
Retiree contributions	-	-	541,501	462,142
Benefits paid	(20,562,636)	(16,964,420)	(3,978,438)	(3,742,815)
Benefit obligation at end of year	$ 598,900,924	$ 586,712,273	$ 75,027,590	$ 75,379,077
Change in Plan assets				
Fair value of Plan assets at beginning of year	$ 385,994,319	$ 288,409,385	$ -	$ -
Actual return on Plan assets (net of expenses)	83,545,540	42,149,354	-	-
Employer contributions	52,000,000	72,400,000	2,978,219	2,837,836
Retiree drug subsidy	-	-	458,718	442,837
Retiree contributions	-	-	541,501	462,142
Benefits paid	(20,562,636)	(16,964,420)	(3,978,438)	(3,742,815)
Fair value of Plan assets at end of year	$ 500,977,223	$ 385,994,319	$ -	$ -
Reconciliation of funded status to net amount recognized in the balance sheet				
Amounts recorded as accrued liabilities				
Funded status	$ (97,923,701)	$ (200,717,954)	$ (75,027,590)	$ (75,379,077)
Accrued liability	(97,923,701)	(200,717,954)	(75,027,590)	(75,379,077)
Amounts recorded within unrestricted net assets				
Unrecognized prior service cost	1,244,319	1,527,763	(1,463,766)	(2,407,734)
Unassigned actuarial loss or (gain)	61,044,070	149,643,943	(9,217,597)	(7,092,932)
Net amount recognized at year end	$ (35,635,312)	$ (49,546,248)	$ (85,708,953)	$ (84,879,743)
Accumulated benefit obligation	$ 510,388,439	$ 483,421,382	$ -	$ -

	Pension Benefits		Postretirement Benefits	
	2011	2010	2011	2010
Weighted-average assumptions used to determine benefit obligations at June 30				
Discount rate	5 500 %	5 375 %	5 250 %	5 250 %
Rate of compensation increase	4 000 %	4 043 %	-	-

	Pension Benefits		Postretirement Benefits	
	2011	2010	2011	2010
Components of net periodic benefit cost				
Service cost	$ 27,258,861	$ 24,539,787	$ 1,218,615	$ 1,147,413
Interest cost	30,795,416	30,285,835	3,757,531	3,900,734
Expected return on plan assets	(29,303,210)	(26,384,948)	-	-
Amortization of prior service cost (credit)	283,444	283,444	(943,968)	(1,114,061)
Recognized actuarial loss or (gain)	9,054,553	2,357,303	(224,749)	(1,328,556)
Net periodic benefit cost	38,089,064	31,081,421	3,807,429	2,605,530
Other changes in pension liability recognized in unrestricted net assets				
Net actuarial (gain) loss	(79,545,320)	36,096,290	(2,349,414)	4,023,416
Amortization of (gain) loss	(9,054,553)	(2,357,303)	224,749	1,328,557
Amortization of prior service (cost) credit	(283,444)	(283,444)	943,968	1,114,061
Total recognized in unrestricted net assets	(88,883,317)	33,455,543	(1,180,697)	6,466,034
Total recognized in net benefit cost and unrestricted net assets	$ (50,794,253)	$ 64,536,964	$ 2,626,732	$ 9,071,564

	Pension Benefits		Postretirement Benefits	
	2011	2010	2011	2010
Weighted-average assumptions used to determine net periodic benefit cost at beginning of fiscal year				
Discount rate	5 375 %	6 250 %	5 250 %	6 250 %
Expected return on plan assets	7 750 %	7 750 %	-	-
Rate of compensation increase	4 040 %	4 665 %	-	-

Health Services expects to recognize approximately $ 6,313,000 of expense for pension benefits and approximately $ 994,000 of gain for postretirement benefits during the year ending June 30, 2012 related to amortization of net losses and prior service cost

The expected rate of return on plan assets assumption was developed based on historical returns for the major asset classes This review also considered both current market conditions and projected future contributions

Health Services utilizes published long-term high quality corporate bond indices to determine the discount rate at measurement date Where commonly available, Health Services considers indices of various durations to reflect the timing of future benefit payments

Plan Assets

Pension plan weighted average asset allocations at June 30, 2011 and June 30, 2010 by asset category are as follows

Asset Category	2011	2010
Equities	35 %	63 %
Fixed Income	65 %	37 %
	100 %	100 %

During 2011 Health Services performed an extensive analysis of the Plan's asset allocation strategy with a desired outcome of identifying an allocation that would mitigate the risk of funding and expense volatility As a result of this analysis, Health Services changed the target asset allocation from 65% equities and 35% fixed income to a target allocation of 35% equities and 65% fixed income

The plan assets are invested among and within various asset classes in order to achieve sufficient diversification in accordance with Health Services risk tolerance This is achieved through the utilization of asset managers and systematic allocation to investment management styles, providing exposure to different segments of the fixed income and equity markets

The following table represents the Plan's financial instruments as of June 30, 2011, measured at fair value on a recurring basis using the fair value hierarchy defined in Note 3

	Level 1	Level 2	Level 3	Total
Money market funds	$ 7,655,395	$ -	$ -	$ 7,655,395
U S Government and agency securities	37,382,455	-	-	37,382,455
Corporate and other debt securities	-	256,893,559	-	256,893,559
Equity securities	105,102,511	70,852,474	-	175,954,985
Equity managed funds	-	-	23,090,829	23,090,829
	$ 150,140,361	$ 327,746,033	$ 23,090,829	$ 500,977,223

The following table illustrates the change in level 3 assets

	Equity Managed Funds
Fair value July 1, 2010	$ -
Purchases	23,000,000
Realized gains	484,453
Net change in unrealized (loss)	(393,624)
Fair value June 30, 2011	$ 23,090,829

Contributions

In March 2011, Health Services contributed $52,000,000 to the pension plan in advance of the expected September, 2011 required contribution Health Services expects to contribute approximately $40,000,000 to the pension plan and $3,875,000 to the postretirement benefit plan during the fiscal year ending June 30, 2012 The actual pension plan contribution may be higher or lower depending on interest rates and pension plan asset values

Estimated Future Benefit Payments
The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

	Pension Benefits	Postretirement Benefits
2012	$ 33,192,000	$ 3,875,000
2013	32,764,000	4,134,000
2014	33,786,000	4,391,000
2015	35,530,000	4,792,000
2016	38,378,000	5,041,000
Thereafter	232,451,000	27,288,000

An 8 5% annual rate of increase in the per capita cost of covered health care benefits was assumed for June 30, 2011, the rate was assumed to decrease gradually to 5% for the fiscal year 2018 and remain at that level thereafter

	1-Percentage Point Increase	1-Percentage Point Decrease
Effect on total service and interest cost	590,515	(485,940)
Effect on postretirement benefit obligation	8,287,629	(6,902,291)

Defined Contribution Retirement Plan
Health Services sponsors a defined contribution retirement plan for all employees hired after August 13, 2006 Eligible employees in Health Service's noncontributory defined benefit pension plan also had the one-time choice to switch to the defined contribution retirement plan effective January 1, 2007 Under the plan, Health Services contributes a percent of compensation quarterly based on an employee's years of vesting service The employees vest in the employer contributions over a three-year period beginning on the employee's hire date The expense incurred by Health Services for the year ended June 30, 2011 and June 30, 2010 was $5,256,382 and $4,512,661, respectively

Deferred Compensation Plan
Health Services maintains a Tax-Deferred Annuity Plan for all employees Under the plan, Health Services accumulates employee contributions which are transferred to and invested by various trustees Health Services contributes 50% of the employee contributions up to a maximum of 3% of an employee's salary Contributions for the year ended June 30, 2011 and 2010 were $9,492,688 and $8,936,096, respectively

12. Self Insurance Liabilities

Health Services maintains self-insurance programs for medical malpractice and worker's compensation claims The medical malpractice program provides for a self insured retention of $3,500,000 per claim and $14,000,000 annual aggregate The limit of excess coverage is $25,000,000 per year for the System and all subsidiaries

Actuarially determined accruals for asserted and unasserted medical malpractice and worker's compensation claims at June 30, 2011 and 2010 amounted to $38,419,556 and $50,982,869, respectively This liability represents the undiscounted estimated value of malpractice and worker's compensation claims that will be settled in the future based on anticipated payout patterns Total expense incurred for medical malpractice and worker's compensation costs was $(1,608,125) in 2011 and $8,625,240 in 2010 During 2011 Health Services lowered the confidence level of the actuarially determined self insurance accruals from the 99th percentile to the 75th percentile This adjustment is the result of improvements in the risk management processes within Health Services Accordingly, supplies and other expenses were reduced by $10 6 million for the adjustment to medical malpractice accruals and employee benefits were reduced by $2 million for the adjustment to workers compensation accruals

13. Charity Care, Government Discounts, and Provision for Bad Debts

Health Services provides services to patients who meet the criteria of its charity service policy without charge or at amounts less than the established rates Criteria for charity care considers the patient's family income, net worth, etc The cost of charity care provided was approximately $27 1 million and $ 28 0 million in 2011 and 2010, respectively

In addition to charity services, the Medicaid program reimburses Health Services for services at amounts that are substantially less than the cost to provide such services The difference between the cost to provide those services and the reimbursement from the Medicaid program was approximately $17 6 million and $15 1 million in 2011 and 2010, respectively

Health Services also records a provision for bad debts, which represents management's estimate of patient accounts receivable that will not be collected even though the patient does not meet the charity care criteria The provision for bad debts was $28,919,079 and $26,021,891 in 2011 and 2010, respectively

14. Related Party Transactions

Health Services has provided certain administrative, professional, and technical services to the System, Health Initiatives, and CCHHCS, totaling $14,502,457 and $14,617,472 for the years ended June 30, 2011 and 2010, respectively Included with other receivables are amounts due from affiliates of $2,167,572 and $593,807 at June 30, 2011 and 2010, respectively

Included in long-term investments are funds held for the benefit of CCHHCS in the amount of $7,687,259 and $6,122,441 at June 30, 2011 and 2010, respectively A corresponding amount due to CCHHCS is recorded within other liabilities at June 30, 2011 and 2010

Health Services recorded transfers from affiliated organizations representing the book value of certain property and equipment and cash in the amount of $479,248 and $12,352,301 during the fiscal years ended June 30, 2011 and 2010, respectively These transfers are recorded as a component of other changes in unrestricted net assets and are excluded from the excess of revenues over expenses

15. Concentrations of Credit Risk

Health Services grants credit without collateral to its patients, most of whom are local residents and insured under third-party payor agreements The mix of receivables from patients and third-party payors at June 30, 2011 and 2010 was as follows

	2011	2010
Medicare	27%	27%
Medicaid	14%	14%
Blue Cross	14%	12%
Other third-party payors	27%	29%
Patients	18%	18%
	100%	100%

16. Functional Expenses

Health Services provides health care services to residents within its geographic location Expenses related to providing these services are as follows

	2011	2010
Health care services	$ 1,137,028,487	$ 1,104,054,641
General and administrative	130,867,796	128,082,204
	$ 1,267,896,283	$ 1,232,136,845

17. Discontinued Operations

During 2008, Health Services executed a definitive agreement to sell the ownership and management of the skilled nursing service at the Riverside Health Care Center to a third party On August 1, 2008, Health Services sold the ownership and management of the skilled nursing service at the Riverside Health Care Center The buyer operated the skilled nursing service at the Riverside Health Care Center location until the construction of a new facility was completed in November, 2009 At this time Health Services committed to a plan to sell the associated assets of the Riverside Health Center (See Note 5) During 2011 Health Services revised its estimate of the fair value of the Riverside property Accordingly, Health Services reduced the value of assets held for sale by $ 3,616,301 This amount is recorded as a component of discontinued operations

Below is a summary of the discontinued operations for the year ended June 30, 2011 and 2010

	2011	2010
Total revenues, gains, and other support	$ -	$ 432,399
Expenses	3,616,301	306,387
Effect of discontinued operations	$ (3,616,301)	$ 126,012

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL A AMMON CHAIRMAN OF THE BOARD	2 0	X		X				0	0	0
DAVID P NICOLI MEMBER	1 0	X						0	0	0
JOHN R COCHRAN III MEMBER	1 0	X						0	0	0
DONEENE K DAMON ESQ MEMBER	1 0	X						0	0	0
OMAR A KHAN MD MHS MEMBER	1 0	X						0	0	0
ROBERT J LASKOWSKI MD PRESIDENT & CEO, EX OFFICIO	40 0	X		X				1,262,867	0	191,302
LOLITA A LOPEZ MEMBER	1 0	X						0	0	0
HON JOSHUA W MARTIN III MEMBER	1 0	X						0	0	0
GORDON OSTRUM JR MD EX OFFICIO MEMBER, VICE CHAIR	4 0	X		X				31,085	0	1,690
JOHN W SCHEFLEN ESQ MEMBER	1 0	X						0	0	0
FRED C SEARS II MEMBER	1 0	X						0	0	0
WILFRED B SHERK MEMBER	1 0	X						0	0	0
NANCY W SNYDER MS RN MEMBER	1 0	X						0	0	0
JANICE TILDON BURTON MD MEMBER	1 0	X						0	0	0
EDWARD K WISSING MEMBER	1 0	X						0	0	0
PATRICK D HARKER PHD MEMBER	1 0	X						0	0	0
MICHAEL R MILLER MEMBER	1 0	X						0	0	0
LEO W RAISIS MD MEMBER	1 0	X						0	0	0
W DONALD JOHNSON MEMBER	1 0	X						0	0	0
ANN KAPPEL EX OFFICIO	1 0	X						0	0	0
ANAND P PANWALKER MD EX OFFICIO MEMBER	1 0	X						36,000	0	0
THEODORE G PLUSH MEMBER	1 0	X						0	0	0
GARY M PFEIFFER CHAIR ELECT	1 0	X						0	0	0
ROBERT R RIDOUT MEMBER	1 0	X						0	0	0
DONALD R KIRTLEY MEMBER	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS L CORRIGAN SR VP FINANCE/CFO, OFF OF BRD	40 0			X				609,175	0	46,146
GARY W FERGUSON CHIEF OPER OFF, OFF OF BOARD	40 0			X				676,314	0	135,721
WILLIAM J WADE OFFICER OF BOARD	1 0			X				0	0	0
BRENDA K PIERCE ESQ OFFICER OF BOARD	40 0			X				329,473	0	46,779
JANICE NEVIN SR VP AND ASSOC CMO	40 0				X			431,665	0	63,132
DIANE TALAREK SR VP OF PATIENT CARE SERVICES	40 0				X			336,102	0	56,045
RAY SEIGFRIED SR VP, ADMINISTRATION	40 0				X			262,570	0	45,675
JAMES H NEWMAN MD CHIEF MEDICAL OFFICER	40 0				X			529,148	0	137,386
AUDREY VAN LUVEN SENIOR VP & CHIEF HR OFFICER	40 0				X			343,269	0	37,203
TIMOTHY GARDNER MEDICAL DIRECTOR, HVIS	40 0					X		671,105	0	44,489
NICHOLAS PETRELLI MD MEDICAL DIRECTOR, CANCER	40 0					X		615,636	0	50,771
WILLIAM WEINTRAUB SECTION CHIEF, CARDIOLOGY	40 0					X		589,880	0	50,805
FERNANDO GARZIA DIRECTOR, CARDIAC SURGERY	40 0					X		559,351	0	45,486
MICHAEL BANBURY CHIEF, CARDIAC SURGERY	40 0					X		995,537	0	57,021
BENJAMIN SHAW FORMER SR VP OF HR	0 0						X	807,127	0	18,325

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

4d. Other program services

(Code) (Expenses $ 271,354,879 including grants of $) (Revenue $ 521,939,156)

OTHER PROGRAM SERVICES