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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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) | Room/suite
PO BOX 2653
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 $ 1,947,070,818

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**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	10,825
6	Total number of volunteers (estimate if necessary)	**6**	1,161
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,896,215
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	22,816,728	27,189,603
9	Program service revenue (Part VIII, line 2g)	1,139,781,078	1,168,524,910
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,068,692	63,999,725
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	137,196,532	159,973,446
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,330,863,030	1,419,687,684
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	764,500	960,472
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)	792,050,292	837,440,152
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	421,526,237	438,000,901
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,214,341,029	1,276,401,525
19	Revenue less expenses Subtract line 18 from line 12	116,522,001	143,286,159

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,152,434,838	2,359,111,024
21	Total liabilities (Part X, line 26)	861,640,140	814,544,066
22	Net assets or fund balances Subtract line 21 from line 20	1,290,794,698	1,544,566,958

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: 2014-05-12

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

4a (Code) (Expenses $ 438,372,591 including grants of $) (Revenue $ 326,349,528)

PROVISION OF PROFESSIONAL PATIENT CARE FOR THE HOSPITALS OF CHRISTIANA CARE 3,273 NURSES ARE EMPLOYED WITH 274,601 PATIENT DAYS RECORDED DURING FISCAL 2013 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 $ 64,397,117 including grants of $) (Revenue $ 124,229,763)

LABORATORY-PROVIDED LAB TESTING FOR BOTH INPATIENTS AND OUTPATIENTS DURING FISCAL 2013, 4,011,245 LAB TESTS WERE PERFORMED WITH AN APPROXIMATE STAFF OF 278

4c (Code) (Expenses $ 196,234,160 including grants of $) (Revenue $ 290,961,770)

OPERATING ROOM-PROVIDED BOTH INPATIENT AND OUTPATIENT SURGICAL PROCEDURES IN FISCAL 2013, 38,453 OPERATIONS WERE PERFORMED, REQUIRING A STAFF OF APPROXIMATELY 321

(Code) (Expenses $ 351,461,916 including grants of $ 960,472) (Revenue $ 584,826,569)

OTHER PROGRAM SERVICES

4d Other program services (Describe in Schedule O)

(Expenses $ 351,461,916 including grants of $ 960,472) (Revenue $ 584,826,569)

4e **Total program service expenses** ▶ 1,050,465,784

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	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 United States? *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 United States? *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 hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	568		
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	10,825		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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**	26		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								9,213,119	0	917,109

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶942

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SKANSKA , 516 EAST TOWNSHIP LINE ROAD BLUE BELL PA 19422	CONSTRUCTION	56,066,162
BANCROFT CONSTRUCTION CO , 1300 GRANT AVENUE SUITE 110 WILMINGTON DE 19806	CONSTRUCTION	17,225,843
WOHLSEN , PO BOX 4612 LANCASTER PA 17604	CONSTRUCTION	10,474,717
WHITING TURNER , PO BOX 17596 BALTIMORE MD 21297	CONSTRUCTION	6,704,796
EXECUTIVE HEALTH RESOURCES , PO BOX 822688 PHILADELPHIA PA 19182	CASE MANAGEMENT	4,391,213

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶166

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	4,290,347			
	e	Government grants (contributions)	1e	16,305,208			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,594,048			
	g	Noncash contributions included in lines 1a-1f $		0			
	h	**Total.** Add lines 1a-1f			27,189,603		
Program Service Revenue			Business Code				
	2a	NET PROGRAM SERVICE REVENUES	900099	1,149,603,315	1,149,603,315		
	b	OTHER REVENUES	900099	18,921,595	2,518,181	5,896,215	10,507,199
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,168,524,910			
	3	Investment income (including dividends, interest, and other similar amounts)		14,222,910			14,222,910
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	2,529,545				
	b	Less rental expenses	2,076,312				
	c	Rental income or (loss)	453,233	0			
	d	Net rental income or (loss)			453,233		453,233
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	493,181,802				
	b	Less cost or other basis and sales expenses	443,404,987				
	c	Gain or (loss)	49,776,815				
	d	Net gain or (loss)			49,776,815		49,776,815
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	239,744,555			
	b	Less cost of goods sold	b	81,901,835			
	c	Net income or (loss) from sales of inventory			157,842,720	157,842,720	
		Miscellaneous Revenue		Business Code			
	11a	CONDOMINIUM MAINTENANCE FEES		900099	1,677,493		1,677,493
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d			1,677,493		
	12	**Total revenue.** See Instructions			1,419,687,684	1,309,964,216	5,896,215	76,637,650

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	960,472	960,472		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,909,698	3,964,897	4,944,801	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			0
7 Other salaries and wages	611,263,805	488,504,119	122,759,686	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,997,074	57,165,677	14,831,397	0
9 Other employee benefits	100,518,968	79,812,061	20,706,907	0
10 Payroll taxes	44,750,607	35,531,982	9,218,625	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	548,610	435,596	113,014	0
c Accounting	294,000	233,436	60,564	0
d Lobbying	171,382	136,077	35,305	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	3,059,167	2,428,979	630,188	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	2,640,715	2,096,728	543,987	0
13 Office expenses	141,440,819	116,235,773	25,205,046	0
14 Information technology	22,948,356	18,220,995	4,727,361	0
15 Royalties . .	0	0	0	0
16 Occupancy	15,316,602	12,161,382	3,155,220	0
17 Travel	2,201,882	1,748,294	453,588	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	2,871,593	2,280,045	591,548	0
20 Interest	1,528,687	1,213,777	314,910	0
21 Payments to affiliates	0			0
22 Depreciation, depletion, and amortization	73,506,320	58,364,018	15,142,302	0
23 Insurance	12,142,196	9,640,904	2,501,292	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	159,330,572	159,330,572	0	0
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,276,401,525	1,050,465,784	225,935,741	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		111,526,555	1	82,738,126
	2	Savings and temporary cash investments		181,556,554	2	181,626,471
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		186,691,707	4	245,119,966
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		15,633,989	8	16,856,106
	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,491,474,122			
	b	Less accumulated depreciation	10b 916,437,339	541,015,515	10c	575,036,783
	11	Investments—publicly traded securities		821,288,521	11	882,603,496
	12	Investments—other securities See Part IV, line 11		75,614,124	12	97,850,306
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		1,015,805	14	1,015,805
	15	Other assets See Part IV, line 11		218,092,068	15	276,263,965
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,152,434,838	16	2,359,111,024
Liabilities	17	Accounts payable and accrued expenses		186,751,837	17	190,959,450
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		319,808,513	20	310,777,605
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		355,079,790	25	312,807,011
	26	**Total liabilities.** Add lines 17 through 25		861,640,140	26	814,544,066
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,218,656,292	27	1,471,847,725
	28	Temporarily restricted net assets		49,226,718	28	49,432,933
	29	Permanently restricted net assets		22,911,688	29	23,286,300
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,290,794,698	33	1,544,566,958
	34	Total liabilities and net assets/fund balances		2,152,434,838	34	2,359,111,024

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	1,419,687,684
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,276,401,525
3	Revenue less expenses Subtract line 2 from line 1	3	143,286,159
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,290,794,698
5	Net unrealized gains (losses) on investments	5	42,893,065
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	67,593,036
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,544,566,958

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID P NICOLI MEMBER	1 0 1 0	X						0	0	0
JOHN R COCHRAN III MEMBER	1 0 1 0	X						0	0	0
DONEENE K DAMON ESQ MEMBER	1 0 1 0	X						0	0	0
OMAR A KHAN MD MHS MEMBER	1 0 1 0	X						47,908	0	5,102
ROBERT J LASKOWSKI MD PRESIDENT & CEO, EX OFFICIO	40 0 1 0	X		X				1,412,953	0	72,668
LOLITA A LOPEZ MEMBER	1 0 1 0	X						0	0	0
HON JOSHUA W MARTIN III MEMBER	1 0 1 0	X						0	0	0
JOHN W SCHEFLEN ESQ MEMBER	1 0 1 0	X						0	0	0
FRED C SEARS II MEMBER	1 0 1 0	X						0	0	0
WILFRED B SHERK MEMBER	1 0 1 0	X						0	0	0
JANICE TILDON BURTON MD MEMBER	1 0 1 0	X						0	0	0
EDWARD K WISSING MEMBER	1 0 1 0	X						0	0	0
PATRICK D HARKER PHD MEMBER	1 0 1 0	X						0	0	0
MICHAEL R MILLER MEMBER	1 0 1 0	X						0	0	0
LEO W RAISIS MD MEMBER	1 0 1 0	X						0	0	0
W DONALD JOHNSON MEMBER	1 0 1 0	X						0	0	0
THEODORE G PLUSH MEMBER	1 0 1 0	X						0	0	0
BETTY J CAFFO PHD MEMBER	1 0 1 0	X						0	0	0
ERIC T JOHNSON MD VICE CHAIR OF BOARD	3 0 1 0	X		X				52,200	0	780
ARKADI KUHLMANN MEMBER	1 0 1 0	X						0	0	0
JOHN M MURRAY II MEMBER	1 0 1 0	X						0	0	0
MARK TYKOCINSKI MD MEMBER	1 0 1 0	X						0	0	0
GARY M PFEIFFER CHAIRMAN OF THE BOARD	2 0 1 0	X		X				0	0	0
BRIAN E BURGESS MD EX OFFICIO	4 0 1 0	X						27,300	0	482
REBECCA JAFFE MD MPH MEMBER	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK PENNELLA EX OFFICIO	1 0 1 0	X						0	0	0
DIANE H THOMAS EX OFFICIO	1 0 1 0	X						0	0	0
THOMAS L CORRIGAN SR VP FINANCE/CFO, OFF OF BRD	40 0 1 0			X				633,604	0	139,093
GARY W FERGUSON CHIEF OPER OFF, OFF OF BOARD	40 0 1 0			X				727,886	0	130,238
WILLIAM J WADE OFFICER OF BOARD	1 0 1 0			X				0	0	0
BRENDA K PIERCE ESQ CORP COUNSEL, OFFICER OF BOARD	40 0 1 0			X				344,191	0	64,081
JANICE NEVIN MD SR VP AND ASSOC CMO	40 0 0 0				X			562,112	0	85,848
DIANE TALAREK SR VP OF PATIENT CARE SERVICES	40 0 0 0				X			444,480	0	42,056
RAY SEIGFRIED SR VP, ADMINISTRATION	40 0 0 0				X			271,188	0	46,739
JAMES H NEWMAN MD CHIEF MEDICAL OFFICER	40 0 0 0				X			352,657	0	16,038
AUDREY VAN LUVEN SENIOR VP & CHIEF HR OFFICER	40 0 0 0				X			425,058	0	61,990
TIMOTHY GARDNER MD MEDICAL DIRECTOR, HVIS	40 0 0 0					X		767,287	0	44,106
NICHOLAS PETRELLI MD MEDICAL DIRECTOR, CANCER	40 0 0 0					X		694,500	0	53,329
MICHAEL BANBURY MD CHIEF, CARDIAC SURGERY	40 0 0 0					X		1,017,077	0	58,399
HAROLD ROSEN MD CHAIRMAN, DEPT OF PSYCHIATRY	40 0 0 0					X		746,799	0	48,682
MICHAEL RHODES MD CHAIRMAN, DEPT OF SURGERY	40 0 0 0					X		685,919	0	47,478

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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

2012

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 - Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** 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).

Facts And Circumstances Test

Explanation

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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

2012

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 35c (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 ▶	$ 2,250
3	Volunteer hours	0

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 ▶	$ 0
2	Enter the amount of any excise tax incurred by organization managers under section 4955 ▶	$ 0
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☑ Yes ☐ No
4a	Was a correction made?	☑ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶	$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶	$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	171,382	171,382
c Total lobbying expenditures (add lines 1a and 1b)	171,382	171,382
d Other exempt purpose expenditures	1,276,230,143	1,348,450,470
e Total exempt purpose expenditures (add lines 1c and 1d)	1,276,401,525	1,348,621,852
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	186,739	190,594	180,295	171,382	729,010
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

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

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
DETAIL REGARDING POLITICAL CONTRIBUTIONS	FORM 990, SCHEDULE C, PART I	CCHS MAINTAINS A STRICT POLICY OF PROHIBITING ANY TYPE OF POLITICAL CONTRIBUTION, AS WELL AS PROHIBITING POLITICAL ACTIVITIES SUPPORTING OR OPPOSING CANDIDATES FROM PUBLIC OFFICE THIS POLICY AND PROHIBITION IS PERIODICALLY COMMUNICATED TO PERSONS WITHIN CCHS WITH MANAGEMENT AND FINANCIAL OVERSIGHT DESPITE SAFEGUARDS, DURING THE JUNE 30, 2013 TAX YEAR, IT WAS DISCOVERED THAT AN EXECUTIVE OF CCHS INADVERTENTLY MADE THREE PERSONAL POLITICAL CONTRIBUTIONS USING HIS CCHS-PROVIDED CORPORATE CREDIT CARD RATHER THAN USING HIS PERSONAL CREDIT CARD, FOR A TOTAL POLITICAL CONTRIBUTION OF $2,250 UPON DISCOVERING THE INADVERTENT OVERSIGHT, THE EXECUTIVE IMMEDIATELY NOTIFIED CCHS OF THE ERROR AND FULLY REIMBURSED CCHS FOR ALL CHARGES INCURRED IN AN EFFORT TO ENSURE THAT SUCH OVERSIGHTS DO NOT OCCUR IN THE FUTURE, CCHS HAS IMPLEMENTED ADDITIONAL PROCEDURES TO PREVENT SUCH OVERSIGHTS FROM BEING MADE IN THE FUTURE BASED UPON THE FACTS AND CIRCUMSTANCES, CCHS RESPECTFULLY SUBMITTED ON ITS FORM 4720 FILING THAT THE EXPENDITURES MADE BY CCHS WERE INADVERTENT AND ISOLATED, NOT WILLFUL AND FLAGRANT FURTHER, SUCH EXPENDITURES WERE FULLY CORRECTED THEREFORE, CCHS REQUESTED THE ABATEMENT OF THE FIRST TIER TAXES UNDER IRC SECTION 4955(A), AS PROVIDED IN IRC SECTION 4962 AND TREASURY REGULATIONS SECTION 53 4955-1(D)

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	49,617,140	49,105,589	44,664,226	68,202,230	80,252,124
b	Contributions	0	0	0	0	0
c	Net investment earnings, gains, and losses	5,285,298	1,358,205	5,551,546	2,441,659	-10,902,441
d	Grants or scholarships	0	0	0	0	0
e	Other expenditures for facilities and programs	797,868	846,654	1,110,183	25,979,663	1,147,453
f	Administrative expenses	0	0	0	0	0
g	End of year balance	54,104,570	49,617,140	49,105,589	44,664,226	68,202,230

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

- a Board designated or quasi-endowment ▶ 58 000 %
- b Permanent endowment ▶ 17 000 %
- c Temporarily restricted endowment ▶ 25 000 %

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

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

		Yes	No
(i) unrelated organizations	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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		37,144,146		37,144,146
b Buildings		833,724,663	483,673,896	350,050,767
c Leasehold improvements				
d Equipment		595,663,722	413,755,404	181,908,318
e Other		24,941,591	19,008,039	5,933,552
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				575,036,783

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) must 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) must 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	204,289,285
(2) OTHER CURRENT ASSETS	15,992,530
(3) DEFERRED FINANCING COSTS	2,140,900
(4) OTHER ASSETS	53,841,250
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	276,263,965

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
PENSION AND POST RETIREMENT BE	253,572,867
INSURANCE LIABILITIES	28,228,756
OTHER LIABILITIES	31,005,388
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	312,807,011

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

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

1	Total revenue, gains, and other support per audited financial statements			1	1,545,372,029
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	42,893,065		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	42,893,065
3	Subtract line **2e** from line **1**			3	1,502,478,964
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	2,770,901		
b	Other (Describe in Part XIII)	4b	-85,562,181		
c	Add lines **4a** and **4b**			4c	-82,791,280
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,419,687,684

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

1	Total expenses and losses per audited financial statements			1	1,360,866,062
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,360,866,062
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	2,770,901		
b	Other (Describe in Part XIII)	4b	-87,235,438		
c	Add lines **4a** and **4b**			4c	-84,464,537
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,276,401,525

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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 TEMPORARILY RESTRICTED ENDOWMENT REPRESENTS TEMPORARILY RESTRICTED NET ASSETS WHICH ARE RESTRICTED FOR INDIGENT CARE, BUILDING AND MAINTENANCE AND PROGRAM SUPPORT
FINANCIAL RECONCILIATION DETAIL		RECONCILIATION OF REVENUES FORM 990, SCHEDULE D, PART XI, LINE 4B, OTHER COGS CONTRACTUAL ALLOWANCES $(73,100,934) RENTAL EXPENSES (2,076,312) SUBSIDIARY ACTIVITY (12,026,462) NET ASSETS RELEASED (2,767,201) CONTRIBUTIONS 4,069,315 RESTRICTED INVESTMENT INCOME 339,413 ---------- TOTAL OTHER CHANGES ($85,562,181) ---------- RECONCILIATION OF EXPENSES FORM 990, SCHEDULE D, PART XII, LINE 4B, OTHER COGS CONTRACTUAL ALLOWANCES ($73,100,934) RENTAL EXPENSES (2,076,312) SUBSIDIARY ACTIVITY (12,058,192) ---------- TOTAL OTHER CHANGES ($87,235,438)

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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

2012

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 (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	South Asia			Grantmaking		960,472
	Central America and the Caribbean			Investments		90,456,382
3a	Sub-total					91,416,854
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)					91,416,854

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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	960,472	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. Part III can be duplicated 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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ 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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U S	FORM 990, SCHEDULE F, PART I, LINE 2	THE GRANT FUNDS TRANSFERRED REPRESENT A RESEARCH SUB-AWARD PURSUANT TO THE TERMS OF A FEDERAL RESEARCH GRANT RECEIVED, A PORTION OF THE RESEARCH 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

2012

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			26,819,303	0	26,819,303	2 100 %
b Medicaid (from Worksheet 3, column a)			180,570,059	163,946,161	16,623,898	1 300 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			207,389,362	163,946,161	43,443,201	3 400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	49	52,180	8,314,292	50,000	8,264,292	0 650 %
f Health professions education (from Worksheet 5)	5	2,739	43,586,998	11,597,730	31,989,268	2 510 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	3		20,279,222	0	20,279,222	1 590 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	1,701	39,838	0	39,838	
j **Total.** Other Benefits	59	56,620	72,220,350	11,647,730	60,572,620	4 750 %
k **Total.** Add lines 7d and 7j	59	56,620	279,609,712	175,593,891	104,015,821	8 150 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
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 Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	33,578,794		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	3,357,879		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	398,457,741		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	446,039,449		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-47,581,708		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
2

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The 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 the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report 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 CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide 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 CHNA			
g	☑ Prioritization of health needs in its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
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)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- **d** ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

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

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

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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 CAN BE FOUND AT HTTP //WWW CHRISTIANACARE ORG/COMMUNITYBENEFIT COSTING METHODOLOGY USED PART I, LINE 7 THE COSTING METHODOLOGY USED IN CALCULATING THE AMOUNTS REPORTED ON THE LINE 7 TABLE ARE BASED ON A COST TO CHARGE RATIO THE COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2
BAD DEBT EXPENSE	PART III, SECTION A, LINE 2	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON ACTUAL CHARGES WRITTEN OFF (AMOUNTS THAT ARE DEEMED TO BE UNCOLLECTIBLE) BAD DEBT EXPENSE FOOTNOTE PART III, SECTION A, LINE 4 HEALTH SERVICES PROVIDES SERVICES TO PATIENTS WHO MEET THE CRITERIA OF ITS FINANCIAL ASSISTANCE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN THE ESTABLISHED RATES CRITERIA FOR CHARITY CARE CONSIDERS THE PATIENT'S FAMILY INCOME DIRECT AND INDIRECT COSTS FOR THESE SERVICES AMOUNTED TO $26 8 MILLION AND $26 5 MILLION IN 2013 AND 2012, RESPECTIVELY THE COSTS OF PROVIDING CHARITY CARE SERVICES ARE BASED ON A CALCULATION WHICH APPLIES A RATIO OF COSTS TO CHARGES TO THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS 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 $16 6 MILLION AND $11 7 MILLION IN 2013 AND 2012, RESPECTIVELY HEALTH SERVICES ALSO RECORDS A PROVISION FOR BAD DEBTS, WHICH REPRESENTS MANAGEMENT'S ESTIMATE OF PATIENT ACCOUNTS RECEIVABLE THAT WILL NOT BE COLLECTED ALTHOUGH THE PATIENT COULD POSSIBLY MEET THE CHARITY CARE CRITERIA THE PROVISION FOR BAD DEBTS WAS $33,578,794 AND $31,482,070 IN 2013 AND 2012, RESPECTIVELY THE COSTING METHODOLOGY FOR DETERMINING BAD DEBT EXPENSE WAS BASED ON MANAGEMENT'S ESTIMATE OF PATIENT ACCOUNTS RECEIVABLE THAT WILL NOT BE COLLECTED DURING THE YEAR

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY, MEDICARE SHORTFALL	PART III, SECTION B, LINE 8	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 IS BASED ON A COST TO CHARGE RATIO CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF CHRISTIANA CARE AND THE COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545, CHRISTIANA CARE PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING MEDICAL CARE SUCH CARE IS PROVIDED REGARDLESS OF WHETHER THE REIMBURSEMENT PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS INCURRED BY CHRISTIANA CARE TO PROVIDE SUCH SERVICES AS A RESULT, CHRISTIANA CARE VIEWS ANY SHORTFALL REPORTED IN LINE 7 AS AN ADDITIONAL ITEM OF COMMUNITY BENEFIT PROVIDED BY THE ORGANIZATION COLLECTION PRACTICES PART III, SECTION B, 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
DETAIL OF PUBLIC INPUT ON CHNA	PART V, SECTION B, LINE 3	BEGINNING IN 2011, CHRISTIANA CARE HEALTH SYSTEM (CHRISTIANA CARE) UNDERTOOK A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO GATHER CURRENT STATISTICS AND QUALITATIVE FEEDBACK ON THE KEY HEALTH ISSUES FACING COMMUNITY RESIDENTS TO ACCOMPLISH THIS IMPORTANT EFFORT, CHRISTIANA CARE'S CHNA COMMITTEE WORKED WITH THE FOLLOWING PARTNERS - HEALTHY COMMUNITIES INSTITUTE TO PROVIDE HEALTH INDICATORS VIA THE ONLINE TOOL, DELAWARE HEALTH TRACKER -MELIOR GROUP TO CONDUCT COMMUNITY LEADER INTERVIEWS -HOLLERAN CONSULTING TO SYNTHESIZE FINDINGS, DEVELOP THE FINAL REPORT AND SUPPORT MANAGEMENT IN THE DEVELOPMENT OF THE IMPLEMENTATION PLANS TO ADDRESS THE IDENTIFIED COMMUNITY NEEDS CHRISTIANA CARE ALSO REGULARLY REACHES OUT TO THE UNINSURED AND UNDERINSURED MEMBERS OF OUR COMMUNITY FOR FEEDBACK, AND WE CONDUCT SURVEYS AT COMMUNITY HEALTH FAIRS AND EVENTS TO HELP DETERMINE PROGRAMS AND SERVICES THAT WOULD BE OF MOST VALUE TO OUR PATIENTS AND NEIGHBORS WE RELY ON THIS FEEDBACK-AS WELL AS INPUT FROM PRIMARY CARE PROVIDERS, SPECIALISTS AND PAYERS-AND ALSO TRACK NATIONAL CARE ISSUES AND DATA TO DETERMINE WHAT SERVICES ARE BEING PROVIDED IN OTHER COMMUNITIES THAT MAY BE EQUALLY BENEFICIAL IN OUR OWN CHNA CONDUCTED WITH ONE OR MORE HOSPITAL FACILITIES PART V, SECTION B, LINE 4 AS CHRISTIANA CARE CONSISTS OF TWO HOSPITAL FACILITIES, BOTH FACILITIES JOINTLY CONDUCTED THEIR CHNA CHNA MADE WIDELY AVAILABLE TO THE PUBLIC PART V, SECTION B, LINE 5 THE COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND ON OUR WEBSITE (HTTP //WWW CHRISTIANACARE ORG/COMMUNITYBENEFIT) ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA PART V, SECTION B, LINE 7 THE FIRST CHNA AND IMPLEMENTATION PLAN FOR CHRISTIANA CARE HEALTH SERVICES, INC WAS ADOPTED JUNE 30, 2013 AS A RESULT, THE ORGANIZATION HAS NOT YET HAD THE OPPORTUNITY TO BEGIN ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA ELIGIBILITY FOR PROVIDING DISCOUNTED CARE PART V, SECTION B, LINE 11 FEDERAL POVERTY GUIDELINES ARE NOT USED TO DETERMINE DISCOUNTED CARE A SELF-PAY DISCOUNT OF 10% IS APPLIED TO ALL UNINSURED PATIENT ACCOUNTS REGARDLESS OF INCOME PATIENTS WITH INCOME IN EXCESS OF 200% WILL ONLY RECEIVE A 10% DISCOUNT OTHER METHODOLOGY USED TO PUBLICIZE FINANCIAL ASSISTANCE POLICY PART V, SECTION B, LINE 14G, OTHER THE FINANCIAL ASSISTANCE POLICY (FAP) IS PUBLICIZED BY THE USE OF TENT CARDS AND BILINGUAL EDUCATIONAL PAMPHLETS PROMINATELY DISPLAYED THROUGHOUT THE EMERGENCY ROOM AND OTHER POINTS OF ENTRY THROUGHOUT THE HOSPITAL IN ADDITION, FINANCIAL ASSISTANCE INFORMATION IS PROVIDED ON THE FIRST BILLING INVOICE TO ALL UNINSURED PATIENTS A SUMMARY OF OUR FINANCIAL ASSISTANCE PROGRAM IS AVAILABLE ON THE CHRISTIANA CARE WEBSITE (WWW CHRISTIANACARE ORG) CHARGES FOR FAP-ELIGIBLE INDIVIDUALS PART V, SECTION B, LINE 20d, OTHER FAP-ELIGIBLE INDIVIDUALS (THOSE WITH INCOME LESS THAN 200% OF FEDERAL POVERTY GUIDELINES) ARE NOT RESPONSIBLE FOR ANY CHARGES

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI, LINE 2	BEGINNING IN 2011, CHRISTIANA CARE HEALTH SYSTEM (CHRISTIANA CARE) UNDERTOOK A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO GATHER CURRENT STATISTICS AND QUALITATIVE FEEDBACK ON THE KEY HEALTH ISSUES FACING COMMUNITY RESIDENTS TO ACCOMPLISH THIS IMPORTANT EFFORT, CHRISTIANA CARE'S CHNA COMMITTEE WORKED WITH THE FOLLOWING PARTNERS - HEALTHY COMMUNITIES INSTITUTE TO PROVIDE HEALTH INDICATORS VIA THE ONLINE TOOL, DELAWARE HEALTH TRACKER -MELIOR GROUP TO CONDUCT COMMUNITY LEADER INTERVIEWS -HOLLERAN CONSULTING TO SYNTHESIZE FINDINGS, DEVELOP THE FINAL REPORT AND SUPPORT MANAGEMENT IN THE DEVELOPMENT OF THE IMPLEMENTATION PLANS TO ADDRESS THE IDENTIFIED COMMUNITY NEEDS CHRISTIANA CARE ALSO REGULARLY REACHES OUT TO THE UNINSURED AND UNDERINSURED MEMBERS OF OUR COMMUNITY FOR FEEDBACK, AND WE CONDUCT SURVEYS AT COMMUNITY HEALTH FAIRS AND EVENTS TO HELP DETERMINE PROGRAMS AND SERVICES THAT WOULD BE OF MOST VALUE TO OUR PATIENTS AND NEIGHBORS WE RELY ON THIS FEEDBACK-AS WELL AS INPUT FROM PRIMARY CARE PROVIDERS, SPECIALISTS AND PAYERS-AND ALSO TRACK NATIONAL CARE ISSUES AND DATA TO DETERMINE WHAT SERVICES ARE BEING PROVIDED IN OTHER COMMUNITIES THAT MAY BE EQUALLY BENEFICIAL IN OUR OWN COMMUNITY HEALTH NEEDS NOT ADDRESSED CHRISTIANA CARE PLANS TO ADDRESS FOUR OF THE SEVEN PRIORITIZED HEALTH NEEDS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT CHRISTIANA CARE WILL NOT FOCUS ON THE FOLLOWING IDENTIFIED NEEDS -ENHANCED NUTRITION PROGRAMS FOR CHILDREN WHILE CHRISTIANA CARE OFFERS MANY PROGRAMS SUCH AS CAMP FRESH AND COPP, WHICH PROVIDES HEALTH AND NUTRITION EDUCATION FOR CHILDREN AND YOUNG ADULTS, AI DUPONT HOSPITAL FOR CHILDREN WOULD BE THE MAIN SOURCE FOR THIS TYPE OF PROGRAM - PHARMACIES THAT DELIVER MEDICINE CHRISTIANA CARE WILL NOT FOCUS ON ADDRESSING THE NEED FOR PHARMACIES TO DELIVER MEDICINE AS WE DON'T HAVE THE INFRASTRUCTURE/EXPERTISE -TRANSPORTATION CHRISTIANA CARE WILL NOT FOCUS ON ADDRESSING THIS SPECIFIC NEED AS WE DON'T HAVE THE INFRASTRUCTURE/EXPERTISE, HOWEVER PLEASE SEE NAVIGATING AND ACCESSING THE SYSTEM FOR INFORMATION ON OUR SHUTTLE SERVICE AS WITH ALL CHRISTIANA CARE PROGRAMS, WE WILL CONTINUE TO MONITOR COMMUNITY NEEDS AND ADJUST PROGRAMMING AND SERVICES ACCORDINGLY THE COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND ON OUR WEBSITE (HTTP //WWW CHRISTIANACARE ORG/COMMUNITYBENEFIT)
INFORMATION REGARDING PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI, LINE 3	CHRISTIANA CARE IS COMMITTED TO SERVING OUR NEIGHBORS AS INNOVATIVE, EXPERT, RESPECTFUL PARTNERS IN THEIR HEALTH, REGARDLESS OF THEIR ABILITY TO PAY INFORMATION ABOUT OUR FINANCIAL ASSISTANCE PROGRAM IS - PUBLICIZED ONLINE A SUMMARY OF OUR FINANCIAL ASSISTANCE PROGRAM IS AVAILABLE ON THE CHRISTIANA CARE WEBSITE (HTTP //WWW CHRISTIANACARE ORG/FINANCIAL-ASSISTANCE) - BY REQUEST PATIENTS MAY LEARN ABOUT OUR FINANCIAL ASSISTANCE PROGRAM - BY CALLING PATIENT FINANCIAL SERVICES AT 302-623-7000 BILINGUAL PAMPHLETS EDUCATIONAL PAMPHLETS IN OUR EMERGENCY DEPARTMENTS, AVAILABLE IN BOTH ENGLISH AND SPANISH, DIRECT PATIENTS TO CONTACT PATIENT FINANCIAL SERVICES AT 302-623-7000 FOR MORE INFORMATION ABOUT OUR FINANCIAL ASSISTANCE PROGRAM PATIENT RIGHTS AND RESPONSIBILITIES PAMPHLET THIS GUIDE EXPLAINS A PATIENT'S RIGHTS TO RECEIVE INFORMATION AND COUNSELING ON THE AVAILABILITY OF FINANCIAL AID FOR HEALTH CARE AND THE ABILITY TO RECEIVE AND REVIEW AN EXPLANATION OF CHARGES RELATED TO ONE'S CARE COPIES OF THE PAMPHLET IN BOTH ENGLISH AND SPANISH CAN BE FOUND THROUGHOUT OUR FACILITIES AND ON OUR WEBSITE AT HTTP //WWW CHRISTIANACARE ORG/PATIENTRIGHTSANDRESPONSIBILITIES HEALTH COACHES COMMUNITY HEALTH ACCESS PROGRAM (CHAP) HEALTH COACHES PARTNER WITH DELAWARE RESIDENTS WITHOUT INSURANCE TO ASSESS THEIR HEALTH RISKS, IDENTIFY BARRIERS TO CARE AND LINK THEM WITH AFFORDABLE AND DISCOUNTED HEALTH CARE, INCLUDING REGULAR CHECK-UPS AND SICK VISITS CHAP IS OPERATED WITH FINANCIAL SUPPORT FROM THE DELAWARE HEALTH COMMISSION AND IS OPEN TO NON-U S CITIZENS FOR MORE INFORMATION, INCLUDING ELIGIBILITY REQUIREMENTS, PATIENTS MAY CONTACT 302-428-6586 COMMUNITY HEALTH OUTREACH AND EDUCATION AS OUR OUTREACH TEAMS IDENTIFY INDIVIDUALS AND FAMILIES NEEDING FINANCIAL ASSISTANCE FOR MEDICAL NEEDS, WE CONNECT THEM TO FINANCIAL ASSISTANCE PROGRAMS SUCH AS DELAWARE'S SCREENING FOR LIFE AND THE COMMUNITY HEALTH ACCESS PROGRAM SO THAT LACK OF INSURANCE OR FINANCIAL HARDSHIP IS NO LONGER A BARRIER TO CARE SPECIAL NEEDS FUNDS CHRISTIANA CARE OFFERS THE BREAST CENTER SPECIAL NEEDS FUND, THE CANCER SPECIAL NEEDS FUND AND THE VISITING NURSE ASSOCIATION SPECIAL NEEDS FUND TO ASSIST PATIENTS WHO LACK INSURANCE OR PERSONAL FUNDS TO PAY FOR CARE OR THE EXPENSES ASSOCIATED WITH MEDICAL TREATMENT (FOR EXAMPLES, TRANSPORTATION TO AND FROM APPOINTMENTS, PROSTHESES OR HOME MEDICAL EQUIPMENT)

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI, LINE 4	THE POPULATION IN NEW CASTLE COUNTY IS APPROXIMATELY 530,000 PEOPLE AND HAS SEEN AN INCREASE OF 8 3% FROM 2000 TO 2011 THE MALE TO FEMALE RATIO IN NEW CASTLE COUNTY, 48 4% TO 51 6% RESPECTIVELY, IS VERY CLOSE TO THE STATE AND SIMILAR TO THE NATIONAL RATIOS THE AGE BREAKDOWN IN CHRISTIANA CARE'S SERVICE AREA IS SIMILAR TO THE ASSOCIATED AGE BREAKDOWNS FOR DELAWARE NEW CASTLE COUNTY HAS A LARGER PERCENT OF POPULATION WITHIN THE AGE 45 TO 64 SEGMENT THAN THE NATION THIS AGE GROUP TYPICALLY HAS BOTH CHILDREN AND AGING PARENTS FOR WHICH THEY PROVIDE SUPPORT, AND ARE GENERALLY STILL IN THE WORKFORCE THE RACIAL BREAKDOWN OF CHRISTIANA CARE'S SERVICE AREA RESIDENTS IS PRIMARILY WHITE (67 4%) THE NEXT LARGEST POPULATION IS THE BLACK/AFRICAN AMERICAN RACE, AT 23 8% OF THE POPULATION ACCORDING TO THE U S CENSUS, CHRISTIANA CARE'S SERVICE AREA HAS A HIGHER PERCENTAGE OF BLACK/AFRICAN AMERICAN RESIDENTS THAN BOTH THE STATE AND NATIONAL PERCEENTAGE THE PERCENTAGE OF THE CHRISTIANA CARE SERVICE AREA POPULATION THAT IS QUALIFIED AS HISPANIC OR LATINO (8 7%) IS HIGHER THAN THE STATE PERCENTAGES (8 0%) BUT DOES NOT MEET THE PREVALENCE OF THE U S HISPANIC OR LATINO POPULATION WHICH IS 16 4% THE HOUSEHOLD STATISTICS SHOW A SERVICE AREA PRIMARILY OF FAMILY HOUSEHOLDS (67 1%) THESE FAMILY HOUSEHOLDS ARE PRIMARILY MARRIED-COUPLE FAMILIES (47 9%) WHICH ARE COMPARABLE TO THE NATIONAL AND STATE PERCENTAGES, 48 8% AND 48 9% RESPECTIVELY ALSO COMPARABLE TO NATIONAL AND STATE FIGURES ARE THE PERCENTAGE OF HOUSEHOLDS WITH A FEMALE HOUSEHOLDER AND NO HUSBAND PRESENT (21 6%) AND THE PERCENTAGE OF NON-FAMILY HOUSEHOLDS (32 9%) THE INCOME STATISTICS FOR THE NEW CASTLE COUNTY ARE ABOVE THE NATIONAL AND STATE MEDIAN VALUES THE MEDIAN HOUSEHOLD INCOME FOR THE COUNTY IS $63,462, AND THE NATIONAL AND STATE FIGURES ARE $51,484 AND $58,580 RESPECTIVELY NEW CASTLE COUNTY AND DELAWARE HAVE VERY SIMILAR PERCENTAGES OF RENTERS WHO SPEND 30% OR MORE ON RENT, 51 1% AND 51 7% RESPECTIVELY THIS POPULATION BROKEN DOWN BY AGE COHORT FOR NEW CASTLE COUNTY (10 3%) HAS A LOWER PERCENTAGE OF POPULATION WHO FALL BELOW THE POVERTY LEVEL THAN THE STATE (11 0%) OF THOSE BELOW THE POVERTY LEVEL IN THE COUNTY, NEARLY 40% ARE AMERICAN INDIAN/NATIVE ALASKAN AND 23 4% ARE HISPANIC/LATINO ALSO, IN NEW CASTLE COUNTY, THE 18 TO 24 AGE GROUP HAS THE HIGHEST PERCENTAGE OF POPULATION THAT FALLS BELOW THE POVERTY LEVEL THE COUNTY'S UNEMPLOYMENT RATE WAS 7 8% AS OF JUNE 2013, COMING DOWN FROM A HIGH OF 8 6% IN JANUARY 2010 IN THE COUNTY, 26 88% OF THE RESIDENTS HAVE SOME COLLEGE OR AN ASSOCIATE DEGREE, 19 96% HAVE A BACHELOR'S DEGREE AND 13 55% HAVE A GRADUATE DEGREE SOCIAL FACTORS AFFECTING OUR POPULATION ARE ACCESS TO HEALTH CARE, POOR NUTRITION AND THE LACK OF AFFORDABLE HOUSING
INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH	PART VI, LINE 5	COMMUNITY LEADER IN HEALTH CARE DELAWARE DOES NOT HAVE A PUBLIC OR SAFETY-NET HOSPITAL, AS THE LARGEST HEALTH CARE PROVIDER IN OUR STATE, CHRISTIANA CARE SERVES A SIGNIFICANT PORTION OF OUR COMMUNITY'S UNINSURED AND UNDERINSURED POPULATION THE CARE WE PROVIDE GOES WELL BEYOND TREATING THE SICK AND INCLUDES HEALTH-RELATED PROGRAMS AND INITIATIVES THAT SEEK TO IMPROVE THE OVERALL WELFARE OF PATIENTS COMMITMENT TO OUR UNDERSERVED POPULATION THE WILMINGTON HOSPITAL HEALTH CENTER, WHICH HAS SERVED THE WILMINGTON COMMUNITY FOR NEARLY 125 YEARS, PROVIDES PRIMARY AND SPECIALTY MEDICAL CARE FOR THOSE IN NEED AND RECORDED MORE THAN 76,000 ANNUAL PATIENT VISITS IN FY 2013 PRIMARILY CARING FOR THE UNDERSERVED IN OUR COMMUNITY WE ARE CURRENTLY INVOLVED IN THE WILMINGTON HOSPITAL TRANSFORMATION PROJECT, A $210 MILLION ENDEAVOR THAT NOT ONLY TRANSFORMS THE PHYSICAL STRUCTURE OF WILMINGTON HOSPITAL, BUT ALSO THE WAY CARE IS DELIVERED ON THE CAMPUS, MAKING IT MORE PATIENT- AND FAMILY-CENTERED, MORE TECHNOLOGICALLY ADVANCED, MORE COORDINATED AND MORE EFFICIENT TRANSPORTATION A FREE SHUTTLE SERVICE MAKES REGULARLY SCHEDULED DAILY TRIPS BETWEEN OUR WILMINGTON AND STANTON CAMPUSES, ENSURING THAT LOW-INCOME RESIDENTS IN THE CITY OF WILMINGTON HAVE ACCESS TO SPECIALTY SERVICES ON OUR STANTON CAMPUS OUR NO-CHARGE TRANSPORTATION SYSTEM TRAVELS APPROXIMATELY 180,000 MILES EACH YEAR, ENSURING THAT OUR PATIENTS HAVE ACCESS TO ALL CHRISTIANA CARE SERVICES EACH MONTH, AN AVERAGE OF 8,200 RIDERS TAKES ADVANTAGE OF THIS SERVICE INNOVATIVE, EXPERT CARE PROVIDER CHRISTIANA CARE IS RECOGNIZED AS A REGIONAL CENTER FOR EXCELLENCE IN CARDIOLOGY, CANCER AND WOMEN'S HEALTH SERVICES OUR STANTON CAMPUS IS HOME TO DELAWARE'S ONLY LEVEL 1 (HIGHEST CAPABILITY) TRAUMA CENTER-IN FACT, THE ONLY ONE OF ITS KIND SERVING OUR NEIGHBORS BETWEEN PHILADELPHIA AND BALTIMORE THE HEALTH SYSTEM IS THE ONLY DELIVERING HOSPITAL IN THE STATE WITH A LEVEL III NEONATAL INTENSIVE CARE UNIT, SERVING PREMATURE AND CRITICALLY ILL NEWBORNS LEVEL III IS THE HIGHEST NONSURGICAL NICU DESIGNATION COMMUNITY EDUCATOR AS PART OF OUR MISSION TO PARTNER WITH OUR NEIGHBORS AND IMPROVE THE HEALTH OF ALL INDIVIDUALS IN THE COMMUNITIES WE SERVE, WE OFFER NOT ONLY HEALTH CARE SERVICES, BUT ALSO EDUCATION AND RESEARCH CHRISTIANA CARE IS A MAJOR TEACHING HOSPITAL WITH TWO CAMPUSES AND MORE THAN 270 MEDICAL-DENTAL RESIDENTS AND FELLOWS, MANY OF WHOM WILL REMAIN IN DELAWARE TO ESTABLISH MEDICAL PRACTICES COMMUNITY PARTNER CHRISTIANA CARE TAKES A PROACTIVE ROLE IN ESTABLISHING RELATIONSHIPS TO ADDRESS THE COMMUNITY'S HEALTH AND SOCIAL ISSUES AND IMPROVE THE COMMUNITY'S WELL-BEING, BOTH WITHIN OUR FACILITIES AND IN OUR COMMUNITY AS A PART OF OUR COMMITMENT TO PARTNERING WITH OUR COMMUNITY, CHRISTIANA CARE INCLUDES PATIENT AND FAMILY ADVISERS WHO HAVE A SPECIAL INTEREST IN HELPING SHAPE THE WAY WE DELIVER CARE BASED ON THEIR INDIVIDUAL EXPERIENCES WITH OUR SERVICES OUR PATIENT AND FAMILY ADVISORY COUNCILS SHARE THEIR PERSPECTIVES AND PROVIDE FEEDBACK AND INPUT ON TASKS AND PROJECTS TO HELP DOCTORS, NURSES AND STAFF CREATE A COLLABORATIVE AND INCLUSIVE PATIENT- AND FAMILY-CENTERED CARE EXPERIENCE FOR THOSE WE SERVE ONE OF THEIR TASKS IS TO REVIEW MATERIALS, GUIDELINES AND POLICIES TO ENSURE THAT WE PARTNER WITH THOSE WE SERVE WITH DIGNITY AND RESPECT AND THAT WE DON'T MERELY WORK FOR OUR PATIENTS, BUT WITH THEM IN WAYS THEY UNDERSTAND AND VALUE WE ARE DEEPLY COMMITTED TO OUR MISSION OF PARTNERING WITH OTHERS TO IMPROVE THE HEALTH OF ALL INDIVIDUALS IN THE COMMUNITIES WE SERVE THIS CANNOT BE ACCOMPLISHED STRICTLY WITHIN THE CONFINES OF OUR OWN FACILITIES, BUT REQUIRES US TO VENTURE FORTH INTO THE COMMUNITY TO SHARE OUR KNOWLEDGE, PROMOTE INNOVATIVE HEALTH PRACTICES AND EXPERTLY ADDRESS NEEDS AND CONCERNS BOTH THE DEPTH AND DEGREE OF OUR COMMITMENT TO IMPROVING THE HEALTH AND QUALITY OF LIFE FOR THE PEOPLE IN OUR COMMUNITY ARE DEMONSTRATED IN A VARIETY OF WAYS SKIN CANCER DELAWARE HAS THE FIFTH HIGHEST RATE OF MELANOMA IN THE UNITED STATES FROM 1995-1999 AND 2005-2009, CASES INCREASED 64 %, COMPARED TO THE NATIONAL AVERAGE OF 20 %T SINCE 1990, CHRISTIANA CARE AND THE ACADEMY OF DERMATOLOGY HAVE OFFERED FREE SCREENINGS FOR SKIN CANCER TO HELP PEOPLE GET DIAGNOSED EARLY, WHEN THE DISEASE IS HIGHLY CURABLE PATIENTS ALSO ARE EDUCATED ON WAYS TO PREVENT SKIN CANCER IN MAY 2013, 185 PEOPLE WERE SCREENED FOR SKIN CANCER AT THE CHRISTIANA CARE HELEN F GRAHAM CANCER CENTER'S ANNUAL FREE SKIN CANCER SCREENING AND AWARENESS EVENT, WHICH WAS STAFFED BY VOLUNTEERS FROM CHRISTIANA CARE, THE DELAWARE DIAMOND CHAPTER OF THE ONCOLOGY NURSING SOCIETY, DELAWARE TECHNICAL COMMUNITY COLLEGE STUDENTS AND THE DELAWARE CHAPTER OF THE ACADEMY OF DERMATOLOGY THE OUTREACH TEAM FOLLOWS UP WITH PEOPLE WHO NEED ADDITIONAL CARE AFTER SCREENING TO ENSURE THEY GET THE HELP THEY NEED BREAST HEALTH OUR BREAST HEALTH PROGRAMS INCLUDE AVON HELPING HANDS FOR BREAST HEALTH AND THE WOMEN PINK RIBBON PROGRAM THESE PROGRAMS OFFER SUPPORT TO THE UNDERSERVED COMMUNITY WITH BILINGUAL NAVIGATORS TO IMPROVE ACCESS TO MAMMOGRAPHY SCREENINGS, ASSISTANCE WITH TRANSPORTATION AND FUNDING THEY ALSO PROVIDE COMMUNITY EDUCATION TO PROMOTE BREAST HEALTH, CANCER PREVENTION AND EARLY DETECTION IN 2013, MORE THAN 1800 WOMEN WERE SCREENED WITH THE HELP OF THESE TWO PROGRAMS IN MAY 2013, 75 WOMEN WHOSE LIVES HAVE BEEN TOUCHED BY CANCER ATTENDED SISTERS SURVIVING, A WELLNESS CONFERENCE FOR AFRICAN-AMERICAN BREAST CANCER SURVIVORS CHRISTIANA CARE PARTNERED WITH THE AMERICAN CANCER SOCIETY, DELAWARE BREAST CANCER COALITION AND SISTERS ON A MISSION TO ORGANIZE THE EVENT MORE THAN 3800 WERE HELPED BY THESE THREE PROGRAMS PROGRAMS FOR THE HOMELESS CHRISTIANA CARE HAS LAUNCHED AN INITIATIVE CALLED MEDICAL HOME WITHOUT WALLS TO REACH "SUPERUSERS" OF THE ACUTE-CARE SYSTEM, A GROUP THAT INCLUDES FEWER THAN 10 % OF ALL PATIENTS BUT ACCOUNTS FOR MORE THAN 20 % OF ALL VISITS TO THE HOSPITAL (MANY OF THEM HOMELESS, WITH COMPLEX MEDICAL PROBLEMS) BY VISITING PATIENTS AT THEIR HOME OR SHELTER, ACCOMPANYING THEM TO MEDICAL APPOINTMENTS AND ADDRESSING SOCIAL ILLS SUCH AS HUNGER, ADDICTION AND DOMESTIC VIOLENCE, THE PROGRAM PROVIDES COORDINATED CARE TO PEOPLE WHO MIGHT OTHERWISE ONLY RECEIVE CARE THROUGH FREQUENT VISITS TO THE EMERGENCY DEPARTMENT WE CONNECT THEM WITH RESOURCES IN THE COMMUNITY, SUCH AS SHELTERS, FOOD BANKS AND MEDICAL INSURANCE, AND WE ARE BUILDING RELATIONSHIPS WITH OTHER ORGANIZATIONS TO COORDINATE ADDITIONAL HELP FOOT CARE IN NOVEMBER 2012, CHRISTIANA CARE HEALTH SYSTEM'S DEPARTMENT OF ORTHOPAEDIC SURGERY PROVIDED NEW SHOES, SOCKS AND FOOT EXAMS FOR FREE TO 80 PEOPLE AT THE SUNDAY BREAKFAST MISSION, A HOMELESS SHELTER IN THE CITY OF WILMINGTON THE EVENT IS PART OF A CAMPAIGN BY A NATIONAL ORGANIZATION KNOWN AS OUR HEARTS TO YOUR SOLES, WHOSE MISSION IS TO PROVIDE THE LESS FORTUNATE WITH SHOES AND FREE FOOT EXAMINATIONS TEEN NUTRITION CHRISTIANA CARE'S CAMP FRESH, ESTABLISHED IN 2007, ENCOURAGES TEENS FROM LOW-INCOME FAMILIES TO EAT WELL AND EXERCISE, AND IT GIVES THEM EDUCATIONAL TOOLS TO BECOME AMBASSADORS FOR GOOD NUTRITION AND HEALTHIER LIFESTYLES IN THEIR FAMILIES THE EIGHT-WEEK PROGRAM ALSO ENABLES CAMP FRESH TEENS TO MAKE A DIFFERENCE IN THEIR COMMUNITIES IN RECENT SUMMERS, THEY BUILT RAISED-BED GARDENS AND RAN PRODUCE STANDS AT HOWARD HIGH SCHOOL AND WILMINGTON HOSPITAL THEY ALSO HELPED ESTABLISH WILMINGTON'S FIRST URBAN FARM AT 12TH AND BRANDYWINE STREETS THE GOAL OF CAMP FRESH IS TO EMPOWER TEENS TO MAKE BETTER CHOICES THAT WILL HAVE A POSITIVE IMPACT ON THEIR HEALTH, FROM EATING WELL, TO EXERCISING, TO SETTING CLEAR GOALS AND OBJECTIVES FOR THEIR FUTURES CHRISTIANA CARE'S CARDIOVASCULAR OUTREACH PREVENTION PROGRAM (COPP), IN PARTNERSHIP WITH THE ASTRAZENECA HEALTHCARE FOUNDATION, CELEBRATED A SUCCESSFUL SECOND YEAR IN APRIL 2013 AT PAUL M HODGSON VOCATIONAL TECHNICAL HIGH SCHOOL IN NEWARK, DEL THIRTY STUDENT VOLUNTEERS EDUCATED HUNDREDS OF THEIR PEERS ON HOW TO IMPROVE HEART HEALTH BY FOCUSING ON NUTRITION, MENTAL HEALTH, STRESS MANAGEMENT AND THE IMPORTANCE OF PHYSICAL ACTIVITY COPP, WHICH INCORPORATES CHRISTIANA CARE'S NO HEART LEFT BEHIND PROGRAM (ONLINE HEART HEALTH EDUCATION FOR TEEN AND ADULT PARTICIPANTS), IS FACILITATED IN FOUR NEW CASTLE COUNTY HIGH SCHOOLS WHERE CHRISTIANA CARE MAINTAINS WELLNESS CENTERS COPP HAS REACHED MORE THAN 2,000 TEENS AND ADULTS AND TRACKED MORE THAN 200 PARTICIPANTS AT HODGSON, CHRISTIANA, WILLIAM PENN AND HOWARD HIGH SCHOOL HEALTH COACH CHRISTIANA CARE'S HEALTH COACH PROGRAM, PART OF THE CENTER FOR COMMUNITY HEALTH IN THE DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE, HELPS PATIENTS COMPLETE APPLICATIONS TO VARIOUS DRUG MAKERS, REQUESTING FREE PHARMACEUTICALS FOR UP TO ONE YEAR, REGARDLESS OF THE PATIENT'S ABILITY TO PAY THIS PROACTIVE EFFORT NOT ONLY RELIEVES PATIENTS' STRESS ABOUT HOW THEY'LL PAY FOR THEIR PRESCRIPTIONS, BY ENSURING THEIR ACCESS TO MEDICINE, THE PROGRAM

Identifier	ReturnReference	Explanation
AFFILIATED HEALTHCARE SYSTEM INFORMATION	PART VI, LINE 6	HEADQUARTERED IN WILMINGTON, DELAWARE, CHRISTIANA CARE HEALTH SYSTEM IS ONE OF THE COUNTRY'S LARGEST HEALTH CARE PROVIDERS, RANKING 22ND IN THE NATION FOR HOSPITAL ADMISSIONS ITS AFFILIATES INCLUDE CHRISTIANA CARE HEALTH SERVICES, INC CHRISTIANA CARE IS A MAJOR TEACHING SYSTEM WITH TWO CAMPUSES, A 1,487 MEMBER MEDICAL-DENTAL STAFF AND MORE THAN 270 MEDICAL-DENTAL RESIDENTS AND FELLOWS WITH NEARLY 10,600 EMPLOYEES, CHRISTIANA CARE IS THE LARGEST PRIVATE EMPLOYER IN DELAWARE AND ONE OF THE LARGEST EMPLOYERS IN THE PHILADELPHIA REGION CHRISTIANA CARE IS RECOGNIZED AS A REGIONAL CENTER FOR EXCELLENCE IN CARDIOLOGY, CANCER AND WOMEN'S HEALTH SERVICES A NOT-FOR-PROFIT, NONSECTARIAN 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 MAJOR FACILITIES INCLUDE - STANTON CAMPUS LOCATED IN NEWARK, DELAWARE, THIS CAMPUS IS HOME TO THE 907-BED CHRISTIANA HOSPITAL, THE CHRISTIANA CARE CENTER FOR HEART & VASCULAR HEALTH, THE HELEN F GRAHAM CANCER CENTER, THE CHRISTIANA CARE BREAST CENTER, THE CHRISTIANA SURGICENTER AND THE JOHN H AMMON MEDICAL EDUCATION CENTER -WILMINGTON CAMPUS LOCATED IN THE HEART OF THE CITY OF WILMINGTON, DELAWARE, AND CORPORATE HEADQUARTERS FOR CHRISTIANA CARE HEALTH SYSTEM, THIS CAMPUS FEATURES THE 241-BED WILMINGTON HOSPITAL, THE WILMINGTON HOSPITAL HEALTH CENTER, THE CENTER FOR REHABILITATION, THE CENTER FOR ADVANCED JOINT REPLACEMENT, THE WILMINGTON ANNEX, THE SWANK MEMORY CARE CENTER AND THE ROXANA CANNON ARSHT SURGICENTER -EUGENE DU PONT PREVENTIVE MEDICINE & REHABILITATION INSTITUTE -MIDDLETOWN CARECENTER -MIDDLETOWN FREE-STANDING EMERGENCY DEPARTMENT -SMYRNA HEALTH & WELLNESS CENTER - HEALTHCARE CENTER AT CHRISTIANA CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC CHRISTIANA CARE VISITING NURSE ASSOCIATION IS DELAWARE'S LARGEST HOME HEALTH AGENCY, PROVIDING MORE THAN 300,000 VISITS ANNUALLY AND SPECIALIZING IN CERTIFIED HOME NURSING CARE, DISEASE MANAGEMENT PROGRAMS IN HEART FAILURE, COPD AND ONCOLOGY, MATERNAL/CHILD SERVICES, PEDIATRIC HOME CARE, JOINT-PATIENT HOME THERAPY, WOUND CARE AND PRIVATE-DUTY SERVICE CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES ALSO OFFERS POST-ACUTE CARE THROUGHOUT OUR COMMUNITY, INCLUDING WOUND-CARE CENTERS, ADULT DAY PROGRAMS, BRIDGE PROGRAM AND SKILLED NURSING FACILITY TRANSITIONS OF CARE CHRISTIANA CARE HEALTH INITIATIVES, INC CHRISTIANA CARE HEALTH INITIATIVES IS A NOT-FOR-PROFIT ORGANIZATION PROVIDING HEALTH SERVICES, INCLUDING IMAGING AND PHYSICAL THERAPY SERVICES AND THROUGH JOINT VENTURES, INCLUDING THE GLASGOW MEDICAL CENTER, LLC, OPERATING THREE MEDICAL AID UNITS, AN AMBULATORY SURGICAL CENTER AND A MEDICAL OFFICE BUILDING IN GLASGOW, AND THE DELAWARE SLEEP DISORDERS CENTERS, LLC, PROVIDING SLEEP SERVICES THROUGHOUT DELAWARE
STATES 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 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

2012

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
DETAIL REGARDING BENEFITS PROVIDED	FORM 990, SCHEDULE J, PART I, LINE 1A	SOCIAL CLUB DUES CCHS PROVIDES A SOCIAL CLUB MEMBERSHIP TO BE USED BY THE PRESIDENT IN CONNECTION WITH HIS DUTIES THE PRESIDENT IS RESPONSIBLE FOR AND TAXED ON ANY PERSONAL USE OF SUCH CLUB MEMBERSHIP
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPATION	FORM 990, SCHEDULE J, PART I, 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 GARY W FERGUSON, THOMAS L CORRIGAN, JANICE NEVIN MD, AUDREY VAN LUVEN, AND BRENDA K PIERCE, ESQ PAYMENTS FROM THE PLAN WERE MADE TO JAMES NEWMAN MD, GARY FERGUSON, DIANE TALAREK, HAROLD ROSEN MD AND MICHAEL RHODES MD
PROVISION OF NON-FIXED PAYMENTS	FORM 990, SCHEDULE J, PART I, 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

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
THOMAS L CORRIGAN	(I)	465,114	162,662	5,828	122,787	16,306	772,697	0
	(II)	0	0	0	0	0	0	0
GARY W FERGUSON	(I)	513,095	168,189	46,602	123,537	6,701	858,124	37,204
	(II)	0	0	0	0	0	0	0
ROBERT J LASKOWSKI MD	(I)	865,817	420,000	127,136	47,314	25,354	1,485,621	0
	(II)	0	0	0	0	0	0	0
TIMOTHY GARDNER MD	(I)	539,654	192,033	35,600	30,452	13,654	811,393	0
	(II)	0	0	0	0	0	0	0
NICHOLAS PETRELLI MD	(I)	482,253	162,756	49,491	36,896	16,433	747,829	0
	(II)	0	0	0	0	0	0	0
JANICE NEVIN MD	(I)	415,814	140,459	5,839	75,102	10,746	647,960	0
	(II)	0	0	0	0	0	0	0
DIANE TALAREK	(I)	285,096	74,763	84,621	31,450	10,606	486,536	65,590
	(II)	0	0	0	0	0	0	0
RAY SEIGFRIED	(I)	215,034	56,154	0	30,758	15,981	317,927	0
	(II)	0	0	0	0	0	0	0
JAMES H NEWMAN MD	(I)	78,347	0	274,310	12,331	3,707	368,695	274,602
	(II)	0	0	0	0	0	0	0
MICHAEL BANBURY MD	(I)	850,720	134,754	31,603	41,574	16,825	1,075,476	0
	(II)	0	0	0	0	0	0	0
BRENDA K PIERCE ESQ	(I)	270,898	71,040	2,253	47,962	16,119	408,272	0
	(II)	0	0	0	0	0	0	0
AUDREY VAN LUVEN	(I)	308,036	91,647	25,375	51,457	10,533	487,048	0
	(II)	0	0	0	0	0	0	0
HAROLD ROSEN MD	(I)	349,071	83,217	314,511	37,655	11,027	795,481	0
	(II)	0	0	0	0	0	0	0
MICHAEL RHODES MD	(I)	471,527	105,665	108,727	36,772	10,706	733,397	0
	(II)	0	0	0	0	0	0	0

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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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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	246388EQ5	11-04-2010	74,491,341	CONSTRUCTION OF HOSPITAL		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	29,126,644	0	14,005,000	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	74,956,804
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	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	74,077,607
11	Other spent proceeds	0	60,163,125	30,000,000	0
12	Other unspent proceeds	23,428	0	0	0
13	Year of substantial completion	2006	2006	2000	2014

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			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		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X					X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
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 00000%		0 00000%		0 00000%		0 00000%
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 00000%		0 00000%		0 00000%		0 00000%
6	Total of lines 4 and 5		0 00000%		0 00000%		0 00000%		0 00000%
7	Does the bond issue meet the private security or payment test?		X		X				X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 00000%		0 00000%		0 00000%		0 00000%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X				X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b	Name of provider	TRINITY PLUS FUNDING		0		0		0	
c	Term of GIC		28						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

Part VI 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 $465,463 IN INVESTMENT EARNINGS FOR DELAWARE HLTH FACILITIES AUTHORITY SERIES 2010, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES $1,087,398 IN INVESTMENT EARNINGS
SUPPLEMENTAL INFORMATION REGARDING TAX EXEMPT BONDS	FORM 990, SCHEDULE K, PART IV, LINE 2C COLUMN A AND B	AN ARBITRAGE REBATE AND YIELD RESTRICTION COMPLIANCE ANALYSIS WAS COMPLETED BY THE PFM GROUP FOR THE DELAWARE HEALTH FACILITIES AUTHORITY 2003 BONDS ON OCTOBER 1, 2012 AND THE DELAWARE HEALTH FACILITIES AUTHORITY 2008 BONDS ON NOVEMBER 19, 2013

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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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 2010	51-0272458	246388QPO	11-04-2010	127,195,000	CONSTRUCTION OF HOSPITAL		X		X		X

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	128,282,398			
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	91,574,131			
11	Other spent proceeds	0			
12	Other unspent proceeds	36,023,949			
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	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 00000%		%		%		%	
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 00000%		%		%		%	
6	Total of lines 4 and 5	0 00000%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 00000%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (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

2012

Open to Public Inspection

Name of the organization
CHRISTIANA CARE HEALTH SERVICES INC

Employer identification number
51-0103684

Identifier	Return Reference	Explanation
DETAIL OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	CHRISTIANA CARE HEALTH SERVICES, HEADQUARTERED IN WILMINGTON, DELAWARE, IS ONE OF THE COUNTRY'S LARGEST HEALTH CARE PROVIDERS AND IS A MAJOR TEACHING HOSPITAL WITH TWO CAMPUSES AND MORE THAN 270 MEDICAL-DENTAL RESIDENTS AND FELLOWS CHRISTIANA CARE IS RECOGNIZED AS A REGIONAL CENTER FOR EXCELLENCE IN CARDIOLOGY, CANCER AND WOMEN'S HEALTH SERVICES THE SYSTEM FEATURES A LEVEL 3 NEONATAL INTENSIVE CARE UNIT, THE ONLY DELIVERING HOSPITAL IN THE STATE TO OFFER THIS LEVEL OF CARE FOR NEWBORNS CHRISTIANA CARE HEALTH SERVICES IS ALSO HOME TO DELAWARE'S ONLY LEVEL 1 TRAUMA CENTER, THE ONLY OF ITS KIND BETWEEN PHILADELPHIA AND BALTIMORE A NOT-FOR-PROFIT, NON-SECTARIAN HEALTH SYSTEM, 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 NEARLY 10,600 EMPLOYEES, CHRISTIANA CARE IS THE LARGEST PRIVATE EMPLOYER IN DELAWARE AND ONE OF THE LARGEST EMPLOYERS IN THE PHILADELPHIA REGION IN FISCAL YEAR 2013, CHRISTIANA CARE HAD MORE THAN $2 5 BILLION IN TOTAL PATIENT REVENUE AND PROVIDED THE COMMUNITY WITH APPROXIMATELY $26 8 MILLION IN CHARITY CARE (AT COST)

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11	INFORMATION RELATED TO CCHS' FORM 990 FILING IS GATHERED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW THE FINAL 2012 FORM 990 FOR THE FISCAL YEAR ENDING JUNE 30, 2013 WAS REVIEWED AND APPROVED BY VARIOUS SENIOR MANAGEMENT OFFICIALS THE ORGANIZATION'S GOVERNING BOARD WAS ALSO PROVIDED ACCESS TO THE APPROVED 2012 FORM 990 VIA ITS BOARD OF DIRECTOR'S PORTAL

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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 SURVEYS TO ENSURE TOTAL REMUNERATION IS MARKET COMPETITIVE AND QUALIFIES FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE INTERMEDIATE SANCTIONS RULE, SECTION 4958 OF THE INTERNAL REVENUE CODE. AFTER DELIBERATION, THE ECC DOCUMENTS THEIR DECISIONS IN MEETING MINUTES

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

Identifier	Return Reference	Explanation
DETAIL OF OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	EFFECT OF DISCONTINUED OPERATIONS $ (1,002,546) CHANGE IN POST RETIREMENT 68,225,741 BENEFICIAL INTEREST IN SYSTEM 221,050 SUBCORPORATIONS 148,792 ---------- TOTAL $ 67,593,036 ==========

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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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHRISTIANA CARE CAMPUS REALTY LLC 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) CHRISTIANA CARE HEALTH SYSTEM INC 501 WEST 14TH STREET WILMINGTON, DE 19801 52-1479538	fundraising	DE	501(c)(3)	7	NA		No
(2) CHRISTIANA CARE HLTH INITIATIVES INC 200 HYGEIA DRIVE SUITE 2300 NEWARK, DE 19713 51-0295186	OUTPATIENT SV	DE	501(c)(3)	9	CCHS SYSTEM		No
(3) CHRISTIANA CARE HOME HEALTH & COM SRVCS 1 READS WAY NEW CASTLE, DE 19720 51-0064334	HOME HLTHCARE	DE	501(c)(3)	7	CCHS SYSTEM		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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, DE 19713 20-5126228	MEDICAL SERVI	DE	CCHI	N/A								
(2) GLASGOW MEDICAL CENTER LLC 2600 GLASGOW AVENUE SUITE 204 NEWARK, DE 19702 51-0320926	MEDICAL SERVI	DE	CCHI	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) THE DE CTR FOR MAT FETAL MED OF CC INC 200 HYGEIA DRIVE NEWARK, DE 19713 20-5891272	HEALTHCARE	DE	CCHS	C CORP	-31,730	3,538,999	100 000 %	Yes	
(2) CHRISTIANA CARE HEALTH PLANS 200 HYGEIA DRIVE OFFICE 2524 NEWARK, DE 19713 51-0352728	INSURANCE	DE	CCHS SYSTEM	C CORP					No

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE DE CTR FOR MAT FETAL MED OF CC INC	A,L	870,999	FMV

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

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

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

Additional Data

Return to Form

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

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TY 2012 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 $ 10,543,895 CHRISTIANA CARE HEALTH SERVICES 171,382 1,276,230,143 CHRISTIANA CARE HOME HEALTH AND COMMUNITY SERVICES NONE 43,415,899 CHRISTIANA CARE HEALTH INITIATIVES NONE 18,260,533 ---------- ---------- TOTAL $171,382 $1,348,450,470 THE ORGANIZATION HAS MADE THE LOBBYING ELECTION UNDER I.R.C. SECTION 501(H) FOR THE TAX YEAR ENDED JUNE 30, 2013. THIS ELECTION HAS NOT BEEN REVOKED BEFORE THE START OF THE ORGANIZATION'S TAX YEAR THAT BEGAN IN 2012.

Christiana Care Health Services, Inc.

Financial Statements
June 30, 2013 and 2012

Christiana Care Health Services, Inc.
Index
June 30, 2013 and 2012

Independent Auditor's Report

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

We have audited the accompanying financial statements of Christiana Care Health Services, Inc ("Health Services"), which comprise the balance sheets as of June 30, 2013 and 2012, and the related statements of operations and changes in net assets and cash flows for the years then ended

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on our audits We conducted our audits 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 from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, we consider internal control relevant to the Company's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

pwc

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Christiana Care Health Services, Inc ("Health Services ") at June 30, 2013 and 2012, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

PricewaterhouseCoopers LLP

Philadelphia, Pennsylvania
September 9, 2013

Christiana Care Health Services, Inc.
Balance Sheets
June 30, 2013 and 2012

	2013	2012
Assets		
Current assets		
Cash and cash equivalents	$ 83,019,942	$ 112,103,978
Short-term investments	181,626,471	181,556,554
Patient accounts receivable, net of allowance for doubtful accounts of $23,599,218 in 2013 and $17,789,268 in 2012	245,119,966	186,691,707
Other current assets	35,827,627	44,157,055
Assets limited as to use	3,721,003	4,609,874
Total current assets	549,315,009	529,119,168
Assets limited as to use	63,834,186	137,106,618
Long-term investments	912,898,613	755,186,153
Property and equipment, net	779,506,661	676,286,589
Other assets	57,095,554	58,001,379
Total assets	$ 2,362,650,023	$ 2,155,699,907
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt	$ 189,330,000	$ 188,860,000
Accounts payable	69,988,464	52,438,190
Accrued salaries and professional fees	74,591,062	77,274,899
Estimated third-party payor settlements	7,613,565	14,886,780
Other accrued expenses and current liabilities	42,633,399	45,565,657
Total current liabilities	384,156,490	379,025,526
Long-term debt, net of current portion	121,447,605	130,948,513
Pension and postretirement benefits	253,572,867	290,355,048
Self insurance liabilities	28,228,756	26,341,044
Other liabilities	31,022,788	38,399,998
Total liabilities	818,428,506	865,070,129
Net assets		
Unrestricted	1,471,502,284	1,218,491,372
Temporarily restricted	49,432,933	49,226,718
Permanently restricted	23,286,300	22,911,688
Total net assets	1,544,221,517	1,290,629,778
Total liabilities and net assets	$ 2,362,650,023	$ 2,155,699,907

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, 2013 and 2012

	2013	2012
Unrestricted operating revenues and other support		
Net patient service revenue	$ 1,402,718,676	$ 1,339,758,022
Provision for bad debts	(33,578,794)	(31,482,070)
Net Patient service revenue less provision for bad debts	1,369,139,882	1,308,275,952
Other revenue	68,951,822	71,389,342
Net assets released from restrictions	2,767,201	3,032,937
	1,440,858,905	1,382,698,231
Operating expenses		
Salaries and employee benefits	853,103,661	820,411,208
Supplies and other expenses	420,859,738	394,969,454
Interest expense	1,600,900	1,865,041
Depreciation and amortization	75,640,790	75,169,333
	1,351,205,089	1,292,415,036
Operating gain before settlement charge	89,653,816	90,283,195
Settlement charge (see note 11)	9,660,973	-
Operating gain	79,992,843	90,283,195
Nonoperating revenues, gains, and losses		
Investment income	97,629,173	15,715,456
Other gains, net	6,883,951	1,958,182
Total nonoperating revenues, gains, and losses	104,513,124	17,673,638
Excess of revenues over expenses	$ 184,505,967	$ 107,956,833

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, 2013 and 2012

	2013	2012
Unrestricted net assets		
Excess of revenues over expenses	$ 184,505,967	$ 107,956,833
Net assets released from restrictions used for purchase of property and equipment	1,281,750	4,729,241
Other changes in pension and postretirement liabilities	68,225,741	(112,767,892)
Transfer from affiliate	-	4,076,652
Increase in unrestricted net assets before discontinued operations	254,013,458	3,994,834
Effect of discontinued operations	(1,002,546)	(394,370)
Increase in unrestricted net assets	253,010,912	3,600,464
Temporarily restricted net assets		
Contributions	4,069,315	4,039,194
Interest and dividend income	(35,199)	140,561
Transfer to affiliate	-	(330,427)
Change in beneficial interest in net assets of the System	221,050	126,172
Net assets released from restrictions	(4,048,951)	(7,762,178)
Increase (decrease) in temporarily restricted net assets	206,215	(3,786,678)
Permanently restricted net assets		
Change in net realized gains (losses)	374,612	(468,482)
Increase (decrease) in permanently restricted net assets	374,612	(468,482)
Increase (decrease) increase in net assets	253,591,739	(654,696)
Net assets		
Beginning of year	1,290,629,778	1,291,284,474
End of year	$ 1,544,221,517	$ 1,290,629,778

The accompanying notes are an integral part of these financial statements

Christiana Care Health Services, Inc.
Statements of Cash Flows
Years Ended June 30, 2013 and 2012

	2013	2012
Cash flows from operating activities		
Change in net assets	$ 253,591,739	$ (654,696)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Effect of discontinued operations	1,002,546	394,370
Net realized and unrealized gains on investments	(83,371,063)	(2,429,904)
Depreciation and amortization	75,640,790	75,169,333
Provision for bad debts	33,578,794	31,482,070
Transfer from affiliate	-	(4,076,652)
Change in beneficial interest in net assets of the System	(221,050)	(126,172)
Restricted contributions and investment income received	(4,408,728)	(3,711,273)
(Increase) decrease in		
Patient accounts receivable	(92,007,053)	(56,397,257)
Other current assets	8,329,428	21,564
Other assets	(71,441)	(1,832,472)
Increase (decrease) in		
Account payable and accrued expenses	13,361,748	2,058,014
Estimated third-party payor settlements	(7,273,215)	(1,770,732)
Pension and postretirement benefits	(36,288,901)	121,640,811
Self insurance liabilities	1,887,712	(545,220)
Other liabilities	(7,548,118)	7,107,977
Net cash provided by operating activities	156,203,188	166,329,761
Cash flows from investing activities		
Purchase of property and equipment, net	(179,434,274)	(114,052,536)
Proceeds from sale of investments and assets limited as to use	1,564,124,237	616,291,280
Purchase of investments and assets limited as to use	(1,564,374,248)	(684,201,652)
Net cash used in investing activities	(179,684,285)	(181,962,908)
Cash flows from financing activities		
Repayment of long-term debt	(8,860,000)	(8,415,000)
Securities lending	(1,151,667)	629,619
Restricted contributions and investment income received	4,408,728	3,711,273
Transfer from affiliate	-	4,076,652
Net cash (used in) provided by financing activities	(5,602,939)	2,544
Net decrease in cash and cash equivalents	(29,084,036)	(15,630,603)
Cash and cash equivalents		
Beginning of year	112,103,978	127,734,581
End of year	$ 83,019,942	$ 112,103,978
Supplemental disclosure of cash flow information		
Cash paid for interest, net of amounts capitalized	$ 1,524,955	$ 2,462,799

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 and Patient Accounts Receivable

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

Health Services recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered For uninsured patients who do not qualify for charity care, Health Services recognizes revenue based on established rates, subject to certain discounts as determined by Health Services An estimated provision for bad debts is recorded that results in net patient service revenue being reported at the net amount expected to be received Health Services has determined that patient service revenue is primarily recorded prior to assessing the patient's ability to pay and as such, the entire provision for bad debts related to patient revenue is recorded as a deduction from patient service revenue in the accompanying statements of operations and changes in net assets Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), for the year ended June 30, 2013 from these two payor sources are as follows

	Third-Party Payors	Self-Pay	Total
Patient service revenue (net of contractual allowances and discounts)	96 7 %	3 3 %	100 %

Revenue from the Medicare and Medicaid programs accounted for approximately 31% and 13%, respectively, of Health Services' net patient service revenue for the year ended June 30, 2013 and 31% and 12%, respectively, for the year ended June 30, 2012 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 2013 and 2012 net patient service revenue increased approximately $5,043,390 and $360,000, respectively, because of tentative settlements and final settlements for years that are no longer subject to audits, reviews, and investigations, as well as other changes in estimates

Patient accounts receivable are reduced by an allowance for doubtful accounts The allowance for doubtful accounts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in healthcare coverage, major payor sources, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category The results of this review are then used to make modifications to the provision for bad debts to establish an appropriate allowance for doubtful accounts The increase in the allowance for doubtful accounts from June 30, 2012 to June 30, 2013 is the result of the mix of patient receivables by payor category

For patient accounts receivable associated with self-pay patients, which includes patients that fail to make payment for services rendered or insured patients who fail to remit co-payments and deductibles as required under the applicable health insurance arrangement, Health Services records an estimated provision for bad debts in the year of service Health Services has experienced an increase in the provision for bad debts as a result of current economic conditions and rising patient responsibility balances

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

Electronic Health Record Incentive Program
The Centers for Medicare & Medicaid Services (CMS) have implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health record (EHR) technology CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS The Medicare EHR incentive program provides annual incentive payments to eligible professionals, eligible hospitals, and critical access hospitals, as defined, that are meaningful users of certified EHR technology The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, and meaningfully use certified EHR technology Health Services records payments using the gain contingency accounting model Accordingly, when all contingencies have been met and the funds have been received, Health Services recognizes these incentives as "other gains, net" within the nonoperating revenue section in the Statement of Operations and Changes in Net Assets Health Services received and recorded approximately $6 million and $2 7 million in Fiscal 2013 and 2012, respectively, as all contingencies have been met

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, 2013 and 2012, 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 As a practical expedient, 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 (consisting of 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 sheets represent bond proceeds to pay unpaid construction associated with the Wilmington Hospital project (Note 8)

Investments classified as current in the balance sheets 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 Health Services considers the activity of the investment portfolio and the associated cash receipts and cash purchases resulting from purchases and sales of investments classified as trading securities as an investing activity and classifies this activity accordingly within the statements of cash flows

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 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 $521,943 and $1,673,610 of collateral investments at June 30, 2013 and 2012, respectively

Deferred Financing Costs
Deferred financing costs are recorded within other assets and 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 totaled $2,140,900 and $2,336,670 at June 30, 2013 and 2012, 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

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 Estimated net refunds of approximately $9 3 million are recorded in other current assets in the accompanying June 30, 2012 balance sheet During the 2013 fiscal year Health Services received a $9 6 million net refund The previously unrecorded receivable of $300,000 was recorded as interest income in 2013

Subsequent Events
Health Services has performed an evaluation of subsequent events through September 9, 2013, 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, 2013 and 2012 is set forth in the following table Investments and assets limited to use are stated at fair value

	2013	2012
Short-term investments	$ 181,626,471	$ 181,556,554
Assets limited as to use		
Externally designated by bond trustee		
Construction funds	36,023,950	115,505,750
Escrow funds	23,428	23,428
Total externally designated	36,047,378	115,529,178
Internally designated by Board of Directors		
Cancer program	31,507,811	26,187,314
Total assets limited as to use	67,555,189	141,716,492
Long-term investments		
Unrestricted	873,550,854	716,198,172
Temporarily restricted	22,934,590	22,949,425
Permanently restricted	16,413,169	16,038,556
Total long-term investments	912,898,613	755,186,153
Total investments and assets limited as to use	$ 1,162,080,273	$ 1,078,459,199

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

	Year Ended June 30,	
	2013	2012
Interest and dividend income	$ 14,258,110	$ 13,285,552
Net realized gains	40,477,998	10,177,482
Change in net unrealized gains (losses)	42,893,065	(7,747,578)
	$ 97,629,173	$ 15,715,456

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 agency securities 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, and 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

Transfers between leveled assets are based on the actual date of the event which caused the transfer As of June 30, 2013 and 2012 there were no transfers between Level 1, 2, and 3

The following table presents the financial instruments carried at fair value as of June 30, 2013 in accordance with the fair value hierarchy

	Level 1	Level 2	Level 3	Total
Investments and assets limited as to use				
Money market funds	$ 250,341,189	$ -	$ -	$ 250,341,189
U S Government and agency securities	35,656,846	34,095,003	-	69,751,849
Corporate and other debt securities	-	168,272,230	-	168,272,230
Equity securities	436,594,899	139,269,800	-	575,864,699
Equity managed funds	-	-	90,456,382	90,456,382
Investments held in trust by others	-	-	7,393,924	7,393,924
Total investments and assets limited as to use	722,592,934	341,637,033	97,850,306	1,162,080,273
Total assets at fair value	$ 722,592,934	$ 341,637,033	$ 97,850,306	$ 1,162,080,273

The following table illustrates the change in Level 3 assets

	Investments Held by Others	Equity Managed Funds
Fair value at June 30, 2012	$ 7,019,312	$ 68,594,812
Purchases	-	17,015,388
Realized gains	182,120	102,472
Net change in unrealized gains	192,492	4,743,710
Fair value at June 30, 2013	$ 7,393,924	$ 90,456,382

The following table presents the financial instruments carried at fair value as of June 30, 2012 in accordance with the fair value hierarchy

	Level 1	Level 2	Level 3	Total
Investments and assets limited as to use				
Money market funds	$ 201,378,884	$ -	$ -	$ 201,378,884
U S Government and agency securities	39,940,781	78,025,180	-	117,965,961
Corporate and other debt securities	-	176,112,089	-	176,112,089
Equity securities	356,184,254	151,203,887	-	507,388,141
Equity managed funds	-	-	68,594,812	68,594,812
Investments held in trust by others	-	-	7,019,312	7,019,312
Total investments and assets limited as to use	597,503,919	405,341,156	75,614,124	1,078,459,199
Total assets at fair value	$ 597,503,919	$ 405,341,156	$ 75,614,124	$ 1,078,459,199

The following table illustrates the change in Level 3 assets

	Investments Held by Others	Equity Managed Funds
Fair value at June 30, 2011	$ 7,487,794	$ 57,760,812
Purchases	-	13,000,000
Realized (losses) gains	(24,720)	6,466
Net change in unrealized losses	(443,762)	(2,172,466)
Fair value at June 30, 2012	$ 7,019,312	$ 68,594,812

4. Property and Equipment

A summary of property and equipment at June 30, 2013 and 2012 is as follows

	2013	2012
Land and land improvements	$ 62,085,737	$ 62,120,100
Buildings and building improvements	833,724,663	803,734,156
Equipment	595,663,722	557,896,313
	1,491,474,122	1,423,750,569
Accumulated depreciation	(916,437,339)	(882,735,054)
	575,036,783	541,015,515
Construction-in-progress	204,469,878	135,271,074
	$ 779,506,661	$ 676,286,589

Depreciation expense amounted to $75,232,758 and $74,765,177 in 2013 and 2012, respectively In 2013 and 2012, Health Services incurred total interest costs of $6,467,622 and $6,097,242, respectively, of which $4,866,722 in 2013 and $4,232,201 in 2012 has been capitalized At June 30, 2013 construction contracts of $232,409,063 exist for various expansion and other facility improvements The remaining commitment on these contracts was $51,957,062 Included in the remaining commitment is $45,386,047 for the Wilmington Hospital Campus and Middletown Campus expansions Wilmington Hospital construction is expected to be completed in 2014, and the Middletown expansion opened in April 2013 At June 30, 2013 and 2012, $9,296,683 and $10,065,865, 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, 2013 and 2012 consist of the following

	2013	2012
Beneficial interest in the System	$ 33,371,475	$ 33,150,425
Deferred financing costs	2,140,900	2,336,670
Long term deposits	-	1,400,000
Goodwill	1,015,805	1,015,805
Other	18,809,168	18,347,273
Assets held for sale	1,758,206	1,751,206
	$ 57,095,554	$ 58,001,379

During the 2010 fiscal year Health Services committed to a plan to sell the property and equipment at the Riverside Health Care Center (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, 2013 and 2012

	2013	2012
Health care services	$ 5,679,534	$ 6,020,925
Purchases of buildings and equipment	28,881,900	29,689,006
Education, research, and other operational needs	14,871,499	13,516,787
	$ 49,432,933	$ 49,226,718

Permanently restricted net assets consist of the following at June 30, 2013 and 2012

	2013	2012
Investments held in perpetuity	$ 15,892,376	$ 15,892,376
Investments held in trust by others	7,393,924	7,019,312
	$ 23,286,300	$ 22,911,688

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, 2013 and 2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
		2013		
Endowment funds				
Donor-restricted	$ -	$ 13,577,515	$ 9,019,244	$ 22,596,759
Board-designated	31,507,811	-	-	31,507,811
Total endowment funds	$ 31,507,811	$ 13,577,515	$ 9,019,244	$ 54,104,570
		2012		
Endowment funds				
Donor-restricted	$ -	$ 14,410,582	$ 9,019,244	$ 23,429,826
Board-designated	26,187,314	-	-	26,187,314
Total endowment funds	$ 26,187,314	$ 14,410,582	$ 9,019,244	$ 49,617,140

Changes in endowment net assets for the year ended June 30, 2013 and 2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, June 30, 2012	$ 26,187,314	$ 14,410,582	$ 9,019,244	$ 49,617,140
Investment income	5,320,497	(35,199)	-	5,285,298
Appropriation of endowment assets for expenditure	-	(797,868)	-	(797,868)
Endowment net assets, June 30, 2013	$ 31,507,811	$ 13,577,515	$ 9,019,244	$ 54,104,570
Endowment net assets, June 30, 2011	$ 24,969,670	$ 15,116,675	$ 9,019,244	$ 49,105,589
Investment income	1,217,644	140,561	-	1,358,205
Appropriation of endowment assets for expenditure	-	(846,654)	-	(846,654)
Endowment net assets, June 30, 2012	$ 26,187,314	$ 14,410,582	$ 9,019,244	$ 49,617,140

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

	2013	2012
Temporarily restricted net assets		
Restricted for indigent care	$ 5,272,309	$ 5,849,379
Restricted for building and maintenance	5,113,739	5,260,732
Restricted for program support	3,191,467	3,300,471
Total temporarily restricted net assets	$ 13,577,515	$ 14,410,582
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, 2013 and June 30, 2012

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, 2013 and 2012 consisted of the following

	Interest Rates	Final Maturity	2013	2012
Series 2010 Revenue Bonds				
2010A	4 00% to 5 00%	2040	$ 73,000,000	$ 73,000,000
2010B	variable	2040	75,000,000	75,000,000
2010C	variable	2040	25,000,000	25,000,000
2010D	2 44%	2020	10,335,000	10,335,000
2010E	3 01%	2025	16,860,000	16,860,000
Series 2009 Revenue Bonds	2 95%	2015	15,995,000	20,905,000
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	13,180,000	17,130,000
			309,370,000	318,230,000
Unamortized premium			1,407,605	1,578,513
Current maturities			(9,330,000)	(8,860,000)
Long-term variable rate debt classified as current			(180,000,000)	(180,000,000)
			$ 121,447,605	$ 130,948,513

The Series 2010 Revenue Bonds consist of $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, $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 is 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 24% and 0 03% to 0 24% during 2013 and 2012 respectively for the Series 2010B Bonds and from 13% to 23% and 0 11% to 0 25% during 2013 and 2012 respectively for the Series 2010C Bonds

The Series 2009 Revenue Bonds were issued through a direct placement with a bank and consist of $30,000,000 of fixed rate bonds

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 02% to 24% during 2013 and 01% to 26% during 2012

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, 2013 and June 30, 2012 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

2014	$ 9,330,000
2015	9,815,000
2016	10,030,000
2017	7,735,000
2018	7,945,000
Thereafter	264,515,000
	$ 309,370,000

Long-Term Debt Obligations
The fair value of long-term debt is based on quoted market prices or estimated using discounted cash flow analyses, based on Health Services' incremental borrowing rates for similar types of borrowing arrangements (Level 2) The fair value of Health Services long-term debt is $311,250,872 and $324,211,541 at June 30, 2013 and 2012, respectively

Defeasance
As of June 30, 2013 and 2012, $6,630,000 and $7,690,000, 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 a liability of $863,080 and $3,064,048 at June 30, 2013 and 2012, respectively, recorded within other liabilities The change in the fair value of the interest rate swap of $2,200,968 is recorded as a component of other gains, net 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 $10,840,323 and $11,071,555 in 2013 and 2012 respectively Future minimum lease payments under noncancelable operating leases are as follows

2014	$ 9,331,231
2015	6,204,693
2016	4,671,378
2017	3,715,442
2018	1,722,783
Thereafter	1,018,464

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 $34,259,592 At June 30, 2013 the remaining commitment is $21,928,984, of which $3,132,125 will be paid in 2014

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

During the 2013 fiscal year Health Services amended the defined benefit pension plan to modify the benefit design and to allow terminated, vested participants a one-time option to take immediate benefits in place of a deferred annuity This resulted in approximately a $66 million reduction of the benefit obligation As a result of the lump-sum benefits paid in 2013, Health Services recognized a settlement charge of $9,660,973 The settlement charge is included as a component of excess of revenues over expenses in the Statements of Operations and Changes in Net Assets

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, 2013 and June 30, 2012

	Pension Benefits		Postretirement Benefits	
	2013	2012	2013	2012
Change in benefit obligation				
Benefit obligation at beginning of year	$ 770,410,974	$ 598,900,924	$ 99,320,041	$ 75,027,590
Service cost	29,151,438	25,846,214	2,615,488	1,953,349
Interest cost	28,570,272	32,026,774	3,766,559	3,705,124
Plan amendments	(303,162)	-	-	-
Actuarial (gain) loss	(42,510,779)	141,508,192	(5,343,096)	21,888,016
Settlements	(77,356,577)	-	-	-
Retiree contributions	-	-	428,072	586,395
Benefits paid	(5,198,124)	(27,871,130)	(3,512,640)	(3,840,433)
Benefit obligation at end of year	$ 702,764,042	$ 770,410,974	$ 97,274,424	$ 99,320,041
Change in Plan assets				
Fair value of Plan assets at beginning of year	$ 575,138,913	$ 500,977,223	$ -	$ -
Actual return on Plan assets (net of expenses)	24,451,053	73,682,820	-	-
Employer contributions	24,700,000	28,350,000	3,084,568	3,254,038
Settlements	(77,356,577)	-	-	-
Retiree contributions	-	-	428,072	586,395
Benefits paid	(5,198,124)	(27,871,130)	(3,512,640)	(3,840,433)
Fair value of Plan assets at end of year	$ 541,735,265	$ 575,138,913	$ -	$ -
Reconciliation of funded status to net amount recognized in the balance sheet				
Amounts recorded as accrued liabilities				
Funded status	$ (161,028,777)	$ (195,272,061)	$ (97,274,424)	$ (99,320,041)
Current liabilities	-	-	(4,730,335)	(4,237,054)
Noncurrent liabilities	(161,028,777)	(195,272,061)	(92,544,089)	(95,082,987)
Accrued liability	(161,028,777)	(195,272,061)	(97,274,424)	(99,320,041)
Amounts recorded within unrestricted net assets				
Unrecognized prior service cost (credit)	374,269	960,875	(534,176)	(689,903)
Unassigned actuarial loss or (gain)	88,869,944	150,806,297	7,439,140	13,297,649
Net amount recognized at year end	$ (71,784,564)	$ (43,504,889)	$ (90,369,460)	$ (86,712,295)
Accumulated benefit obligation	$ 614,234,921	$ 673,383,587	$ -	$ -

	Pension Benefits		Postretirement Benefits	
	2013	2012	2013	2012
Weighted-average assumptions used to determine benefit obligations at June 30				
Discount rate	4 500 %	3 875 %	4 500 %	3 875 %
Rate of compensation increase	3 500 %	2 500 %	-	-

	Pension Benefits		Postretirement Benefits	
	2013	2012	2013	2012
Components of net periodic benefit cost				
Service cost	$ 29,151,438	$ 25,846,214	$ 2,615,488	$ 1,953,349
Interest cost	28,570,272	32,026,774	3,766,559	3,705,124
Expected return on plan assets	(30,226,604)	(27,965,970)	-	-
Amortization of prior service cost (credit)	283,444	283,444	(155,727)	(773,863)
Recognized actuarial loss (gain)	15,540,152	6,029,115	515,413	(627,230)
Settlement charge	9,660,973	-	-	-
Net periodic benefit cost	52,979,675	36,219,577	6,741,733	4,257,380
Other changes in pension liability recognized in unrestricted net assets				
Net actuarial (gain) loss	(36,735,228)	95,791,342	(5,343,096)	21,888,016
Amortization of (gain) loss	(15,540,152)	(6,029,115)	(515,413)	627,230
Amortization of prior service (cost) credit	(283,444)	(283,444)	155,727	773,863
Newly established prior service (cost) credit	(303,162)	-	-	-
Recognition due to Settlement	(9,660,973)	-	-	-
Total recognized in unrestricted net assets	(62,522,959)	89,478,783	(5,702,782)	23,289,109
Total recognized in net benefit cost and unrestricted net assets	$ (9,543,284)	$ 125,698,360	$ 1,038,951	$ 27,546,489

	Pension Benefits		Postretirement Benefits	
	2013	2012	2013	2012
Weighted-average assumptions used to determine net periodic benefit cost at beginning of fiscal year				
Discount rate	3 875 %	5 500 %	3 875 %	5 250 %
Expected return on plan assets	6 500 %	6 500 %	-	-
Rate of compensation increase	2 500 %	4 000 %	-	-

Health Services expects to recognize approximately $ 7,870,769 of expense for pension benefits and approximately $ 0 of expense for postretirement benefits during the year ending June 30, 2014 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, 2013 and June 30, 2012 by asset category are as follows

Asset Category	2013	2012
Equities	38 %	32 %
Fixed income	62	68
	100 %	100 %

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, 2013, 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	$ 6,665,881	$ -	$ -	$ 6,665,881
U S Government and agency securities	44,868,929	-	-	44,868,929
Corporate and other debt securities	-	260,340,715	-	260,340,715
Equity securities	117,614,602	81,612,480	-	199,227,082
Equity managed funds	-	-	30,632,658	30,632,658
	$ 169,149,412	$ 341,953,195	$ 30,632,658	$ 541,735,265

The following table illustrates the change in Level 3 assets

	Equity Managed Funds
Fair value June 30, 2012	$ 27,487,966
Purchases	1,514,371
Net change in unrealized gains/losses	1,630,321
Fair value June 30, 2013	$ 30,632,658

The following table represents the Plan's financial instruments as of June 30, 2012, 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	$ 20,318,239	$ -	$ -	$ 20,318,239
U S Government and agency securities	62,383,159	-	-	62,383,159
Corporate and other debt securities	-	291,929,838	-	291,929,838
Equity securities	96,524,033	76,495,678	-	173,019,711
Equity managed funds	-	-	27,487,966	27,487,966
	$ 179,225,431	$ 368,425,516	$ 27,487,966	$ 575,138,913

The following table illustrates the change in Level 3 assets

	Equity Managed Funds
Fair value June 30, 2011	$ 23,090,829
Purchases	5,267,755
Net change in unrealized gains/losses	(870,618)
Fair value June 30, 2012	$ 27,487,966

Contributions
In May 2013, Health Services contributed $24,700,000 to the pension plan in advance of the expected September, 2013 required contribution Health Services expects to contribute approximately $30,000,000 to the pension plan and $4,730,335 to the postretirement benefit plan during the fiscal year ending June 30, 2014 The actual pension plan contribution may be higher or lower depending on interest rates, pension plan asset values, and legislated funding requirements

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

	Pension Benefits	Postretirement Benefits
2014	$ 41,527,927	$ 4,730,335
2015	41,753,599	5,120,863
2016	42,984,797	5,420,120
2017	44,776,524	5,638,476
2018	46,788,935	5,867,967
Thereafter	247,345,276	31,460,891

A 7 5% annual rate of increase in the per capita cost of covered health care benefits was assumed for June 30, 2013, the rate was assumed to decrease gradually to 5 0% 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	$ 1,043,894	$ (849,202)
Effect on postretirement benefit obligation	12,650,452	(10,561,082)

Defined Contribution Retirement Plan
Health Services sponsors a defined contribution retirement plan for all employees hired after August 13, 2006 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, 2013 and June 30, 2012 was $7,520,240 and $6,335,774, 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, 2013 and 2012 were $10,774,043 and $9,972,814, 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 $35,000,000 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, 2013 and 2012 amounted to $39,527,340 and $37,801,633, 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 The current portion of the accruals of $11,298,584 and $11,460,589 at June 30, 2013 and 2012, respectively, is recorded as a component of other accrued expenses and current liabilities on the balance sheets Total expense incurred for medical malpractice and worker's compensation costs was $13,938,713 in 2013 and 9,598,557 in 2012

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, and other factors Direct and indirect costs for these services amounted to $27 3 million and $26 5 million in 2013 and 2012, respectively The costs of providing charity care services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients

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 $13 0 million and $11 7 million in 2013 and 2012, 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 $33,578,794 and $31,482,070 in 2013 and 2012, respectively

14. Related Party Transactions

Health Services has provided certain administrative, professional, and technical services to the System, Health Initiatives, and CCHHCS, totaling $4,894,187 and $7,877,830 for the years ended June 30, 2013 and 2012, respectively Included with other receivables are amounts due from affiliates of $899,192 and $680,840 at June 30, 2013 and 2012, respectively

Included in long-term investments are funds held for the benefit of CCHHCS in the amount of $9,108,459 and $7,861,928 at June 30, 2013 and 2012, respectively A corresponding amount due to CCHHCS is recorded within other liabilities at June 30, 2013 and 2012

Health Services recorded transfers from affiliated organizations representing the book value of certain property and equipment and cash in the amount of $0 and $4,076,652 during the fiscal years ended June 30, 2013 and 2012, 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, 2013 and 2012 was as follows

	2013	2012
Medicare	27 %	26 %
Medicaid	18	16
Blue Cross	18	16
Other third-party payors	23	26
Patients	14	16
	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

	2013	2012
Health care services	$ 1,206,441,476	$ 1,145,446,580
General and administrative	154,424,586	146,968,456
	$ 1,360,866,062	$ 1,292,415,036

17. Discontinued Operations

During the 2012 fiscal year, Health Services sold the business operations of Occupational Health Services (OHS) and abandoned the operations of All About Women of Christiana Care (AAWCC) During the 2012 fiscal year Health Services executed an agreement to sell the ownership of the OHS operation to a third party The ownership was officially transferred in January 2012

AAWCC is a subsidiary corporation of Health Services and was formed in November, 2005 to provide professional medical and surgical services for women needing specialized care in obstetrics and gynecology AAWCC contracted with a group of physicians that provide professional services During the 2012 fiscal year AAWCC and the principal physicians declined to renew the employment agreement effective July 1, 2012 AAWCC does not intend to operate in the future and all professional services ended on June 30, 2012

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 (Note 5) During 2013 Health Services incurred costs of $1,564,946 to improve the marketability of the Riverside Health Center Of this amount, $562,400 was charged

against a previously recorded asset retirement obligation and the remaining $1,002,546 is recorded as a component of discontinued operations

Below is a summary of the discontinued operations for the years ended June 30, 2013 and 2012

	2013	2012
Total unrestricted operating revenues and other support	$ -	$ 8,869,820
Total operating expenses	1,002,546	9,264,190
Effect of discontinued operations	$ (1,002,546)	$ (394,370)

CHRISTIANA CARE
HEALTH SYSTEM

2013 CHNA IMPLEMENTATION STRATEGY – CHRISTIANA HOSPITAL

BACKGROUND

Christiana Care Health System (Christiana Care), headquartered in Wilmington, Delaware, is one of the country's largest health care providers, ranking 21st in the nation for hospital admissions. Christiana Care is a major teaching hospital with two campuses and more than 250 Medical-Dental residents and fellows. Christiana Care is recognized as a regional center for excellence in cardiology, cancer and women's health services. The system is home to Delaware's only Level I trauma center, the only center of its kind between Philadelphia and Baltimore. Christiana Care also features a Level 3 neonatal intensive care unit, the only delivering hospital in the state to offer this level of care for newborns. The health system provides 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 $28.1 million in charity care (at cost).

Christiana Hospital is a 913-bed, 1.3-million-square-foot, modern facility in Newark, Delaware, which offers Delaware's only Level I trauma center (as verified by the American College of Surgeons), which is prepared to handle the most extreme medical emergencies. In fact, it is the only Level I trauma center on the East Coast corridor between Baltimore and Philadelphia. Christiana Hospital is also the only delivering hospital in Delaware with a Level 3 neonatal intensive-care unit, which is the highest level of capability. More than 7,200 babies are born at Christiana Hospital each year.

Christiana Care undertook a comprehensive Community Health Needs Assessment (CHNA), beginning in 2011. The purpose of the study was to gather current statistics and qualitative feedback on the key health issues facing service area residents. As part of this work effort, Christiana Care Health System formed a committee to develop the assessment process including how to acquire the necessary data, the survey tool for community leaders, and the partners needed to accomplish these tasks. This committee contracted with the Healthy Communities Institute (HCI) to provide health indicators via the online tool Delaware Health Tracker, the Melior Group for community surveys, and with Holleran, a Lancaster, Pennsylvania-based research firm, to synthesize the findings, develop the final report, and guide Christiana Care in their Implementation Plans to address the identified community needs.

Following the completion of the CHNA research, the committee reviewed the research findings, prioritized the key issues, and developed goals and strategies for adoption and inclusion in the Implementation Plan.

KEY CHNA FINDINGS

The Christiana Care Implementation Plan Committee examined the key findings of the Secondary Data Profile and the Key Informant Interviews to select Community Health Priorities.

Secondary Data Profile

Christiana Care conducted health indicator research of its service area using the Delaware Health Tracker. The following section provides a summary:

- New Castle County's gender, race, and age group percentages are very similar to national and state figures.
- Most households in the County are reflective of family households, and the majority of the family households are married-couple families.
- New Castle County has a higher median household income than state and national averages.
- Positive statistics for the area show, overall, a lower poverty levels and higher home ownership levels in New Castle County than state levels.
    - However, a disparity exists between racial/ethnic groups in the population that falls below the poverty level in New Castle County. Of those below the poverty level in the County, nearly 40% are American Indian/Native Alaskan and 23.4% are Hispanic/Latino.

- Also, in New Castle County, the 18 to 24 age group has the highest percentage of population that falls below the poverty level.

- New Castle County has a higher rate of low birth weight babies than the state average. A closer look at this statistic reveals a disparity among racial/ethnic groups. Nearly 15.0% of live births to Black/African American mothers in the County are of low birth weight.
- Cancer rates also show a disparity among racial/ethnic groups. The Hispanic/Latino population has a lower death rate from lung cancer than White and Black/African American populations.
- The County has a higher incidence of HIV and tuberculosis than state averages.
- The percentage of adults who are obese in the County is lower than the state. Also, New Castle has a higher percentage of adults engaging in physical activity.

  New Castle County has a lower percentage of adults who smoke than Delaware rates. However, this percentage is higher than the recommended 12.0% designated by 2020 Healthy People. The rate of teens who smoke in the County is the same as the state average.
- New Castle County has a higher percentage of adults who have received professional dental care in the past year than the state.

Key Informant Study Findings

Community engagement and feedback was an integral part of the CHNA process. Christiana Care sought community input through Key Informant Interviews with 27 community leaders and nine internal Christiana Care leaders. Public health and healthcare professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community served including medically underserved, low income, and minority populations.

Name	Organization
Stephanie Rhoads	American Heart Association
Renee Beeman	Beautiful Gates
Timothy J. Brandau	Child, Inc.
Leslie Newman	Children and Families First
Linda Brittingham	Christiana Care Social Worker
Nora Katurakes	Christiana Care Cancer Outreach Nurse
Susan Cropper, RN	Claymont Community Center
Bradford Milton	Connections Community Support

Name	Organization
Honorable Hanifa Shabazz	Wilmington City Council Member
Paul Silverman, DrPH	Delaware Department of Public Health
Bob Hall	Delaware's Ecumenical Council
Scott Borino	Edgemoor Community Center
Bernice Edwards	First State Community Action Program
Pastor Douglas Gerdts	First & Central Presbyterian Church
Patricia Beebe	Food Bank of Delaware
Pastor Andy Jacob	Hanover Church
Rosa Rivera	Henrietta Johnson Medical Center
Maria Matos	Latin American Community Center
Jim Lafferty	Mental Health Association in DE
Brother Ronald Giannone	Ministry of Caring (Mary Mother of Hope)
Veronica Oliver	Neighborhood House (Wilmington and Middletown)
Reverend Tom Laymon	Sunday Breakfast Mission
Michelle Taylor	United Way
Lolitz Lopez	Westside Healthcare Center
Mayor James Baker	City of Wilmington
Susan Getman	Wilmington Senior Center
Mike Graves	YMCA Delaware

The following is a list of the key themes that were discussed during the interviews:

- The downturn in the economy limits organizations' abilities to accomplish their missions.

  There are more people in need and there is a lack of knowledge about programs available to assist those in need. Also, there is a shortage of high quality, culturally sensitive healthcare providers, particularly dentists and specialists.

  Christiana Care not only has an outstanding reputation in the community, it is seen as a major "player" in Delaware.

  The positive news is that the concept of wellness and preventive care is "catching on" within many of these communities.

- Christiana Care needs to assure that its communication to the community including its public education, its information, and its service offerings are clear, culturally-sensitive, and conveyed so that it is easy to understand.

IDENTIFIED COMMUNITY HEALTH NEEDS

The Community Benefit committee had a series of meetings from September 2012 – March 2103 to review the research findings and identify priorities. The committee applied the following criteria to identify the top community health needs:

- Severity of the need
- Importance to Community,
- Impact and Existing Community Resources
- Hospital's ability to make an impact
- Knowledge of current initiatives and capabilities

Using these criteria, the committee then selected four overarching community health issues as the priority focus.

- Help navigating and accessing the health care system.
    - More coordination among community organizations.
- New Models of Care for our Community.
- Increased use of Electronic Health Records (EHR).
- Improved availability of mental health services.

STRATEGIES TO ADDRESS COMMUNITY HEALTH NEEDS

In support of the Community Health Needs Assessment, and ongoing community benefit initiatives, Christiana Care plans to implement the following strategies to impact and measure community health improvement.

Navigation and Access to Health Care

Christiana Care believes that patients who have a medical home, access to care and can navigate the system, have better outcomes and improved health status. We will address this need with several programs and strategies including Medical Home without Walls, Promotoras for Healthy Families, community partnerships, navigators, health coaches and health ambassadors.

GOALS & OBJECTIVES:

- Increase access to quality health care for underinsured and uninsured residents.
- Improve access to primary care provider/medical home.
- Coordinate with community organizations to reach underserved populations and neighborhoods in order to educate them on the services and community resources available.
- Improve health outcomes for the particularly vulnerable populations.

- Provide/enhance access to navigation services, medical and social services, preventive screenings; provide Marketplace Guides to assist with access to Insurance Exchange
- Reduce hospitalizations and emergency department visits for high users of this service.
  Increase community knowledge of the importance of good health practice.
- Increase utilization of our navigators and health ambassadors at the Christiana Care facilities.
- Continue offering shuttle bus transportation services between Wilmington Hospital location and the Christiana Hospital campus.
- Establish a new system of practice with primary care and specialty services (including pulmonology, rheumatology, endocrinology, neurology and physiatry) and support services such as pharmacy, diagnostic testing, social services; provide patient and family centered care that is accessible, coordinated and effective.
- Enhance learning opportunities for doctors, nurses and support staff.

CHRISTIANA CARE STRATEGIES AND PROGRAMS:

Wilmington Hospital Health Center

The Wilmington Hospital Health Center is a full-service health care provider offering wellness and preventive health visits for people of all ages, and medical care for treating illness and injury regardless of income or ability to pay.

Each year, the Wilmington Hospital Health Center handles approximately 67,500 patient visits. The staff of clinical and support personnel provide the high-quality health care that every patient within our community deserves., Patients come to the Health Center with set appointments and are treated in well-equipped examination, consultation and treatment areas. They are evaluated and treated by a team of residents, attending physicians and nurse practitioners.

The Wilmington Health Center includes primary care for adults and children, women's health — including obstetrics and gynecology — general surgery, podiatry, dermatology, ophthalmology, orthopedics, dentistry, oral and maxillofacial surgery, sports medicine and cardiology. Behavioral health and social work are integrated into all of these services.

- **Medical Home without Walls**

Introduced recently, Medical Home without Walls works with uninsured, medically complex, high utilizers of both the emergency department and hospital acute care. The team health care providers and social workers help patients establish relationships with primary care and specialty care providers, in addition to

connecting them with the resources they need for housing, food, financial assistance, jobs, support groups, transportation, and mental and/or behavioral health programs. They assist with access to insurance and financial resources when necessary.

- **Promotoras for Healthy Families Program**
Two staff and a team of up to 20 trained volunteer Promotoras (Hispanic promoters of health education) will work to engage Delaware's Hispanic community to perform health needs assessments and link families to existing services. This program partners with the Latin American Community Center
    - Goal is to 175 families from the Hispanic community in Promotoras for Healthy Families Program in FY 2014.

- **Community Partnership Group**
Christiana Care Social Work Department established a Community Partnership Group that reaches out to those agencies who work with the underserved including individuals who are homeless and patients with mental health and substance abuse problems. Members educate each other on current programs to avoid duplication of services and to improve understanding and referrals to existing programs for individuals as they transition from the hospital into the community.

Christiana Care Navigators and Ambassadors

- Christiana Care has many navigators and ambassadors throughout the system including:
    - Health coaches who identify resources and financial assistance and help paying for medications.

Screening navigators assist uninsured and underinsured with cancer screenings education, transportation. Health ambassadors focus on improving the health and well-being of young families through education and connection to medical and social services with a goal to reduce infant mortality. Christiana Care partners with a number of other organizations in this initiative

EXISTING COMMUNITY ASSETS & RESOURCES:

- Arsht Cannon Foundation
- Avon Foundation
- Claymont Community Center
- Delaware Division of Public Health
- Friendship House
- Henrietta Johnson Medical Center
- Jessie Ball duPont Fund
- Komen for the Cure, Philadelphia
- Latina American Community Center
- Primary Care Providers
- Promotoras for Healthy Families
- Salvation Army
- Sunday Breakfast Mission
- Westside Family Health
- Wilmington Consortium

The community leaders who were interviewed also want to see new models of health care delivery for our community that contribute to better access, with a focus on outpatient care and better access to specialists.

GOALS & OBJECTIVES:

- Improve the health or our community; reduce hospital admissions, readmissions and ED visits.
- Support local primary care physicians with the necessary resources (educators, nutritionists, dietitians) to address the multi-faceted barriers to improve diabetes care.
- Partner with School Based Wellness Centers by offering education, tools and resources to high school students regarding nutrition and physical activities and counseling on diabetes, cardiovascular disease and obesity prevention strategies.
- Provide a free community nutrition series on six topics at six ShopRite grocery stores in New Castle County.
- Provide patient and family centered care that is accessible, coordinated and effective and establish new systems of practice at the Wilmington Hospital Health Center
- Create a center of excellence in ambulatory care that provides both primary care and specialty services by using embedded specialists' model.

CHRISTIANA CARE STRATEGIES AND PROGRAMS

- **Wilmington Hospital Health Center**

  The Wilmington Hospital Health Center is a full-service health care provider offering wellness and preventive health visits for people of all ages, and medical care for treating illness and injury regardless of income or ability to pay.

  Each year, the Wilmington Hospital Health Center handles approximately 67,500 patient visits. The staff of clinical and support personnel provide the high-quality health care that every patient within our community deserves, Patients come to the Health Center with set appointments and are treated in well-equipped examination, consultation and treatment areas. They are evaluated and treated by a team of residents, attending physicians and nurse practitioners.

  Today, the Wilmington Health Center includes primary care for adults and children, women's health – including obstetrics and gynecology – general surgery, podiatry, dermatology, ophthalmology, orthopedics, dentistry, oral and maxillofacial surgery, sports medicine and cardiology. Behavioral health and social work are integrated into all of these services.

- **Independence at Home**

Christiana Case is one of 16 hospitals in the country selected to be part of a three-year demonstration project through CMS (Centers for Medicare & Medicaid Services), called Independence at Home. The program provides comprehensive primary care to chronically ill Medicare patients in their homes and the goal is to improve health, reduce admissions and ED visits and reduce costs by keeping patients in their homes.

- **Family Medicine Center at Wilmington Senior Center**
  Christiana Care Family Medicine Center at the Wilmington Senior Center specializes in caring for people over age 50. This location provides outstanding health care in a place where seniors already gather to share hot meals, socialize and exercise. This practice also offers house calls.

- **Care Link Services**
  Additional programs through Care Link Services (programs related to population health) include the Visiting Nurse Association's disease management program, the Independence at Home project for chronically ill seniors, Patient Centered Medical Homes practices, the efforts of hospital-based care managers/social workers, Medical Home Without Walls and Bridging the Divide, a program to reduce hospital stays for patients with chronic heart disease.

- **Embedded Specialists**
  Christiana Care provides "embedded specialists, such as cardiologists regularly in primary care locations. The new model of care enhances care coordination and communications.

- **Ammon Project on Diabetes Prevention and Care**
  This program provides resources to physicians and the community for diabetes, vascular disease management and prevention. Through direct services, targeted interventions, research and evaluation, these projects aim to improve the health needs of people living with or at risk for diabetes and related diseases. The program expanded the diabetes education to various community sites.

- **School-Based Health Centers**
  In partnership with school districts and the Delaware Division of Public Health, Department of Health and Social Services, Christiana Care operates 14 high-school wellness centers that provide high-quality health care to teens—right at school.

Wellness centers help teens overcome many obstacles to receiving good health 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 school nurse, wellness centers provide comprehensive medical and mental-health care, treatment and health education. Social workers at the Wellness centers are now providing counseling utilizing Facetime on the iPad.

ELECTRONIC HEALTH RECORDS

Research reveals the need for increased use of electronic health records to improve care coordination and communication among providers and their patients; allows patients easy access to their health records.

GOALS AND OBJECTIVES:

- Continue to be a leader in electronic health records both within our health system and with the State for establishing shared records.
- Provide easier access and consistency for the patient
- Strive for 100% electronic records in our ambulatory practices.
- Convert those practices still using paper records over to our electronic health record, Centricity.
- Roll out the new patient portal.

CHRISTIANA CARE STRATEGIES & PROGRAMS:

Electronic Health Records
Christiana Care is committed to moving towards 100% electronic health records and over time providing one master record for patients across inpatient and outpatient sites.

- **Patient Portals**
  Christiana Care will launch select patient portals in 2013 with a plan to expand access over time.

- **Delaware Health Information Network**
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CHRISTIANA CARE
HEALTH SYSTEM

2013 CHNA IMPLEMENTATION STRATEGY – WILMINGTON HOSPITAL

BACKGROUND

Christiana Care Health System (Christiana Care), headquartered in Wilmington, Delaware, is one of the country's largest health care providers, ranking 21st in the nation for hospital admissions. Christiana Care is a major teaching hospital with two campuses and more than 250 Medical-Dental residents and fellows. Christiana Care is recognized as a regional center for excellence in cardiology, cancer and women's health services. The system is home to Delaware's only Level I trauma center, the only center of its kind between Philadelphia and Baltimore. Christiana Care also features a Level 3 neonatal intensive care unit, the only delivering hospital in the state to offer this level of care for newborns. The health system provides home health care, 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 2012, Christiana Care had more than $2.3 billion in gross patient revenue and provided the community with approximately $26.5MM in charity care (at cost).

A Wilmington landmark since 1890, the fully modernized Wilmington Hospital serves as Christiana Care's corporate headquarters and provides Christiana Care's distinguished, high-quality health care in the heart of Wilmington. This 241-bed, 622,100-square-foot facility currently includes:

- Center for Rehabilitation;
- Center for Advanced Joint Replacement;

- Outpatient primary care services, including women's health and pediatric health care services, at the Wilmington Hospital Health Center;
- The nearby Center for Comprehensive Behavioral Health, which offers the full range of mental health services in a caring, patient-centered environment;
- The nearby Swank Memory Care Center, which uses a multidisciplinary care team to provide specialized care to patients with memory disorders and their families; and
- Diagnostic imaging and medical laboratory services.

Christiana Care undertook a comprehensive Community Health Needs Assessment (CHNA), beginning in 2011. The purpose of the study was to gather current statistics and qualitative feedback on the key health issues facing service area residents. As part of this work effort, Christiana Care Health System formed a committee to develop the assessment process including how to acquire the necessary data, the survey tool for community leaders, and the partners needed to accomplish these tasks. This committee contracted with the Healthy Communities Institute (HCI) to provide health indicators via the online tool Delaware Health Tracker, the Melior Group for community surveys, and with Holleran, to prepare their Implementation Plans to address the identified community needs.

Following the completion of the CHNA research, the committee reviewed the research findings, prioritized the key issues, and developed goals and strategies for adoption and inclusion in the Implementation Plan.

KEY CHNA FINDINGS

The Christiana Care Implementation Plan Committee examined the key findings of the Secondary Data Profile and the Key Informant Interviews to select Community Health Priorities.

Secondary Data Profile

Christiana Care conducted health indicator research of its service area using the Delaware Health Tracker. The following section provides a summary:

- New Castle County's gender, race, and age group percentages are very similar to national and state figures.

  Most households in the County are reflective of family households, and the majority of the family households are married-couple families.
- New Castle County has a higher median household income than state and national averages.

- Positive statistics for the area show, overall, lower poverty levels and higher home ownership levels in New Castle County than state levels.
    - However, a disparity exists between racial/ethnic groups in the population that falls below the poverty level in New Castle County. Of those below the poverty level in the County, nearly 40% are American Indian/Native Alaskan and 23.4% are Hispanic/Latino.
    - Also, in New Castle County, the 18 to 24 age group has the highest percentage of population that falls below the poverty level.
- New Castle County has a higher rate of low birth weight babies than the state average. A closer look at this statistic reveals a disparity among racial/ethnic groups. Nearly 15.0% of live births to Black/African American mothers in the County are of low birth weight.
- Cancer rates also show a disparity among racial/ethnic groups. The Hispanic/Latino population has a lower death rate from lung cancer than White and Black/African American populations.
- The County has a higher incidence of HIV and tuberculosis than state averages.
- The percentage of adults who are obese in the County is lower than the state. Also, New Castle has a higher percentage of adults engaging in physical activity.
- New Castle County has a lower percentage of adults who smoke than Delaware rates. However, this percentage is higher than the recommended 12.0% designated by 2020 Healthy People. The rate of teens who smoke in the County is the same as the state average.

  New Castle County has a higher percentage of adults who have received professional dental care in the past year than the state.

Key Informant Study Findings

Community engagement and feedback was an integral part of the CHNA process. Christiana Care sought community input through Key Informant Interviews with 27 community leaders and nine internal Christiana Care leaders. Public health and healthcare professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community served including medically underserved, low income, and minority populations.

Key community stakeholders interviewed:

Name	Organization
Stephanie Rhoads	American Heart Association
Renee Beeman	Beautiful Gates
Timothy J. Brandau	Child, Inc.
Leslie Newman	Children and Families First
Linda Brittingham	Christiana Care Social Worker
Nora Katurakes	Christiana Care Cancer Outreach Nurse
Susan Cropper, RN	Claymont Community Center
Bradford Milton	Connections Community Support
Honorable Hanifa Schabazz	Council Member
Paul Silverman, DrPH	Delaware Department of Public Health
Bob Hall	Delaware's Ecumenical Council
Scott Borino	Edgemoor Community Center
Bernice Edwards	First State Community Action Program
Pastor Douglas Gerdts	First & Central Presbyterian Church
Patricia Beebe	Food Bank of Delaware
Pastor Andy Jacob	Hanover Church
Rosa Rivera	Henrietta Johnson Medical Center
Maria Matos	Latin American Community Center
Jim Lafferty	Mental Health Association in DE
Brother Ronald Giannone	Ministry of Caring (Mary Mother of Hope)
Veronica Oliver	Neighborhood House (Wilmington and Middletown)
Reverend Tom Laymon	Sunday Breakfast Mission
Michelle Taylor	United Way
Lolitz Lopez	Westside Healthcare Center
Mayor James Baker	Wilmington
Susan Getman	Wilmington Senior Center
Mike Graves	YMCA Delaware

The following is a list of the key themes that were discussed during the interviews:

- The downturn in the economy limits organizations' abilities to accomplish their missions.

- There are more people in need and there is a lack of knowledge about programs available to assist those in need. Also, there is a shortage of high quality, culturally sensitive health care providers, particularly dentists and specialists.
- Christiana Care not only has an outstanding reputation in the community, it is seen as a major "player" in Delaware.

  The positive news is that the concept of wellness and preventive care is "catching on" within many of these communities.
- Christiana Care needs to assure that its communication to the community including its public education, its information, and its service offerings are clear, culturally-sensitive, and conveyed so that it is easy to understand.

IDENTIFIED COMMUNITY HEALTH NEEDS

The Community Benefit committee had a series of meetings from September 2012 – March 2103 to review the research findings and identify priorities. The committee applied the following criteria to identify the top community health needs:

- Severity of the need
- Importance to Community,
- Impact and Existing Community Resources
- Hospital's ability to make an impact
- Knowledge of current initiatives and capabilities

Using these criteria, the committee then selected four overarching community health issues as the priority focus.

- Help navigating and accessing the health care system.
  - More coordination among community organizations.
- New Models of Care for our Community.
- Increased use of Electronic Health Records (EHR).
- Improved availability of mental health services.

STRATEGIES TO ADDRESS COMMUNITY HEALTH NEEDS

In support of the Community Health Needs Assessment, and ongoing community benefit initiatives, Christiana Care plans to implement the following strategies to impact and measure community health improvement.

Navigation and Access to Health Care

Christiana Care believes that patients who have a medical home, access to care and can navigate the system, have better outcomes and improved health status. We will address this need with several programs and strategies including Medical Home without Walls, Promotoras for Healthy Families, community partnerships, navigators, health coaches and health ambassadors.

GOALS & OBJECTIVES:

- Increase access to quality health care for underinsured and uninsured residents.
  Improve access to primary care provider/medical home.
- Coordinate with community organizations to reach underserved populations and neighborhoods in order to educate them on the services and community resources available.
- Improve health outcomes for the particularly vulnerable populations.
- Provide/enhance access to navigation services, medical and social services, preventive screenings; provide Marketplace Guides to assist with access to Insurance Exchange
- Reduce hospitalizations and emergency department visits for high users of this service.
- Increase community knowledge of the importance of good health practice.
- Increase utilization of our navigators and health ambassadors at the Christiana Care facilities.
- Continue offering shuttle bus transportation services between Wilmington Hospital location and the Christiana Hospital campus.
  Establish a new system of practice with primary care and specialty services (including pulmonology, rheumatology, endocrinology, neurology and physiatry) and support services such as pharmacy, diagnostic testing, social services; provide patient and family centered care that is accessible, coordinated and effective.
- Enhance learning opportunities for doctors, nurses and support staff.

CHRISTIANA CARE STRATEGIES AND PROGRAMS:

- **Wilmington Hospital Health Center**

The Wilmington Hospital Health Center is a full-service health care provider offering wellness and preventive health visits for people of all ages, and medical care for treating illness and injury regardless of income or ability to pay.

Each year, the Wilmington Hospital Health Center handles approximately 67,500 patient visits. The staff of clinical and support personnel provide the high-quality health care that every patient within our community deserves., Patients come to the Health Center with set appointments and are treated in well-equipped examination, consultation and treatment areas. They are evaluated and treated by a team of residents, attending physicians and nurse practitioners.

The Wilmington Health Center includes primary care for adults and children, women's health – including obstetrics and gynecology – general surgery, podiatry, dermatology, ophthalmology, orthopedics, dentistry, oral and maxillofacial surgery, sports medicine and cardiology. Behavioral health and social work are integrated into all of these services.

Medical Home without Walls

Introduced recently, Medical Home without Walls works with uninsured, medically complex, high utilizers of both the emergency department and hospital acute care. The team health care providers and social workers help patients establish relationships with primary care and specialty care providers, in addition to connecting them with the resources they need for housing, food, financial assistance, jobs, support groups, transportation, and mental and/or behavioral health programs. They assist with access to insurance and financial resources when necessary.

Promotoras for Healthy Families Program

Two staff and a team of up to 20 trained volunteer Promotoras (Hispanic promoters of health education) will work to engage Delaware's Hispanic community to perform health needs assessments and link families to existing services. This program partners with the Latin American Community Center

- Goal is to 175 families from the Hispanic community in Promotoras for Healthy Families Program in FY 2014.

Community Partnership Group

Christiana Care Social Work Department established a Community Partnership Group that reaches out to those agencies who work with the underserved including individuals who are homeless and patients with mental health and substance abuse problems. Members educate each other on current programs to avoid duplication of services and to improve understanding and referrals to existing programs for individuals as they transition from the hospital into the community.

- **Christiana Care Navigators and Ambassadors**
    - Christiana Care has many navigators and ambassadors throughout the system including:
        - Health coaches who identify resources and financial assistance and help paying for medications.
        - Screening navigators assist uninsured and underinsured with cancer screenings education, transportation. Health ambassadors focus on improving the health and well-being of young families through education and connection to medical and social services with a goal to reduce infant mortality. Christiana Care partners with a number of other organizations in this initiative

EXISTING COMMUNTY ASSETS & RESOURCES:

- Arsht Cannon Foundation
- Avon Foundation
- Claymont Community Center
- Delaware Division of Public Health
- Friendship House
- Henrietta Johnson Medical Center
- Jessie Ball duPont Fund
- Komen for the Cure, Philadelphia
- Latina American Community Center
- Primary Care Providers
- Promotoras for Healthy Families
- Salvation Army
- Sunday Breakfast Mission
- Westside Family Health
- Wilmington Consortium

New Models of Care

The community leaders who were interviewed also want to see new models of health care delivery for our community that contribute to better access, with a focus on outpatient care and better access to specialists.

GOALS & OBJECTIVES:

Improve the health or our community; reduce hospital admissions, readmissions and ED visits.

Support local primary care physicians with the necessary resources (educators, nutritionists, dietitians) to address the multi-faceted barriers to improve diabetes care.

- Partner with School Based Wellness Centers by offering education, tools and resources to high school students regarding nutrition and physical activities and counseling on diabetes, cardiovascular disease and obesity prevention strategies.
- Provide a free community nutrition series on six topics at six ShopRite grocery stores in New Castle County.

- Provide patient and family centered care that is accessible, coordinated and effective and establish new systems of practice at the Wilmington Hospital Health Center

  Create a center of excellence in ambulatory care that provides both primary care and specialty services by using embedded specialists' model.

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- **Independence at Home**

  Christiana Case is one of 16 hospitals in the country selected to be part of a three-year demonstration project through CMS (Centers for Medicare & Medicaid Services), called Independence at Home. The program provides comprehensive primary care to chronically ill Medicare patients in their homes and the goal is to improve health, reduce admissions and ED visits and reduce costs by keeping patients in their homes.

- **Family Medicine Center at Wilmington Senior Center**

  Christiana Care Family Medicine Center at the Wilmington Senior Center specializes in caring for people over age 50. This location provides outstanding health care in a place where seniors already gather to share hot meals, socialize and exercise. This practice also offers house calls.

- **Care Link Services**

  Additional programs through Care Link Services (programs related to population health) include the Visiting Nurse Association's disease management program, the Independence at Home project for chronically ill seniors, Patient

Centered Medical Homes practices, the efforts of hospital-based care managers/social workers, Medical Home Without Walls and Bridging the Divide, a program to reduce hospital stays for patients with chronic heart disease.

- **Embedded Specialists**
  Christiana Care provides "embedded specialists, such as cardiologists regularly in primary care locations. The new model of care enhances care coordination and communications.

- **Ammon Project on Diabetes Prevention and Care**
  This program provides resources to physicians and the community for diabetes, vascular disease management and prevention. Through direct services, targeted interventions, research and evaluation, these projects aim to improve the health needs of people living with or at risk for diabetes and related diseases. The program expanded the diabetes education to various community sites.

- **School-Based Health Centers**
  In partnership with school districts and the Delaware Division of Public Health, Department of Health and Social Services, Christiana Care operates 14 high-school wellness centers that provide high-quality health care to teens – right at school.

Wellness centers help teens overcome many obstacles to receiving good health 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 school nurse, wellness centers provide comprehensive medical and mental-health care, treatment and health education. Social workers at the Wellness centers are now providing counseling utilizing Facetime on the iPad.

ELECTRONIC HEALTH RECORDS

Research reveals the need for increased use of electronic health records to improve care coordination and communication among providers and their patients; allows patients easy access to their health records.

GOALS AND OBJECTIVES:

- Continue to be a leader in electronic health records both within our health system and with the State for establishing shared records.
- Provide easier access and consistency for the patient
  Strive for 100% electronic records in our ambulatory practices.
  Convert practices still using paper records to our electronic health record, Centricity.
  Roll out the new patient portal.

CHRISTIANA CARE STRATEGIES & PROGRAMS:

Electronic Health Records

Christiana Care is committed to moving towards 100% electronic health records and over time providing one master record for patients across inpatient and outpatient sites.

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