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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization
Bayhealth Medical Center Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) 640 South State Street | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Dover, DE 19901

D Employer identification number
51-0064318

E Telephone number
(302) 744-7162

G Gross receipts $ 963,616,094

F Name and address of principal officer
640 South State Street
Dover, DE 19901

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www bayhealth org

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

L Year of formation 1943

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To improve the health status of all members of the community within Bayhealth's service area

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**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	3,846
6	Total number of volunteers (estimate if necessary)	**6**	318
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	83,590
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	82,590

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	969,146	969,914
9	Program service revenue (Part VIII, line 2g)	610,082,790	672,181,208
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,565,972	18,185,338
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,129,533	4,281,700
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	664,747,441	695,618,160
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	193,005	280,100
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	339,517,352	375,108,453
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	244,060,641	261,438,539
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	583,770,998	636,827,092
19	Revenue less expenses Subtract line 18 from line 12	80,976,443	58,791,068

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,214,511,671	1,271,640,299
21	Total liabilities (Part X, line 26)	369,144,798	367,334,016
22	Net assets or fund balances Subtract line 21 from line 20	845,366,873	904,306,283

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

****** 2020-05-14
Signature of officer Date

Michael Tretina Treasurer/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 ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

To improve the health status of all members of the community within Bayhealth's service area

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 $ 437,348,691 including grants of $) (Revenue $ 672,181,208)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 437,348,691

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		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		No
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		No
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	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
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		No
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		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	403		
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**	3,846		
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**	No
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0		
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**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	No
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**	No
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**	No
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	9		
	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**	3		
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**			No
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**			No
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**	Yes	
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**	Yes	

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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶Michael Tretina 640 S State Street Dover, DE 19901 (302) 744-7162

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Terry M Murphy Chair & CEO	38 00 2 00	X		X				1,478,962	0	38,907
(2) Michael J Tretina Treasurer & CFO	38 00 2 00	X		X				758,013	0	38,907
(3) Michael J Antunes MD Board Member	1 00 0 00	X						0	0	0
(4) Deborah Watson Vice Chair &COO	40 00 0 00	X		X				582,835	0	32,644
(5) Jose A Guzman MD Ex Officio Dctr	1 00 0 00	X						0	0	0
(6) Michael S Ashton Administrator	40 00 0 00	X						325,116	0	38,907
(7) Michel R Samaha MD Board Member	1 00 0 00	X						0	0	0
(8) Bonnie Perratto SVP,Patient Car	40 00 0 00	X						0	0	0
(9) Gary Siegelman MD SVP & CMO	40 00 0 00	X						777,787	0	29,165
(10) Robert Scacheri MD Board Member	1 00 0 00	X						0	0	0
(11) John Van Gorp SVP, Planning & Business Developmnt	40 00 0 00				X			384,358	0	38,907
(12) Bradley Kirkes VP, Ancillary & Clinical Services	40 00 0 00				X			294,345	0	32,644
(13) Shana Ross VP, Human Resources	40 00 0 00				X			295,604	0	25,502
(14) Eric Gloss VP, Medical Affairs	40 00 0 00				X			331,739	0	38,907
(15) Richard Mohnk VP & CIO	40 00 0 00				X			330,239	0	32,644
(16) Jonathan Kaufmann DO CMIO	40 00 0 00				X			400,866	0	38,907
(17) Brenda Blain Sr VP, Patient Care	40 00 0 00				X			356,734	0	25,502

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			
(18) Trinity Pilkington MD	40 00					X		1,049,212	0	38,652
Physician	0 00									
(19) John Lahaniatis MD	40 00					X		756,491	0	25,502
Physician	0 00									
(20) Darshdeep Signh MD	40 00					X		776,592	0	25,586
Physician	0 00									
(21) James Mills MD	40 00					X		957,763	0	38,907
Physician	0 00									
(22) Gary Szydlowski MD	40 00					X		760,574	0	32,644
Physician	0 00									
(23) Earl Tanis	40 00						X	0	0	0
Former CFO	0 00									
(24) Bonnie Perratto	0 00						X	22,463	0	0
Former Sr VP, Patient Care	0 00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								10,639,693		572,834

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 ▶ 17

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
McKesson Technologies Inc 5995 Windward Parkway Alpharetta, GA 30005	IS Consulting/Sftwr	44,364,913
Cardinal Health 200 LLC 7000 Cardinal Place Dublin, OH 43017	Medical Equipment	17,204,495
Highmark blue Cross Blue Shield Delaware 800 Delaware Ave Ste 900 Wilmington, DE 19801	Medical Insurance	20,500,556
Whiting-Turner Construction 300 East Joppa Rd 8th Flr Baltimore, MD 21286	Construction	62,211,214
Bank of America 200 N College St Charlotte, NC 28255	Pension	28,712,825

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 ▶ 348

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	969,914			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f $					
	h **Total.** Add lines 1a-1f		969,914			

Program Service Revenue	Business Code				
2a Health & Wellness Program	900099	3,405,473	3,405,473		
b Patient Charges, Net	900099	662,580,167	662,580,167		
c Pharmacy	900099	6,195,568	6,195,568		
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f		672,181,208			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		14,882,832		83,590	14,799,242
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
	(i) Real / (ii) Personal				
6a Gross rents	540,115				
b Less rental expenses	415,889				
c Rental income or (loss)	124,226				
d Net rental income or (loss)		124,226			124,226
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	270,884,551				
b Less cost or other basis and sales expenses	267,582,045				
c Gain or (loss)	3,302,506				
d Net gain or (loss)		3,302,506			3,302,506
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					
b Less cost of goods sold b					
c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code				
11a All Other Revenue		263,165			263,165
b Childcare	900099	713,211			713,211
c Gift Shop/Food Sales	900099	3,164,556			3,164,556
d All other revenue		16,542			16,542
e **Total.** Add lines 11a–11d		4,157,474			
12 **Total revenue.** See Instructions		695,618,160	672,181,208	83,590	22,383,448

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	280,100	280,100		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,728,144		6,728,144	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	291,967,647	230,508,377	61,459,270	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,424,720	786,994	12,637,726	
9 Other employee benefits	45,325,956	2,657,132	42,668,824	
10 Payroll taxes	17,661,986	1,035,394	16,626,592	
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,898,989	1,898,989		
c Accounting	302,100	302,100		
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	1,697,704		1,697,704	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,455,795	8,455,795		
12 Advertising and promotion	435,767	435,767		
13 Office expenses	3,392,550	823,507	2,569,043	
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	10,435,553	10,435,553		
17 Travel	1,759,015	1,759,015		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	4,722,727	4,722,727		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	37,456,351	37,456,711	-360	
23 Insurance . . .	7,890,378	1,000,367	6,890,011	
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 Departmental Supplies	118,866,150	70,664,703	48,201,447	
b Other Purchased Services	27,939,737	27,939,737		
c All other expenses	16,550,082	16,550,082		
d Licenses & Taxes	10,075,398	10,075,398		
e All other expenses	9,560,243	9,560,243		
25 **Total functional expenses.** Add lines 1 through 24e	636,827,092	437,348,691	199,478,401	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	0
	2	Savings and temporary cash investments	29,188,522	2	28,222,666
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	66,719,865	4	65,762,253
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		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		6	0
	7	Notes and loans receivable, net		7	0
	8	Inventories for sale or use	14,044,771	8	15,777,274
	9	Prepaid expenses and deferred charges	20,341,861	9	24,354,876
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 951,906,596			
	b	Less accumulated depreciation — 10b: 374,983,516	504,999,884	10c	576,923,080
	11	Investments—publicly traded securities	552,065,759	11	544,053,825
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	27,151,009	15	16,546,325
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,214,511,671	16	1,271,640,299
Liabilities	17	Accounts payable and accrued expenses	116,811,262	17	118,868,551
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	194,828,981	20	188,752,857
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	57,504,555	25	59,712,608
	26	**Total liabilities.** Add lines 17 through 25	369,144,798	26	367,334,016
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	825,067,567	27	887,889,161
	28	Temporarily restricted net assets	13,736,473	28	9,857,913
	29	Permanently restricted net assets	6,562,833	29	6,559,209
		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	845,366,873	33	904,306,283
	34	Total liabilities and net assets/fund balances	1,214,511,671	34	1,271,640,299

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	695,618,160
2	Total expenses (must equal Part IX, column (A), line 25)	2	636,827,092
3	Revenue less expenses Subtract line 2 from line 1	3	58,791,068
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	845,366,873
5	Net unrealized gains (losses) on investments	5	11,669,305
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	-11,520,963
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	904,306,283

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 51-0064318
Name: Bayhealth Medical Center Inc

Form 990, Part III, Line 4a:

Bayhealth Medical Center, Inc provides a full range of patient care, emergency services, and wellness services Bayhealth Medical Center is comprised of a total of 434 beds in two acute-care hospitals, Kent General Hospital in Dover (266 beds) and Milford Memorial Hospital (168 beds) Bayhealth also has outpatient sites throughout the service area Both hospitals have Level III trauma centers They provide a full range of surgical and medical care, radiation and medical oncology and chemotherapy, infusion therapy, cardiovascular services, endovascular surgery, electrophysiology, ambulatory surgery, wound care, perinatology services, and a Level II NICU and PICU During the twelve months ending June 30, 2019, Bayhealth recorded 105,181 Emergency Room visits, 20,175 patients admitted to beds, 2,195 births, 597,329 outpatient visits, and provided $64 8 million in unreimbursed care to patients Bayhealth has affiliations with the University of Pennsylvania's Penn Health in cardiology, oncology, and orthopaedics It provides physician and medical clinical rotations, housing, and meals for interns and residents from surrounding states In FY 2019, Bayhealth hosted students from vocational schools, community colleges, and universities for clinical rotations in nursing and other health professions Because the service area is deemed to be medically underserved, with a shortage of health professionals, Bayhealth actively recruits physicians to the area In addition, it owns and operates 27 physician practices in Central and Southern Delaware Bayhealth has an active education program, including health-related classes, support groups, free public screenings, free speakers for community groups, and representation at community events Bayhealth Medical Center, Inc provides care to all patients regardless of their ability to pay for the services rendered

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bayhealth Medical Center Inc

Employer identification number
51-0064318

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

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

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

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

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

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

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

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

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 51-0064318
Name: Bayhealth Medical Center Inc

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bayhealth Medical Center Inc

Employer identification number
51-0064318

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

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

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	6,562,833	6,407,165	6,007,066	5,629,495	6,424,525
b Contributions . . .					
c Net investment earnings, gains, and losses	3,624	155,668	400,099	377,571	-39,888
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance	6,559,209	6,562,833	6,407,165	6,007,066	6,384,637

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		32,204,906		32,204,906
b Buildings		417,264,649	105,605,169	311,659,480
c Leasehold improvements		6,563,182	3,766,868	2,796,314
d Equipment		469,442,431	265,611,479	203,830,952
e Other		26,431,428		26,431,428
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				576,923,080

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Estimated Professional Liability	10,141,592
Estimated Workers' Comp Cost, L/T	2,354,292
Fair Value of Interest Swap	594,965
Retirement Benefit	46,621,759
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	59,712,608

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	695,350,613
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	11,669,305		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-11,520,963		
e	Add lines **2a** through **2d**			2e	148,342
3	Subtract line **2e** from line **1**			3	695,202,271
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	415,889		
c	Add lines **4a** and **4b**			4c	415,889
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	695,618,160

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	636,827,092
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	636,827,092
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	636,827,092

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 51-0064318
Name: Bayhealth Medical Center Inc

Supplemental Information

Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	The Endowment Funds are to be held in perpetuity The investment income from the funds is not restricted

Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	The Medical Center follows the accounting guidance for uncertainties in income tax positio ns which requires that a tax position be recognized or derecognized based on a "more likel y that not" threshold This applies to positions taken or expected to be taken in a tax re turn The Medical Center does not believe its financial statements include any material un certain tax positions At June 30, 2015, the Medical Center's tax years ended June 30, 201 3 through 2015 for the federal tax jurisdiction remain open

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Rental Expense $415889

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bayhealth Medical Center Inc

Employer identification number
51-0064318

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		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)			15,752,634		15,752,634	2 470 %
b Medicaid (from Worksheet 3, column a)			77,713,011	75,176,908	3,725,738	0 590 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			93,465,645	75,176,908	19,478,372	3 060 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,106,186		3,106,186	0 490 %
f Health professions education (from Worksheet 5)			4,235,675		4,235,675	0 670 %
g Subsidized health services (from Worksheet 6)			29,015,628		24,368,258	3 830 %
h Research (from Worksheet 7)			1,762,594		1,762,594	0 280 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,471,060		1,471,060	0 230 %
j **Total.** Other Benefits			39,591,143		34,943,773	5 500 %
k **Total.** Add lines 7d and 7j			133,056,788	75,176,908	54,422,145	8 560 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			1,433,918		1,433,918	0 230 %
3 Community support			25,743		25,743	
4 Environmental improvements						
5 Leadership development and training for community members			18,472		18,472	
6 Coalition building			24,267		24,267	
7 Community health improvement advocacy			860,540		24,267	
8 Workforce development			1,641,899		1,641,899	0 260 %
9 Other			73,103		56,711	0 010 %
10 Total			4,077,942		3,225,277	0 500 %

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			No
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	36,558,109		
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			
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	182,167,363		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	260,090,369		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-77,923,006		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	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	Dover Surgicenter LLC	Outpatient Surgery Center	30 841 %		
2	Premier Purchasing PtnrsLP	Group Purchasing	0 240 %		
3	Eden Hill Medical Center	Real Estate	0 490 %		
4	HealthPartners Delmarva LLC	Healthcare Collaboration	50 000 %		
5	Home Health at Bayada	Joint Venture	48 000 %		
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☐ Hospital facility's website (list url) _____			
b ☐ Other website (list url) _____			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url) www bayhealth org/about-us			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group _____

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0000 % and FPG family income limit for eligibility for discounted care of _____ %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14		No
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) _____			
b	☐ The FAP application form was widely available on a website (list url) _____			
c	☐ A plain language summary of the FAP was widely available on a website (list url) _____			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group _____

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7 - Explanation of Costing Methodology	A variety of methods were used in order to obtain the most accurate results Medicare costs were calculated using the data from the Medicare Cost Report, and its Ratio of Cost to Charges The RCC was also applied to Bad Debt after allowable Medicare Bad Debt was excluded Other data was determined to be most accurate when pulled from a cost accounting system
Part I, Line 7, Column F - Explanation of Bad Debt Expense	Bad debt is reported elsewhere on Form 990, but is subtracted for purposes of calculating the Medicare ratio of costs to charges (RCC) The Provision for Bad Debt is the result of an estimate by management It is reviewed frequently in the light of historical and expected collections, and is based on the historical percentage collected in each category

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g - Costs Associated With Physicans Clinics	Bayhealth has established a number of physicians' practices in order to provide necessary medical care in underserved areas The physicians and the staffs are all Bayhealth employees The practices frequently operate at a loss, especially in the early years Adjustments have been made for Medicaid revenue and for Bad Debt, reported elsewhere on this form
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	Bad debt is shown at cost, as determined by applying an RCC Many patients do not complete the application for Charity Care, even if they are encouraged to do so There are many reasons for their refusal Bayhealth includes patients with certain verifiable reasons for non-payment and estimates an amount for Bad Debt The amount is reduced to cost by applying the RCC

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4 - Bad Debt Expense	The Medical Center provides an allowance for doubtful accounts for estimated losses resulting from the unwillingness or inability of patients to make payments for services The allowance is determined by analyzing specific accounts and historical data and trends Patient accounts receivable are charged off against the allowance for doubtful accounts when management determines that recovery is unlikely and the Medical Center ceases collection efforts In evaluating the collectability of accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payor sources to estimate the appropriate allowance for doubtful accounts and provisions for bad debt Management reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts For receivables associated with services provided to patients who have third-party coverage, the Medical Center analyzes contractually due amounts and provides and allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid) For receivables associated with self-pay patients, the Medical Center records a significant provision for bad debts on the basis of its past experience, which indicates that any patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the billed rates and the amounts actually collected after all reasonable internal collection efforts have been exhausted is charged off against the allowance for doubtful accounts The Medical Center in 2016 experienced an approximately 16% decrease in the allowance for doubtful accounts, due to collection experience
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	Bayhealth's service area is experiencing an influx of people from areas with a higher cost of living Many of these people are senior citizens and are Medicare recipients Bayhealth provides services to them as part of its mission to care for the entire community The Medicare losses sustained by Bayhealth are a result of Medicare reimbursing at less than operating costs The IRS community benefit standard for hospitals that serve patients covered by governmental health benefits(including Medicare) is that it must do so while promoting the health of the community Therefore, Medicare losses should be counted as a community benefit Net revenue from the Medicare program accounted for approximately 24% of Bayhealth's net patient revenue for the year ended 6/30/18

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	Bayhealth policy is to comply with all State and Federal law and third-party regulations and to perform all credit and collection functions in a dignified and respectful manner Emergency services will be provided to all patients regardless of ability to pay Financial assistance is available for patients based on financial need as defined in the financial assistance policy Bayhealth does not discriminate on the basis of age, gender, race, social or immigration status, sexual orientation, or religious affiliation Patients who are unable to pay may request a financial assistance application at any time prior to service and up to 120 days from the bill date Bayhealth may request the patient to apply for medical assistance prior to applying for financial assistance Our organization does not pursue collection activity on patients determined to be eligible for our financial assistance program
Part V - Explanation of Number of Facility Type	Dover Surgicenter, LLC is licensed by the State, and would qualify as a "general medical and surgical" facility except that it provides services only on an outpatient, rather than an inpatient, basis Bayhealth Medical Center is a limited partner

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment	Bayhealth does service-specific needs assessments periodically by using patient surveys Bayhealth also surveys other not-for-profits, health organizations, attendees at classes, support groups and screenings to assess the strengths and weaknesses of the programs that Bayhealth offers Bayhealth has on-going communications with the State of Delaware and with national not-for-profit health organizations Regular prescribed Community Health Needs Assessments are also in place
Part VI, Line 3 - Patient Education of Eligibility for Assistance	All patients or family members who inquire about financial assistance are directed to the Financial Counselor Team of the Patient Access Department (Admissions) Self-pay patients are directed to PATHS, a service contracted by Bayhealth, that screens them for Medicaid and helps them with financial application papers Bayhealth's invoices state, "If you are not able to pay please contact our Billing Support Department to make suitable arrangements " The Patient Billing Guide is distributed by the Patient Finance and Admissions Departments The booklet describes types of bills, understanding your bill, privacy policy, collection policy, dispute resolution, payment methods, and has a glossary of financial and insurance terms The Billing Support/Self Pay/Financial Counselor Department's local telephone number and a direct toll-free telephone number is available by calling the main hospital telephone number, on our website, and is also listed on brochures and on other informational material EMTALA and Patient Rights information is conspicuously placed for all patients and visitors to see Bayhealth's Financial Assistance Policy was established to provide financial relief to those who are unable to meet their obligation for services rendered, a patient's inability to obtain financial assistance does not, in any way, preclude the patient's right to receive and have access to medical treatment Our financial assistance policy informs patients and persons who would otherwise be billed for services about their eligibility for assistance under Federal, State or local government programs Our Financial Assistance policy and contact information is posted in all admission areas, the emergency room, all other outpatient areas throughout the facility, and on our website A copy of the policy is included upon patient admission and discharge, as well as provided in patient bills an our website Bayhealth discusses with patients the availability of various government benefits, such as Medicaid or State programs, and employs dedicated staff on-site to assist patients with qualifications for such programs

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 - Community Information	Bayhealth's service area is designated as a "Medically Underserved Area" and a "Health Professional Shortage Area" by the federal and state governments The population of Bayhealth's service area is growing rapidly because of an influx of retirees arriving from higher-cost-of-living areas in neighboring states, and because of retired military families attracted by the proximity of Dover Air Force Base Kent and Sussex Counties also have a growing population of residents who do not speak English fluently Teen pregnancy, school drop-out, infant mortality, and cancer rates are relatively high compared to national averages In recent years, Delaware housing values have increased faster than those in most of the U S Housing values have increased faster than the rate of inflation Housing prices are well over 3 times the median household income Employment growth is fastest in low-paying sectors, with most of the growth in job sectors paying less than $26,000 annually The fastest growing job sector in Sussex County averages $16,000 annual salary
Part VI, Line 4 - Community Building Activities	Bayhealth has invested heavily in recruiting primary care and certain specialty physicians to this medically underserved area To encourage physicians to relocate to its service area, Bayhealth has formed a number of wholly-owned physician practices, currently employing more than 57 physicians Additionally, a hospitalist program has been established Bayhealth staff members serve on various professional, educational, and community boards throughout Delaware Examples include the Delaware Chapter of March of Dimes, Delaware Health Mother and Infant Consortium, Brain Injury Association of Delaware, Delaware Cancer Consortium Advisory Board, Delaware Breast Cancer Coalition, and the Hope Medical Clinic, Delaware's only 100% free medical facility

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	Promotion of Community HealthBayhealth is investing heavily in expanding and upgrading its facilities and equipment Bayhealth Kent General recently completed a major building project, which added a new and expanded Emergency Department and integrated Cancer Center Plans are under development for a new hospital at Bayhealth Milford Memorial Bayhealth's medical staff of 400+ physicians is open to any qualified physician in its service area Bayhealth hosts students for residencies, internships and clinical studies and assists some students with room and board during the host period Bayhealth's Education Department offers free blood pressure, diabetes, and osteoporosis screenings, and free or discounted mammograms, prostate, skin, and colorectal screenings to under-insured or uninsured individuals They also host a wide variety of free monthly support groups, classes, and information sessions at both hospitals Bayhealth operates and subsidizes 7 high school wellness centers in Kent and Sussex counties, under an agreement with the State of Delaware To encourage interest in health-related careers, Bayhealth contributes monies and equipment to nearby colleges and universities Bayhealth staff members deliver lectures and presentations, mentor healthcare students, and work as members of committees to develop healthcare curricula Bayhealth hosts an Explorer Troop which focuses on medical careers Bayhealth is an active member of the Kent Economic Partnership, the Downtown Dover Partnership, and six Chambers of Commerce As Bayhealth representatives, staff members are active in community Rotary Clubs and other service organizations
Part VI, Line 6 - Affiliated Health Care System	Bayhealth is a member of the University of Pennsylvania Cancer Network, University of Pennsylvania Health System's Penn Cardiac Care, and Penn Orthopaedics of Penn Medicine These alliances provide direct access to the latest medical research, clinical trials, and specialty care

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7 - States Filing of Community Benefit Report	DE

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 51-0064318
Name: Bayhealth Medical Center Inc

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **2** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Bayhealth Kent Campus www bayhealth org										
2	Bayhealth Sussex Campus www bayhealth org										

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

Form and Line Reference	Explanation
Facility - Part V, Section B, Line 5	To better understand the health needs in Bayhealth's service area, Bayhealth conducted a C ommunity Health Needs Assessment (CHNA) Bayhealth analyzed a variety of publicly reported data and gathered input from key stakeholders in Kent and Sussex County Diligent attempt s were made to collect, interview, and survey responses from individuals and community-bas ed organizations to gain insight on the needs of vulnerable families in Kent and Sussex Co unty The 2019 Needs Assessment results revealed opportunities for improvement in health p romotion, disease prevention and improving access to health care in Kent and Sussex County , DE The needs assessment team collated interview and survey responses in order to priori tize identified health needs and develop implementation strategies to fulfill Bayhealth's mission Based on the analysis in 2019, the following health needs as a priority for both Kent and Sussex County are Mental Health, Obesity, Cancer, and availability of providers Description of Community Served Kent county is located in the Central part of the State o f Delaware Dover is the county seat and the State's capital Historically, a rural farmla nd community, Kent County is attempting to preserve its farmland and natural resources whi le effectively managing the population growth that is occurring in the county Kent County has a population of nearly 177,000 The county population has grown 11% since 2010, which is higher than the state average rate of approximately 8% for the same time frame The mo st prevalent race in Kent County is white, which represent over 62% of the total populatio n The average Kent County education level is lower that the state average Kent General H ospital, one of the two hospital facilities owned and operated by Bayhealth, opened its do ors in 1927 Kent General has grown in size and services to meet the health needs of the c ommunities served Kent General's buildings, as they exust today, include a complex compos ed of an original three-story core building recently expanded to seven floors, plus two ma jor wings and a separate six-story patient care building In 2012, Bayhealth invested 168 million dollars to complete phase II construction of Kent General Hospital, part of Bayhea lth's 10 year strategic plan designed to address present and future health care needs Pha se II added 415,000 square feet to the Kent campus constructing a new welcome center, cent ral services building, expanded emergency department, integrated cancer center and parking garage In 2015, Bayhealth opened the Progressive Care Unit (PCU) to serve patients who n eed step-down care Bayhealth's CHNA focuses on the residents of Kent County approximatel y 73% of Kent General's patients originate from Kent County Moreover, Kent County Residen ts rely heavily on Kent General for inpatient services, as evidenced by the approximate 85 % of Kent County residents who utilized Bayhealth's Kent General for inpatient services B ayhealth Milford Memorial Hosp

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

Form and Line Reference	Explanation
Facility - Part V, Section B, Line 5	ital, located on the border of Kent and Sussex counties, has been offering quality healthc are since 1938 In February 2018, Bayhealth invested $300 million to complete a new acute care facility (Bayhealth Sussex Campus) replacing the existing Milford Memorial Hospital Built on a 169 acre site, approximately three miles southeast of the existing Milfored Mem orial campus, the new hospital is strategically located along Delaware Route 1, the major north - south highway in the state and 20 miles south of the Kent General Campus The hosp ital offers 128 single inpatient rooms making it the only 100% private room facility in th e State Service enhancements include a significantly expanded Emergency Department, the l atest radiation therapy services for the treatment of caner, a cardiac catheterization lab and state of the art surgical suites Sussex County is located in the southern part of th e state of Delaware The county seat is Georgetown Historically, a rural farmland communi ty, Sussex county is attempting to preserve its farmland and natural resources while effec tively managing the population growth that is occurring in the County Sussex County has a population of 234,000, making it the second largest county in the state in terms of the s ize of its population The population has grown 19% since 2010, which is much higher that the state average rate of approximately 8% for the same time frame The most prevalent rac e in Sussex County is white (non-Hispanic), which currently represents over 75% of the tot al population The average education level in Sussex County is lower than the state averag e Sussex County is home to three acute care hospital facilities Bayhealth's Sussex Campus , Beebe Medical Center in Lewes, and Nanticoke Health Services in Seaford These three hos pitals are joining with local community and health resources to focus on one mission - to make Sussex County one of the healthiest in the nation As part of the healthier Sussex Co unty initiative, Bayhealth will focus on addressing important health issues impacting resi dents of Sussex County Bayhealth Sussex Campus Community Health Needs Assessment focuses on the residents of Sussex county, the home county of the hospital Approximately 73% of S ussex Campus patients originate from Sussex County Who Was Involved in the Assessment The assessment process was initiated jointly by the Education and Strategic planning departme nts of Bayhealth The Assessment was primarily conducted by the Education Department To g ain feedback from persons with broad knowledge of the community served, Bayhealth sought i nput from community stakeholders, to include the following --Hope Medical Clinic--Delaware Division of Public Health Department of Health and Social Services 1 James W Williams S tate Service Center 2 Thurman Adams State Service Center 3 Delaware Division of Public H ealth Office of Minority Health 4 Delaware Division of Public Health Office of Women's He alth 5 Delaware Division of P

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

Form and Line Reference	Explanation
Facility - Part V, Section B, Line 5	ublic Health Nursing 6 Delaware Division of Public Health Social Services--Lared Medical Center--Westside Family Health Center--PA/Midatlantic Aids Education and Training Center-- Bayhealth High School Wellness Centers, Advanced Practice Nurses 1 Caesar Rodney 2 Lake Forest 3 Dover 4 Milford 5 Smyrna 6 Woodbridge 7 Polytech--Community PhysiciansPerson al invitations were extended to community partner organizations who interact with low-inco me groups to participate in one-on-one interviews regarding the health needs of Kent Count y residents The goal was to alert Bayhealth partners with the 2019 online survey, garner their participation, and help us identify the health needs of both Kent and Sussex residen ts How the Assessment was Conducted Quantitative and Qualitative analyses methods were uti lized to generate a comprehensive assessment to fully understand the health needs of the c ommunity served Quantitative analyses were conducted using the most recent data available from five primary sources --Delaware Health Tracker (a product of the healthy community n etwork),--County Health Rankings & Roadmaps (a collaboration between the Robert Wood Johns on Foundation and the University of Wisconsin population health institute),--Demographic d ata from the Delaware population consortium,--Delaware Health statistics center, and,--Dem ographic and socioeconomic data from the US Census bureau To gain insight, Bayhealth revie wed available data to compare health statistics at the state and county levels to identify areas of health disparity Based on this analysis, the education department of Bayhealth developed discussion topics for a variety of community engagements, including interviews w ith key stakeholders, focus groups, and online surveys A variety of community settings we re selected with a special emphasis on those persons and areas most impacted by health dis parities Thematic analysis identified health needs based on available quantitative data a nd responses from interviews and online surveys Priority Criteria and Outcomes The criter ia used to evaluate and prioritize the health needs identified through the fact-finding pr ocess included --the seriousness of the issue,--the relative size of the populations affec ted,--the degree to which the need particularly affected persons living in poverty or refl ected health disparities,--alignment with Bayhealth's mission and vision, and ,--availabil ity of community resources to address the need After close review of the community data a nd discussions with medical staff members of Bayhealth, health needs were prioritized join tly by the Education and strategic planning departments Bayhealth's administration was gi ven the opportunity to discuss and reprioritize as needed The four health concerns identi fied as priority issues are 1 Obesity Rates 2 Mental Health and Substance Abuse 3 Canc er 4 Diabetes

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

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

Form and Line Reference	Explanation
Facility - Part V, Section B, Line 6a	FACILITY ABayhealth, Kent CampusBayhealth, Sussex Campus

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

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

Form and Line Reference	Explanation
Facility - Part V, Section B, Line 11	How significant needs identified in most recent CHNA have been addressed Bayhealth's 2019 Community Health Needs Assessment included the following four health concerns identified as priority issues at our Kent and Milford Hospitals 1 Obesity/Nutrition, 2 Mental Health and Substance Abuse, 3 Cancer, and, 4 DiabetesBayhealth has been actively promoting health awareness and addressing the above concerns through our routine activities offered on a regular basis which include community screenings, clinics and free activities for our patient population blood pressure clinics are offered weekly at Smyrna, Dover & Milford sites with 2000 visits annually Oncology attends community events with us and offers information for free/low cost cancer screening exams including prostate, skin and mammograms, as well as education on preventing cancer Eduation provides free tobacco cessation classes throughout the year Bayhealth has collaborated with stae, county and voluntary organizations such as attack addiction to advocate for mental health and promote an awareness of substance abuse To increase access and awareness of existing health care services to meet the communities' needs, Bayehalth offers lecture series quarterly in Dover and Milford These events provide free education on Health-Related topics such as cancer, healthy eating and personal care for growing older, as well as information on programs and services offered in the community We average about 200 attendees annually between the sites Large scale community events, where screenings and information are available, include both our kent and milford hospital health fairs, the river walk event, la vida events partnered with dbcc, women's health events at dafb, 55+ at dover downs, and the great american smoke out

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

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

Form and Line Reference	Explanation
Facility - Part V, Section B, Line 13b	Bayhealth does not have a tiered financial assistance program, all uninsured patients receive a 10% discount on service provided

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

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

Form and Line Reference	Explanation
Facility - Part V, Section B, Line 16j	All patient statements advise patients to call our billing support department if they need financial assistance

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

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

Form and Line Reference	Explanation
Facility - Part V, Section B, Line 22d	All patients are charged the same based on fees established in the charge master (catalog of procedures and associated fees) Discounts are applied to the set charges to determine final patient responsibility The Amounts Generally Billed (AGB) are calculated using the look-back methodology and ranges between 46%-50% Patients determined eligible for Financial Assistance will have balances written off at 100% of charges As a result, no FAP eligible patient will be charged more than amounts generally billed

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	Eden Hill Outpatient Imaging Center 200 Banning St Suite 140 Dover, DE 19904	Outpatient Diagnostic Center
1	Milford Outpatient Imaging 1020 Mattlind Way Milford, DE 19963	Outpatient Diagnostic Center
2	Harrington Outpatient Center 201 Shaw Ave Harrington, DE 19952	Outpatient Service Center
3	Middletown Medical Center 209 E Main St Middletown, DE 19709	Outpatient Services Center
4	Milton Outpatient Center 632 Mulberry St Milton, DE 19968	Outpatient Services Center
5	Womens Center - Dover 540 S Governors Ave Dover, DE 19901	Outpatient Services Center
6	Womens Center at Milford 200 Kings Hwy Suite 3 Milford, DE 19963	Outpatient Services Center
7	Smyrna-Clayton Professional Center 401 N Carter Road Smyrna, DE 19977	Outpatient Services Center
8	Bayhealth Womens Care Assoc Milford 800 N DUPONT BLVD Milford, DE 19963	Outpatient Physician Clinic
9	Bayhealth Maternal Fetal Medicine 1060 S Governors Ave Dover, DE 19901	Outpatient Physician Clinic
10	Bayhealth Family Practice Dover 200 Banning St Suite 150 Dover, DE 19904	Outpatient Physician Clinic
11	Bayhealth Endocrinology Milford 800 N DUPONT BLVD Milford, DE 19963	Outpatient Physician Clinic
12	Bayhealth ENT Dover 826 S Governors Ave Dover, DE 19901	Outpatient Physician Clinic
13	Wellness Center at Caesar Rodney High School 239 Old North Road Camden, DE 19934	School-Based Wellness Center
14	Wellness Center at Milford High School 1019 N Walut St Milford, DE 19963	School-Based Wellness Center

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
16	Wellness Center at Smyrna High School 500 Duck Creek Parkway Smyrna, DE 19977	School-Based Wellness Center
1	Wellness Center at Woodbridge High School 307 Laws Street Bridgeville, DE 19933	School-Based Wellness Center
2	Bayhealth ENT Milford 200 Kings Hwy Suite 7 Milford, DE 19963	Outpatient Physician Clinic
3	Bayhealth General Surgery Milford 806 Seabury Ave Milford, DE 19963	Outpatient Physician Clinic
4	Bayhealth Family Practice Georgetown 25 Bridgeville Rd Georgetown, DE 19947	Outpatient Physician Clinic
5	Bayhealth Medical Grp Orthopaedic Dover 655 Bay Rd Ste F1 Dover, DE 19901	Outpatient Physician Clinic
6	Bayhealth Medical Grp Cardiology 1100 Forrest Ave Dover, DE 19904	Outpatient Physician Clinic
7	Dover Occupational Health 1275 South State Street Dover, DE 19901	Occupational Health Services
8	Milford Occupational Health & UrgentCare 301 Jefferson St Milford, DE 19963	Occupational Health Services and Walk-In Urgent Care Services
9	Kent Outpatient Imaging-Dover 540 S Governors Ave Dover, DE 19901	Outpatient Diagnostic Center
10	Wellness Center at Lake Forest High School 5407 Killens Pond Road Felton, DE 19943	School-based Wellness Center
11	Wellness Center at Polytech High School 823 Walnut Shade Road Dover, DE 19901	School-based Wellness Center
12	Wellness Center at Dover High School 1 Dover High Drive Dover, DE 19904	School-based Wellness Center
13	Bayhealth Urology 800 N DuPont Blvd Milford, DE 19963	Outpatient Physician Clinic
14	Bayhealth General Surgery Dover 724 S New Str Dover, DE 19901	Outpatient Physician Clinic

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
31	Cardiac Diagnostic Ctr-Milford 802 N Dupont Hwy Milford, DE 19963	Outpatient Diagnostic Center
1	Bayhealth Sleep Care Center 103 Wolf Creek Blvd Suite 2 Dover, DE 19901	Outpatient Services Center
2	Bayhealth Sleep Care Center Abby Med Ctr 1 Centurian Drive Newark, DE 19711	Outpatient Services Center
3	Bayhealth Sleep Care Center 291 Carter Drive Middletown, DE 19709	Outpatient Services Center
4	Bayhealth Sleep Care Center 2 Lee Ave Georgetown, DE 19947	Outpatient Services Center
5	Family Medicine-Milton 630 Mulberry Str Milton, DE 19968	Outpatient Physician Clinic
6	Bayhealth Medical Grp Cardiology 315 N Carter Rd Smyrna, DE 19977	Outpatient Physician Clinic
7	Bayhealth Medical Grp Colon-Rectal 800 N DuPont Blvd Milford, DE 19963	Outpatient Physician Clinic
8	Bayhealth Medical Grp Endocrinology 1058 S Governors Ave Ste 101 Dover, DE 19904	Outpatient Physician Clinic
9	Bayhealth Medical Grp Family Practice 517 S DuPont Blvd Milford, DE 19963	Outpatient Physician Clinic
10	Bayhealth Medical Grp Family Medicine 793 Queen Str Dover, DE 19904	Outpatient Physician Clinic
11	Bayhealth Medical Grp Family Medicine 205 Shaw Ave Harrington, DE 19952	Outpatient Physician Clinic
12	Bayhealth Medical Grp Family Medicine 401 N Carter Rd Ste 201 Smyrna, DE 19977	Outpatient Physician Clinic
13	Bayhealth Medical Grp Gastroenterology 517 S DuPont Blvd Milford, DE 19963	Outpatient Physician Clinic
14	Bayhealth Medical Grp Gastroenterology 1058 S Governors Ave Ste 101 Dover, DE 19904	Outpatient Physician Clinic

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
46	Bayhealth Medical Grp Orthopaedic 315 N Carter Rd Smyrna, DE 19977	Outpatient Physician Clinic
1	Bayhealth Medical Grp Orthopaedic 1018 Mattlind Way Milford, DE 19963	Outpatient Physician Clinic
2	Bayhealth Sleep Care Center 100 S Main Street Suite 201 Smyrna, DE 19977	Outpatient Services Center
3	Bayhealth Sleep Care Center 611 N DuPont Hwy Milford, DE 19963	Outpatient Services Center
4	Bayhealth Orthopaedic Surgery 1532 Savannah Road Lewes, DE 19958	Outpatient Physician Clinic
5	Bayhealth Urology 1532 Savannah Road Lewes, DE 19958	Outpatient Physician Clinic
6	Bayhealth Colon-Rectal 1532 Savannah Road Lewes, DE 19958	Outpatient Physician Clinic
7	Cardiology Consultants 540 S Governors Ave Ste 201 Dover, DE 19904	Outpatient Physician Clinic
8	Cardiology Consultants 802 N Dupont Blvd Milford, DE 19963	Outpatient Physician Clinic
9	Milford Primary Care 804 N Dupont Blvd Milford, DE 19963	Outpatient Service Center
10	Milford Primary Care - Airport 310 Mullet Run St Milford, DE 19963	Outpatient Service Center
11	Orthopaedic Surgery 315 N Carter Rd Smyrna, DE 19977	Outpatient Physician Clinic

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bayhealth Medical Center Inc

Employer identification number
51-0064318

Part I General Information on Grants and Assistance

1 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 5

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Grantmaker's Description of How Grants are Used	The organization requires administrative approval for all requested grants and assistance toward organizations, governmental agencies or individuals A monthly analysis is maintained to monitor funding and assistance provided This analysis is regularly reviewed by an executive

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 51-0064318
Name: Bayhealth Medical Center Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Heart Association 7272 Greenville Ave Dallas, TX 75231	13-5613797		10,500	0			Program Support
DE Turf 4000 Bay Rd Frederica, DE 19946	46-1001385		50,000	0			Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Delaware Breast Cancer Coalit 111W 11th St Ste 3 Wilmington, DE 19801	52-2045298		17,000	0			Program Support
Delaware Technical Community 100 Campus Dr Dover, DE 19904	51-0246178		25,000	0			Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Dover Interfaith Mission 684 Forrest Ave Dover, DE 19904	41-2280212		35,000	0			Program Support
Downtown Milford Inc 207 S Walnut St Milford, DE 19963	51-0364402		8,000	0			Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Kent Economic Partnership 555 Bay Rd Dover, DE 19901	26-2138833		10,000	0			Program Support
Other Vendors less than 5K 111 Various Streets Dover, DE 19901			65,600	0			Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sussex Co Health Coalition 21133 Sterling Ave Suite 12 Georgetown, DE 19947	22-2804785		11,000	0			Program Support
Westside Family Healthcare 1020 Forrest Ave Dover, DE 19904	22-2488654		31,000	0			Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA of Delaware 100 West 10th St Wilmington, DE 19801	51-0065748		7,000	0			Program Support

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bayhealth Medical Center Inc

Employer identification number
51-0064318

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a Relevant information in regards to selections on 1a	Discretionary Spending Account--Under terms of their Employment Agreements, certain senior executives participate in a Flexible Benefit Plan They receive a predetermined amount of additional compensation per quarter, which is intended to be used for automobile expenses, estate planning, legal assistance, tuition, supplemental life & disability insurance, or other expenses

Return Reference	Explanation
Part I, Line 7 Non-Fixed payments not listed above	Non-Fixed Payments--Bonuses paid are based on a number of variables including but not limited to individual goal achievements as well as organization operational achievements The final determination of the bonus amount is determined and approved by the board as part of the overall compensation review of the officers and key employees

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 51-0064318
Name: Bayhealth Medical Center Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Bonnie Perratto Former Sr VP, Patient Care	(I) (II)		22,463				22,463	
Bradley Kirkes VP, Ancillary & Clinical Services	(I) (II)	261,156	28,384	4,805	16,500	16,144	326,989	
Brenda Blain Sr VP, Patient Care	(I) (II)	276,321	67,367	13,046	16,500	9,002	382,236	
Darshdeep Signh MD Physician	(I) (II)	674,877	96,525	5,190	16,500	9,086	802,178	
Deborah Watson Vice Chair &COO	(I) (II)	439,178	127,321	16,336	16,500	16,144	615,479	
Eric Gloss VP, Medical Affairs	(I) (II)	294,227	32,722	4,790	16,500	22,407	370,646	
Gary Siegelman MD SVP & CMO	(I) (II)	587,459	174,136	16,192	16,500	12,665	806,952	
Gary Szydlowski MD Physician	(I) (II)	679,238		81,336	16,500	16,144	793,218	
James Mills MD Physician	(I) (II)	953,423		4,340	16,500	22,407	996,670	
John Lahaniatis MD Physician	(I) (II)	686,179	15,000	55,312	16,500	9,002	781,993	
John Van Gorp SVP, Planning & Business Developmnt	(I) (II)	274,763	84,561	25,034	16,500	22,407	423,265	
Jonathan Kaufmann DO CMIO	(I) (II)	349,173	39,662	12,031	16,500	22,407	439,773	
Michael J Tretina Treasurer & CFO	(I) (II)	391,731	334,165	32,117	16,500	22,407	796,920	
Michael S Ashton Administrator	(I) (II)	258,135	66,016	965	16,500	22,407	364,023	
Richard Mohnk VP & CIO	(I) (II)	284,560	31,105	14,574	16,500	16,144	362,883	
Shana Ross VP, Human Resources	(I) (II)	265,239	28,683	1,682	16,500	9,002	321,106	
Terry M Murphy Chair & CEO	(I) (II)	745,499	676,615	56,848	16,500	22,407	1,517,869	
Trinity Pilkington MD Physician	(I) (II)	705,867	189,974	153,371	16,500	22,152	1,087,864	

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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 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bayhealth Medical Center Inc

Employer identification number
51-0064318

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	The entire Form 990 is reviewed by the CFO and the CEO Schedule J is reviewed by the entire Board of Directors Upon confirmation of a successful e-filing from the IRS, a copy of the final e-filed return is made available to any interested members of the governing body After filing, a copy is also sent to Bayhealth's outside audit firm for review

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Bayhealth regularly and consistently monitors and enforces compliance with its conflict of interest policy for all officers and directors A conflict of interest questionnaire is d istributed to and collected from officers and directors annually Any potential conflicts of interest are investigated further by Bayhealth's executive team In the event of an act ual or perceived conflict of interest, subsequent recusal and abstention by the officer or director may be necessary These and other requirements are monitored, reviewed and resol ved on an on-going basis pursuant to the conflict of interest policy

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	A compensation committee of the Board determines the compensation of the CEO, CFO, COO, an d Chief Medical Officer An independent consultant provides information and recommendation s, using a variety of compensation surveys and studies Written employment contracts are i mplemented The full Board of Directors approves the compensation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	For officers and key employees other than the CEO, CFO, COO, and Chief Medical Officer ref erred to in the previous question, a variety of techniques are used to determine compensat ion The Human Resources Department and an independent consultant provide information and recommendations, using a variety of compensation surveys and studies Written employment c ontracts are utilized for some positions The Board of Directors and its compensation comm ittee is kept informed of events

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Form 990 is available on www Guidestar org Form 990-T, governing documents, policies, and financial statements are available upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	= -$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in Beneficial Interest in Net Assets of BH Foundation = $100072

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Change in beneficial interest in perpetual trusts = -$3624

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Change in benefit obligations = -$11631972

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in Fair Value of Interest Rate Swap = $14561

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bayhealth Medical Center Inc

Employer identification number
51-0064318

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) Bayhealth Foundation Inc 640 South State Street Dover, DE 19901 22-2559843	Fundraising for Bayhealth Medical Center	DE	501(c)(3)	7	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Bayhealth Development Corp 640 South State Street Dover, DE 19901 51-0281107	Real Estate	DE	N/A	C Corp					No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
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		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation