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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 10/01 , 2005, and ending 09/30/2006

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

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

C Name of organization
CAPE COD HEALTHCARE, INC. & AFFILIATES

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
27 PARK STREET

City or town, state or country, and ZIP + 4
HYANNIS, MA 02601

RECEIVED

D Employer identification number
90-0054984

E Telephone number
(508) 957-8540

F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

0415 203

H and **I** are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶ 12

H(c) Are all affiliates included? ☒ Yes ☐ No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Website: ▶ WWW.CAPECODHEALTH.COM

J Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

IRS PHILA. PA 467

I Group Exemption Number ▶ 3901

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 547,358,586.

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	12,462,255.	
	b	Indirect public support	1b	2,117,162.	
	c	Government contributions (grants)	1c	1,399,811.	
	d	Total (add lines 1a through 1c) (cash $ 14,724,692. noncash $ 1,254,536.)			1d 15,979,228.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 522,402,826.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 1,276,517.
	5	Dividends and interest from securities			5 1,986,754.
	6 a	Gross rents	6a	1,454,897.	
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c 1,454,897.
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: 1,302,640.	8a	(B) Other:	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d 1,302,640.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1a)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII, line 103)			11 2,955,724.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 547,358,586.
Expenses	13	Program services (from line 44, column (B))			13 457,169,873.
	14	Management and general (from line 44, column (C))			14 70,303,105.
	15	Fundraising (from line 44, column (D))			15 1,699,933.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 529,172,911.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 18,185,675.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 256,633,148.
	20	Other changes in net assets or fund balances (attach explanation) STMT 16 STMT 17			20 8,320,751.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 283,139,574.

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	852,134.	742,803.	106,538.	2,793.
26 Other salaries and wages	26	209,592,841.	182,701,523.	26,204,294.	687,024.
27 Pension plan contributions	27	NONE			
28 Other employee benefits	28	63,116,394.	55,001,908.	7,890,223.	224,263.
29 Payroll taxes	29				
30 Professional fundraising fees	30	465,594.		102,524.	363,070.
31 Accounting fees	31	634,366.	504,776.	129,590.	
32 Legal fees	32	251,727.	163,204.	84,104.	4,419.
33 Supplies	33	18,698,434.	16,270,314.	2,420,021.	8,099.
34 Telephone	34	2,055,897.	1,425,111.	620,678.	10,108.
35 Postage and shipping	35	783,622.	578,793.	188,795.	16,034.
36 Occupancy	36	4,796,259.	2,884,570.	1,911,689.	
37 Equipment rental and maintenance	37	6,133,511.	5,331,955.	799,104.	2,452.
38 Printing and publications	38	246,565.	184,031.	35,935.	26,599.
39 Travel	39	1,835,945.	1,673,699.	122,969.	39,277.
40 Conferences, conventions, and meetings	40	258,679.	208,647.	50,032.	
41 Interest	41	6,416,214.	5,578,592.	837,622.	
42 Depreciation, depletion, etc (attach schedule)	42	18,972,443.	15,898,122.	3,068,955.	5,366.
43 Other expenses not covered above (itemize):					
a STMT 18	43a	194,062,286.	168,021,825.	25,730,032.	310,429.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	529,172,911.	457,169,873.	70,303,105.	1,699,933.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ _____, (ii) the amount allocated to Program services $ _____, (iii) the amount allocated to Management and general $ _____; and (iv) the amount allocated to Fundraising $ _____

Part III Statement of Program Service Accomplishments *(See the instructions)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶SEE STATEMENT 19 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a ORGANIZE, MANAGE AND DELIVER THE HEALTH CARE RELATED ACTIVITIES FOR THE EXCLUSIVE BENEFIT OF CAPE COD HOSPITAL, AND FALMOUTH HOSPITAL AND ITS OTHER TAX-EXEMPT AFFILIATES, IN FURTHERANCE OF THE EXEMPT PURPOSES OF CAPE COD HEALTHCARE, INC. AND AFFILIATES. SEE STATEMENT 1 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	457,169,873.
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	457,169,873.

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Part IV Balance Sheets *(See the instructions.)*

	Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing			29,653,790.	45	32,274,656.
	46 Savings and temporary cash investments			53,400,263.	46	38,152,348.
	47a Accounts receivable	47a	136,374,492.			
	b Less: allowance for doubtful accounts	47b	60,441,910.	71,851,171.	47c	75,932,582.
	48a Pledges receivable	48a	9,278,572.			
	b Less. allowance for doubtful accounts	48b	115,609.		48c	9,162,963.
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule) STMT. 20	51a	20,144,516.			
	b Less: allowance for doubtful accounts	51b		26,151,053.	51c	20,144,516.
	52 Inventories for sale or use			5,728,549.	52	5,891,832.
	53 Prepaid expenses and deferred charges			4,529,817.	53	4,424,673.
	54 Investments - securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
	55a Investments - land, buildings, and equipment basis	55a				
	b Less. accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule) STMT. 21			144,030,243.	56	139,347,641.
	57a Land, buildings, and equipment basis	57a	435,530,672.			
	b Less accumulated depreciation (attach schedule)	57b	208,285,769.	192,941,628.	57c	227,244,903.
	58 Other assets (describe ▶ STMT 22)			17,435,595.	58	8,653,377.
	59 **Total assets** (must equal line 74). Add lines 45 through 58			545,722,109.	59	561,229,491.
Liabilities	60 Accounts payable and accrued expenses			58,313,019.	60	54,636,875.
	61 Grants payable				61	
	62 Deferred revenue			216,632.	62	1,423,809.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule) STMT. 23			180,812,924.	64a	174,659,113.
	b Mortgages and other notes payable (attach schedule) STMT. 24			17,982,850.	64b	14,937,174.
	65 Other liabilities (describe ▶ STMT 27)			31,763,536.	65	32,432,946.
	66 **Total liabilities.** Add lines 60 through 65			289,088,961.	66	278,089,917.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			206,798,361.	67	230,340,234.
	68 Temporarily restricted			30,056,706.	68	32,569,432.
	69 Permanently restricted			19,778,081.	69	20,229,908.
	Organizations that do not follow SFAS 117, check here ▷ ☐ and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			256,633,148.	73	283,139,574.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			545,722,109.	74	561,229,491.

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements . . . NOT APPLICABLE			a
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) ----------	b4		
	Add lines b1 through b4			b
c	Subtract line b from line a			c
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) ----------	d2		
	Add lines d1 and d2			d
e	**Total revenue** (Part I, line 12) Add lines c and d . . . . . ▶			e

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements . . . . . NOT APPLICABLE			a
b	Amounts included on line a but not on Part I, line 17.			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) ----------	b4		
	Add lines b1 through b4			b
c	Subtract line b from line a			c
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) ----------	d2		
	Add lines d1 and d2			d
e	**Total expenses** (Part I, line 17). Add lines c and d . . . . . ▶			e

Part V **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 28		733,443.	118,691.	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 14		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? **Note.** Related organizations include section 509(a)(3) supporting organizations SEE STATEMENT 34 75c	X	
	If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		
d	Does the organization have a written conflict of interest policy? 75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? 77		X
	If "Yes," attach a conformed copy of the changes		
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? 78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year? 78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a	X	
b	If "Yes," enter the name of the organization ▶ STMT 35 and check whether it is [X] exempt or [X] nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a		
b	Did the organization file Form 1120-POL for this year? 81b		X

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs* Enter. a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs* Enter. a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X	
89a	*501(c)(3) organizations.* Enter. Amount of tax imposed on the organization during the year under. section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			
90a	List the states with which a copy of this return is filed ▶ MA,			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	4501	
91a	The books are in care of ▶ STEPHEN J. GUIMOND Telephone no ▶ 508-957-8540 Located at ▶ 27 PARK STREET HYANNIS, MA ZIP + 4 ▶ 02601			
b	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)?	91b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country ▷			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PATIENT SERVICE					
b REVENUE					502,234,276.
c OTHER PROGRAM					
d REVENUE					4,955,956.
e LAB REVENUE	621500	7,772,972.			7,439,622.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,276,517.	
96 Dividends and interest from securities			14	1,986,754.	
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	587,735.	
b not debt-financed property			16	867,162.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,302,640.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b STMT 37		542,467.		856,047.	1,557,210.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		8,315,439.		6,876,855.	516,187,064.
105 Total (add line 104, columns (B), (D), and (E)) ▶					531,379,358.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PROVISION OF VARIOUS HEALTHCARE SERVICES TO PATIENTS
93B	OTHER EXEMPT PATIENT AND HEALTHCARE SERVICES PERFORMED
93C	OTHER EXEMPT PATIENT AND HEALTHCARE SERVICES PERFORMED
103B	OTHER EXEMPT PATIENT AND HEALTHCARE SERVICES PERFORMED

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the Instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 38	%		14,558.	NONE
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Please Sign Here

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

▶ Signature of officer — Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PRICEWATERHOUSECOOPERS LLP, 125 HIGH STREET, BOSTON, MA 02110

EIN ▶ 13-4008324

Phone no ▶ 617-530-5000

SCHEDULE A
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Name of the organization

CAPE COD HEALTHCARE, INC. & AFFILIATES

Employer identification number

90-0054984

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 39				
Total number of other employees paid over $50,000 . . ▶	1741			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 40		
Total number of others receiving over $50,000 for professional services . . . . . ▶	42	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 41		
Total number of other contractors receiving over $50,000 for other services . . . . . ▶	83	

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 1. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a	Sale, exchange, or leasing of property? STMT 42	2a	X	
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities? STMT 43	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives. (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting* NOT APPLICABLE

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 NOT APPLICABLE ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c

d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return.** Enter the sum of such amounts for each year.

NOT APPLICABLE

(2004) _____ (2003) _____ (2002) _____ (2001) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add: Amounts from column (e) for lines. 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27c

d Add: Line 27a total _____ and line 27b total _____ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return. Do not include these grants in line 15.**

Part V **Private School Questionnaire** (See page 7 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ a | | if the organization belongs to an affiliated group. Check ▶ b | | if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table - **If the amount on line 40 is -** / **The lobbying nontaxable amount is -**: Not over $500,000 — 20% of the amount on line 40; Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000; Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000; Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000; Over $17,000,000 — $1,000,000	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		1.
i Total lobbying expenditures (Add lines c through h.)			1.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 44

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ [X] Yes [ ] No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
F.H. REALTY, INC.	REAL ESTATE MANAGEMENT	RELATED ORGANIZATION

FORM 990 - GENERAL EXPLANATION ATTACHMENT

PART III
STATEMENT OF PROGRAM SERVICES

I. CAPE COD HEALTH CARE COMMUNITY BENEFITS
MISSION STATEMENT

CAPE COD HEALTHCARE, INC, THROUGH ITS COMMUNITY BENEFITS INITIATIVE, IS COMMITTED TO ENHANCING THE QUALITY OF AND ACCESS TO A COMPREHENSIVE CONTINUUM OF HEALTHCARE SERVICES FOR ALL THE PEOPLE OF CAPE COD. THROUGH CONTINUOUS ASSESSMENT OF COMMUNITY NEEDS,COORDINATED PLANNING, AND THE ALLOCATION OF RESOURCES, THIS COMMITMENT INCLUDES A SPECIAL FOCUS ON THE UNMET NEEDS OF THE FINANCIALLY DISADVANTAGED AND UNDERSERVED POPULATIONS. WE WILL TAKE A LEADERSHIP ROLE IN COLLABORATIVE EFFORTS JOINING OUR RESOURCES, TALENT, AND COMMITMENT WITH THAT OF OTHER PROVIDERS, ORGANIZATIONS, AND COMMUNITY MEMBERS.

II. PROGRAM ORGANIZATION AND MANAGEMENT

THE OFFICE OF COMMUNITY HEALTH (OCH), OF WHICH COMMUNITY BENEFITS IS A PART REPORTS TO THE COMMUNITY HEALTH COMMITTEE, A SUBCOMMITTEE OF THE BOARD OF TRUSTEES OF CCHC. THE CHAIRWOMAN OF THIS COMMITTEE REPORTS TO THE BOARD OF TRUSTEES ABOUT COMMUNITY HEALTH AND COMMUNITY BENEFITS EFFORTS ON A REGULAR BASIS. THE COMMUNITY HEALTH COMMITTEE IS COMPRISED BY PEOPLE WORKING THE GAMUT OF HEALTH SERVICES IN CAPE COD: COMMUNITY BASED ORGANIZATIONS, COMMUNITY ADVOCACY GROUPS, COUNTY GOVERNMENT, COMMUNITY HEALTH CENTERS, INDEPENDENT PHYSICIANS, HEALTH INSURANCE AGENTS, AND OTHERS. THE COMMITTEE MEETS QUARTERLY AND IS THE DECISION MAKING BODY FOR ALL COMMUNITY HEALTH INITIATIVES INCLUDING EXPENDITURES OF COMMUNITY BENEFITS.

ADVISING THE OFFICE OF COMMUNITY HEALTH AND THE COMMUNITY HEALTH COMMITTEE ON ISSUES RELATED TO ACCESS FOR THE UN AND UNDERINSURED IS THE COMMUNITY BENEFITS ADVISORY COUNCIL. THE CBAC IS COMPRISED OF 21 PROVIDERS OF HEALTH AND HUMAN SERVICES ACROSS CAPE COD. THE CBAC IS CHARGED WITH ESTABLISHING FUNDING PRIORITIES FOR COMMUNITY BENEFITS DOLLARS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

PART III
STATEMENT OF PROGRAM SERVICES

III. KEY COLLABORATORS AND PARTNERSHIPS

THE OFFICE OF COMMUNITY HEALTH (OCH) WORKS IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS (HEALTH AND HUMAN SERVICE AGENCIES, HEALTH CENTERS, CIVIC GROUPS, ETC), ALL THE AFFILIATES OF CCHC (CAPE COD HOSPITAL, FALMOUTH HOSPITAL, THE VISITING NURSES ASSOCIATION,) AS WELL AS PRIVATE MEDICAL PRACTICES IN THE REGION.

STRONG PARTNERSHIPS WITH COMMUNITY BASED ORGANIZATIONS AND GROUPS ARE FUNDAMENTAL TO THE WORK OF THE OCH. CCHC HAS TEAMED UP WITH COMMUNITY ORGANIZATIONS TO IDENTIFY PROBLEMS AND BRAINSTORM VIABLE, LONG TERM SOLUTIONS TO THE HEALTHCARE CONCERNS AND DISPARITIES IN OUR REGION. THE ROLE OF THE OCH IN THESE PARTNERSHIPS IS BROAD AND INCLUDES JOINT PLANNING, OUTLINING AND MONITORING EPIDEMIOLOGICAL PROFILES, PROGRAM DESIGN, PERFORMANCE IMPROVEMENT, STRATEGIC PLANNING, PROGRAM EVALUATION AND, IN SOME CASES, FUNDING COMMUNITY HEALTH INITIATIVES THROUGH COMMUNITY BENEFIT DOLLARS AND/OR WRITING PROPOSALS TO OBTAIN EXTERNAL FUNDS.

PARTNERS IN FY 06 INCLUDED, THE COMMUNITY ACTION COMMITTEE, CAPE COD COMMUNITY COLLEGE, THE CAPE AND ISLANDS COMMUNITY HEALTH NETWORK (CHNA), CAPE AND ISLANDS EMS SYSTEMS, INC., CAPE COD FREE CLINIC AND COMMUNITY HEALTH CENTER, DUFFY HEALTH CENTER, MID/UPPER CAPE COMMUNITY HEALTH CENTER, OUTER CAPE HEALTH SERVICES, THE COUNCILS ON AGING, BARNSTABLE COUNTY HEALTH AND HUMAN SERVICES, LOWER/OUTER CAPE COMMUNITY COALITION, GOSNOLD OF CAPE COD, MASHPEE WAMPANOAG TRIBE, CAPE COD CHILD DEVELOPMENT, THE CAPE COD CHAMBER OF COMMERCE, THE CAPE AND ISLANDS UNITED WAY, THE CAPE COD IMMIGRANT CENTER, THE BARNSTABLE HUMAN RIGHTS COMMISSION, AND MANY OTHERS.

IV. COMMUNITY HEALTH NEEDS ASSESSMENT

NO NEEDS ASSESSMENT WAS CONDUCTED DURING FY 2006. CCHC ENGAGES THE FOUR REGIONS OF CAPE COD (UPPER, MID. LOWER, AND OUTER CAPE) ON A NEEDS ASSESSMENT PROCESS, "THE COMMUNITY SOLUTIONS FORUM" EVERY THREE YEARS. INPUT FROM THESE FORUMS IS TRANSLATED INTO "FUNDING PRIORITIES" WHICH GUIDE THE DISTRIBUTION OF COMMUNITY BENEFIT DOLLARS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

PART III
STATEMENT OF PROGRAM SERVICES

V. COMMUNITY BENEFITS PLAN

1. LONG TERM GOALS
DURING FY 02 CCHC IN PARTNERSHIP WITH THE CBAC AND THE COMMUNITY HEALTH COMMITTEE DEVELOPED LONG-TERM GOALS BASED ON THE HEALTHY PEOPLE 2010 OBJECTIVES,

1.1. INCREASE THE PROPORTION OF PERSONS WITH HEALTH INSURANCE.
1.2. INCREASE THE PROPORTION OF UNINSURED PERSONS RECEIVING SCREENING SERVICES.
1.3. INCREASE THE PROPORTION OF PERSONS WITH A USUAL PRIMARY CARE PROVIDER
1.4. REDUCE THE PROPORTION OF FAMILIES THAT EXPERIENCE DIFFICULTIES OR DELAYS IN OBTAINING HEALTHCARE OR DO NOT RECEIVE NEEDED CARE
1.5. INCREASE THE PROPORTION OF UNINSURED PERSONS RECEIVING SPECIALTY SERVICES, INCLUDING MEDICAL, DENTAL AND BEHAVIORAL.

2. FY 05 FUNDING PRIORITIES
THERE WERE SIX (6) PRIORITIES IDENTIFIED BY THE COMMUNITY BENEFITS ADVISORY COUNCIL FOR FY 06 (PLEASE SEE FULL REPORT FOR FY 06 PRIORITY DESCRIPTION)

V. KEY ACCOMPLISHMENTS FOR REPORTING YEAR
DURING FY 06 CCHC FUNDED 20 "COMMUNITY BENEFIT" PROGRAMS AND 6 "COMMUNITY SERVICE" PROGRAMS.
FOR THE PURPOSES OF THIS SUMMARY REPORT ONLY FIVE PROGRAMS WILL BE HIGHLIGHTED; FOUR PROGRAMS FUNDED THROUGH THE COMMUNITY HEALTH CENTER NETWORK, AND A PROGRAM FUNDED THROUGH CATHOLIC SOCIAL SERVICES TO INCREASE ACCESS TO MENTAL HEALTH SERVICES FOR THE LARGE BRAZILIAN COMMUNITY OF CAPE COD:

1. COMMUNITY HEALTH CENTER NETWORK	$203,480
COMMUNITY BENEFITS	$135,750
OPEN HEART DON	$67,730
BED TOWER DON	$0

FORM 990 - GENERAL EXPLANATION ATTACHMENT

PART III
STATEMENT OF PROGRAM SERVICES

THERE ARE FOUR COMMUNITY HEALTH CENTERS IN CAPE COD PROVIDING AFFORDABLE, SLIDING SCALE, OR FREE HEALTH CARE TO ALL RESIDENTS. THEY ARE LOCATED IN ALL FOUR REGIONS OF CAPE COD (UPPER, MID, LOWER, AND OUTER). GIVEN THEIR ACCESSIBLE LOCATIONS, COMPREHENSIVE SERVICES, AND AFFORDABILITY, THESE CENTERS REPRESENT A CRITICAL LINK FOR UN-AND UNDER-INSURED CAPE CODDERS TO OBTAIN MEDICAL AND ORAL HEALTH SERVICES.

CCHC FUNDING OF THESE CENTERS AIMED TO STRENGTHEN THEIR CAPACITY TO OPERATE AS A NETWORK. THAT IS, WHENEVER POSSIBLE, TO SHARE SYSTEMS AND STAFF IN ORDER TO MAXIMIZE RESOURCES AND IMPROVE THEIR ABILITY TO PROVIDE A BROADER SPECTRUM OF SERVICES TO THE UN AND UNDERINSURED IN CAPE COD.

FOUR INITIATIVES WERE FUNDED IN FY 06,

A. COMMUNITY CARE FOR DEPRESSION,
PROVIDES COORDINATED AND STANDARDIZED CARE FOR PEOPLE WITH CHRONIC DEPRESSION AND ANXIETY. CCHC PROVIDED A $81,000 ANNUAL MATCH TO A 3 YEAR GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION

B. PATIENT BENEFITS
CCHC FUNDS 4 HALF-TIME POSITIONS, ONE AT EACH HEALTH CENTER, FOR A TOTAL OF $80,000. THESE COORDINATORS ARE PART OF THE COORDINATED HOPE MODEL AND PROVIDE PUBLIC HEALTH INSURANCE ENROLLMENT TO HEALTH CENTER CLIENTS. IN ADDITION, BENEFIT COORDINATORS PROVIDE INFORMATION AND ENROLLMENT INTO OTHER ASSISTANCE PROGRAMS SUCH AS MEDICATIONS ASSISTANCE, TRANSPORTATION, ETC.

C. SPECIALTY NETWORK FOR THE UNINSURED
FUNDS AWARDED TO THIS PROGRAM, $59,487 FILL A MAJOR GAP IN HEALTH SERVICES AVAILABLE TO UNINSURED IN CAPE COD. CCHC'S GRANT PROVIDES THE SALARY FOR 1 FTE PROJECT COORDINATOR WHO RECRUITS SPECIALISTS THROUGHOUT CAPE COD TO ACCEPT A CAPPED NUMBER OF PRE-SCREENED UNINSURED INDIVIDUALS WHOSE FAMILY INCOME IS BELOW 400% OF POVERTY.

D. INFRASTRUCTURE DEVELOPMENT: MEDICATIONS NETWORK
CCHC AWARDED $96,858 IN FY 06 TO THE COMMUNITY HEALTH CENTER NETWORK TO DEVELOP A COMMON STRATEGY TO DISPENSE LOW-COST MEDICATIONS TO THEIR PATIENTS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

PART III
STATEMENT OF PROGRAM SERVICES

FY 06 OUTCOMES

A. COMMUNITY CARE FOR DEPRESSION
SCREENED 5,011 INDIVIDUALS FOR DEPRESSION AND ANXIETY, A 37% INCREASE OVER LAST YEAR; PROVIDED REFERRALS TO VARIOUS SERVICES (ON-GOING THERAPY,PSYCHIATRY, ETC) TO 564 INDIVIDUALS, A 27% INCREASE OVER THE PREVIOUS YEAR.

B. PATIENT BENEFIT COORDINATORS
BECAUSE THESE FOUR PART-TIME POSITIONS ARE PART OF THE LARGER PROJECT HOPE MODEL, OUTCOMES ARE REPORTED UNDER THAT PROGRAM (PLEASE SEE BELOW)

C. SPECIALTY NETWORK FOR THE UNINSURED
DURING FY 06 THE PROGRAM PROVIDED SERVICES TO 555 PATIENTS AND RECRUITED PHYSICIANS IN 11 NEW SPECIALTIES BRINGING THE TOTAL NUMBER OF SPECIALTY SERVICES AVAILABLE THROUGH SNU TO 21.

D. INFRASTRUCTURE DEVELOPMENT. MEDICATIONS NETWORK
THESE FUNDS WERE UNSPENT.

2. BILINGUAL MENTAL HEALTH COUNSELOR $25,207
CATHOLIC SOCIAL SERVICES

THROUGH THIS SERVICE, CATHOLIC SOCIAL SERVICES HAS FILLED A VOID IN MENTAL HEALTH SERVICES IN CAPE COD. AS A RESULT OF THIS PROGRAM, BRAZILIANS WITH LIMITED ENGLISH PROFICIENCY HAVE ACCESS TO MENTAL HEALTH COUNSELING.

FY 06 OUTCOMES

DURING FY 06 A MASTERS LEVEL BILINGUAL PSYCHOLOGIST PROVIDED 496 COUNSELING SESSIONS. HE SAW FORTY-NINE (50) CLIENTS WHO RANGED IN AGE FROM 14 TO 56 YEARS OLD; 22 MALES AND 28 FEMALES. THESE COUNSELING SESSIONS INCLUDED 15 GROUP SESSIONS FOR ADOLESCENTS BETWEEN THE AGES OF 14 AND 16.

VII. PLANS FOR THE NEXT FISCAL YEAR

THE FOLLOWING PROVIDES AN OVERVIEW OF PROJECTED PROGRAM EXPENDITURES FOR FY 07.

PROGRAM/APPLICANT	CHC APPROVED
PROJECT HOPE COMMUNITY ACTION COMMITTEE OF CC & I	$ 170,000
SCHOOL BASED HEALTH CENTER - CAPE COD TECH	$ 82,079

FORM 990 - GENERAL EXPLANATION ATTACHMENT

SCHOOL BASED HEALTH CENTER - BARNSTABLE MIDDLE SCHOOL	$ 0
SCHOOL BASED BEHAVIORAL HEALTH FUND	$ 50,000
COMMUNITY BASED INTERPRETER SERVICES CCHC	$ 43,000
ELDER BEHAVIORAL HEALTH COLLABORATIVE (COUNCILS ON AGING, EMERGENCY MEDICAL SERVICES, CC COUNCIL ON ALCOHOLISM)	$ 70,915
CAPE COD DENTIST CARE LOWER/OUTER CAPE COMMUNITY COALITION	$ N/A
TOOTH TUTORING LOWER/OUTER CAPE COMMUNITY COALITION	$ 20,280
SPECIALTY NETWORK FOR THE UNINSURED COMMUNITY HEALTH CENTER NETWORK	$ 62,550
COORDINATION COMMUNITY HEALTH CENTER NETWORK	$ 26,624
COORDINATED BEHAVIORAL HEALTH PLANNING COMMUNITY HEALTH CENTER NETWORK	$ 55,073
MEDICATIONS NETWORK	$ 0
COMMUNITY CARE DEPRESSION (RJ MATCH) COMMUNITY HEALTH CENTER NETWORK	$ 80,000
BENEFIT SPECIALIST(S) COMMUNITY HEALTH CENTER NETWORK	$ 80,000
DIABETES COLLABORATIVE BCBS FOUNDATION MATCH COMMUNITY HEALTH CENTER NETWORK	$ 40,000
CHILD AND ADOLESCENT ASSESSMENT CENTER CCGMC MATCH	$ 100,000
SEASONAL WORKER INSURANCE PROGRAM BARNSTABLE CHAMBER OF COMMERCE	$ 14,000

FORM 990 - GENERAL EXPLANATION ATTACHMENT

LET'S CONTROL DIABETES MASHPEE WAMPANOAG INDIAN TRIBAL COUNCIL	$ 0
DR. AGEL'S PRACTICE	$ 0
BILINGUAL MENTAL HEALTH CATHOLIC SOCIAL SERVICES	$ 20,000
SANE SEXUAL ASSAULT CCH ER	$ 25,000
CHILD ABUSE EVALUATION CHILDREN'S COVE	$ 36,000
CCH TAXI	$ 22,000
FH TAXI	$ 3,000
CCH RX	$ 5,000
FH RX	$ 12,000
CARDIO EDUCATION CENTERS FOR HEALTH EDUCATION CCHC	$ 75,000
BEHAVIORAL HEALTH SLIDING SCALE CCHC	$ 115,000
CHILD PSYCHIATRIC CASE MANAGEMENT CCHS-BHS	$ 65,000
GRANT CENTRAL STATION (PLANNING, PROPOSAL WRITING, DATA)	$ 25,000
MINI GRANTS	$ 50,000
TOTAL	$ 1,330,521

FORM 990 - GENERAL EXPLANATION ATTACHMENT

VIII. CONTACT INFORMATION

IF YOU WOULD LIKE MORE INFORMATION ABOUT THIS REPORT PLEASE CONTACT

LISSETTE BLONDET
DIRECTOR OF COMMUNITY BENEFITS
CAPE COD MEDICAL CENTER
40 QUINLAN WAY
SUITE 202
HYANNIS, MA 02601
LBONDET@CAPECODHEALTH.ORG
PHONE: (508) 862-5044
FAX: (508) 862-7334

IX. SELECTED COMMUNITY BENEFIT PROGRAMS

PROGRAM: COMMUNITY HEALTH CENTER NETWORK, COMMUNITY CARE FOR DEPRESSION

OBJECTIVE: PROVIDE COORDINATED AND STANDARDIZED CARE FOR PEOPLE WITH DEPRESSION AND ANXIETY

PARTNERS: CAPE COD FREE CLINIC, DUFFY HEALTH CENTER, MID/UPPER CAPE COMMUNITY HEALTH CENTER, OUTER CAPE HEALTH SERVICES

CCHC CONTACT: LISSETTE BLONDET - LBLONDET@CAPECODHEALTH.ORG

PROGRAM: COMMUNITY HEALTH CENTER NETWORK, PATIENT BENEFITS

OBJECTIVE: COORDINATED ENROLLMENT OF UN AND UNDERINSURED PATIENTS INTO HEALTH INSURANCE AND MEDICATION BENEFITS

PARTNERS: CAPE COD FREE CLINIC, DUFFY HEALTH CENTER, MID/UPPER CAPE COMMUNITY HEALTH CENTER, OUTER CAPE HEALTH SERVICES

CCHC CONTACT: LISSETTE BLONDET - LBLONDET@CAPECODHEALTH.ORG

PROGRAM: COMMUNITY HEALTH CENTER NETWORK, SPECIALTY NETWORK FOR THE UNINSURED

OBJECTIVE: PROVIDE ACCESS TO SPECIALTY SERVICES TO UN AND UNDERINSURED BY RECRUITING SPECIALISTS TO PROVIDE FREE OR REDUCED FEE SERVICES AND COORDINATING PATIENT VISIT TO THESE SPECIALITS

PARTNERS: CAPE COD FREE CLINIC, DUFFY HEALTH CENTER, MID/UPPER CAPE

FORM 990 - GENERAL EXPLANATION ATTACHMENT

COMMUNITY HEALTH CENTER, OUTER CAPE HEALTH SERVICES

CCHC CONTACT: LISSETTE BLONDET - LBLONDET@CAPECODHEALTH.ORG

PROGRAM: COMMUNITY HEALTH CENTER NETWORK, SPECIALTY NETWORK FOR THE UNINSURED

OBJECTIVE: DEVELOP A COMMON STRATEGY TO DISPENSE LOW-COST MEDICATIONS TO ALL PATIENTS FROM ALL HEALTH CENTERS

PARTNERS: CAPE COD FREE CLINIC, DUFFY HEALTH CENTER, MID/UPPER CAPE COMMUNITY HEALTH CENTER, OUTER CAPE HEALTH SERVICES

CCHC CONTACT: LISSETTE BLONDET - LBLONDET@CAPECODHEALTH.ORG

PROGRAM: BILINGUAL THERAPIST, CATHOLIC SOCIAL SERVICES

OBJECTIVE: PROVIDE MENTAL HEALTH SERVICES TO MONOLINGUAL, PORTUGUESE SPEAKING, BRAZILIAN LIVING ON CAPE COD

PARTNERS: CATHOLIC SOCIAL SERVICES

CCHC CONTACT: LISSETTE BLONDET - LBLONDET@CAPECODHEALTH.ORG

X. SUMMARY OF COMMUNITY BENEFIT EXPENDITURES FY 06

TYPE: COMMUNITY BENEFITS PROGRAMS

ESTIMATED TOTAL EXPENDITURES FOR FY 06:
(1) DIRECT EXPENSES $537,742
(2) DETERMINATION OF NEED EXPENDITURES $536,386
(3) OTHER LEVERAGED RESOURCES $2,790,204

APPROVED PROGRAM BUDGET FOR FY 07: $1,330,521

TYPE: COMMUNITY SERVICES PROGRAMS

ESTIMATED TOTAL EXPENDITURES FOR FY 06:
(1) DIRECT EXPENSES $130,031

TYPE: NET CHARITY CARE

ESTIMATED TOTAL EXPENDITURES FOR FY 06: $7,582,747

FORM 990 - GENERAL EXPLANATION ATTACHMENT

TYPE: CORPORATE SPONSORSHIPS

ESTIMATED TOTAL EXPENDITURES FOR FY 06: $1,140,846

TOTAL ESTIMATED TOTAL EXPENDITURES FOR FY 06: $9,927,752

CAPE COD HEALTHCARE: CAPE COD HOSPITAL $325,211,491
AND FALMOUTH HOSPITAL: $120,510,056

TOTAL PATIENT CARE RELATED EXPENSES: $445,721,547

FORM 990 - GENERAL EXPLANATION ATTACHMENT

PART I, REVENUE
LINE 8C, GROSS AMOUNT FROM SALES OF ASSETS OTHER THAN INVENTORY

GAIN OR (LOSS) FROM SALE OF INVESTMENT ASSETS	$1,302,640

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FIXED ASSETS AND DEPRECIATION
PART II LINE 42 AND PART IV LINE 57 - FIXED ASSETS/DEPRECIATION

DESCRIPTION	AMOUNT
LAND, BUILDING AND EQUIPMENT, COST	$435,530,672
LESS: ACCUMULATED DEPRECIATION	(208,285,769)
LAND, BUILDING AND EQUIPMENT, NET	$227,244,903

DEPRECIATION AND AMORTIZATION EXPENSE FOR THE YEAR ENDED SEPTEMBER 30, 2006 WAS $18,972,443.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

INFORMATION REGARDING TRANSFERS TO AND FROM CONTROLLED ENTITIES
FORM 990 SUPPLEMENTAL INFORMATION

NAME OF CONTROLLED ENTITY	DESCRIPTION OF TRANSFER
FH REALTY, INC.	DUE FROM AFFILIATES WAS $21,505 FOR THE YEAR ENDED 9/30/06

FORM 990 - GENERAL EXPLANATION ATTACHMENT

AFFILIATES INCLUDED IN GROUP RETURN

CAPE COD HOSPITAL
27 PARK STREET
HYANNIS, MA 02601
04-2103600

CAPE COD HUMAN SERVICES, INC.
460 WEST MAIN STREET
HYANNIS, MA 02601
04-2323506

CAPE & ISLANDS HEALTH SVCS II, INC.
27 PARK STREET
HYANNIS, MA 02601
04-3572408

CAPE & ISLANDS NURSING HOME CORP. II
850 FALMOUTH ROAD
HYANNIS, MA 02601
04-2985054

FALMOUTH HOSPITAL ASSOCIATION, INC.
100 TER HEUN DRIVE
FALMOUTH, MA 02540
04-2220716

JML CARE CENTER, INC.
184 TER HEUN DRIVE
FALMOUTH, MA 02540
04-2995795

FALMOUTH ASSISTED LIVING, INC.
140 TER HEUN DRIVE
FALMOUTH, MA 02540
22-3379395

V.N.A. OF CAPE COD, INC.
434 ROUTE 134
SOUTH DENNIS, MA 02660
04-2104159

CAPE COD HEALTHCARE FOUNDATION, INC.
27 PARK STREET
HYANNIS, MA 02601

FORM 990 - GENERAL EXPLANATION ATTACHMENT

04-3475950

MEDICAL AFFILIATES OF CAPE COD, INC.
27 PARK STREET
HYANNIS, MA 02601
04-3187299

FUTURE CARE, INC.
434 ROUTE 134
SOUTH DENNIS, MA 02660
04-2881809

WOMEN'S IMAGING CENTER OF CAPE COD
27 PARK STREET
HYANNIS, MA 02601
04-3502480

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
TRANSFER OF NET ASSETS FROM AFFILIATES	388,678.
UNREALIZED GAINS ON UNRESTRICTED INVESTMENTS	1,889,584.
UNREALIZED GAINS ON TEMPORARILY RESTRICTED INVESTMENTS	297,377.
UNREALIZED GAINS ON PERMANENTLY RESTRICTED INVESTMENTS	316,919.
INCLUSION OF WOMEN'S IMAGING CENTER OF CAPE COD, INC.'S NET ASSETS	124,320.
PRIOR PERIOD ADJUSTMENT	449,984.
NET CHANGE IN UNRESTRICTED NET ASSETS	6,669,577.
TOTAL	10,136,439.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
NET ASSETS RELEASED FROM RESTRICTIONS	925,194.
CHANGE IN ACCOUNTING PRINCIPLE	890,494.
TOTAL	1,815,688.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL FEES	17,962,131.	15,754,136.	2,174,348.	33,647.
INSURANCE	6,802,866.	5,770,844.	1,032,022.	
PURCHASED SERVICES	37,924,212.	32,900,254.	5,023,958.	
BAD DEBTS	14,941,097.	12,895,223.	2,045,874.	
ADVERTISING	491,972.	289,795.	202,177.	
UNIFORMS	135,800.	118,412.	17,388.	
COMPUTER EXPENSES	1,762,620.	1,129,097.	592,169.	41,354.
SUBSCRIPTIONS AND TEXTS	461,787.	343,048.	116,397.	2,342.
MEMBERSHIP DUES	837,801.	661,212.	150,982.	25,607.
MOTOR VEHICLE EXPENSES	133,447.	113,395.	20,052.	
LICENSES AND TAXES	647,856.	551,135.	96,689.	32.
FOOD	947,144.	781,563.	165,581.	
PROCEDURE EXPENSES	17,726,169.	15,634,481.	2,091,688.	
STAFF EDUCATION	185,697.	163,545.	22,152.	
PROGRAM SUPPORT	712,035.	711,469.	566.	
DRUG AND FOOD COST	28,519,632.	24,883,921.	3,635,711.	
HOME OFFICE COST	26,000,789.	22,300,130.	3,627,210.	73,449.
M&S EXPENSES	31,296,405.	27,436,440.	3,859,965.	
UTILITIES	5,394,692.	4,699,542.	691,086.	4,064.
RELOCATION	137,197.	120,196.	17,001.	
RECRUITMENT FEES	479,145.	422,606.	56,539.	
MISCELLANEOUS	561,792.	341,381.	90,477.	129,934.
TOTALS	194,062,286.	168,021,825.	25,730,032.	310,429.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ORGANIZE, MANAGE AND DELIVER THE HEALTH CARE RELATED ACTIVITIES FOR THE EXCLUSIVE BENEFIT OF CAPE COD HOSPITAL, AND FALMOUTH HOSPITAL AND ITS OTHER TAX-EXEMPT AFFILIATES, IN FURTHERANCE OF THE EXEMPT PURPOSES OF CAPE COD HEALTHCARE, INC. AND AFFILIATES.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: OTHER RECEIVABLES	
BEGINNING BALANCE DUE	4,963,350.
ENDING BALANCE DUE	2,432,318.
BORROWER: DUE FROM AFFILIATED ENTITIES	
BEGINNING BALANCE DUE	8,485,006.
ENDING BALANCE DUE	17,712,198.
TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	13,448,356.
TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	20,144,516.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
INTERNALLY DESIGNATED INVESTMENTS	25,262,461.	39,759,276.
FUNDS HELD UNDER BOND AGREEMENT / INDENTURE	76,734,729.	41,540,688.
TEMP RESTRICTED INVESTMENTS	22,254,972.	14,804,110.
PERM RESTRICTED INVESTMENTS	12,465,293.	12,600,201.
PERM RESTRICTED IRREVOCABLE TRUST	7,312,788.	7,629,707.
SHORT TERM INVESTMENTS FOUNDATION	NONE	23,006,169.
UNRESTRICTED INVESTMENTS	NONE	7,490.
TOTALS	144,030,243.	139,347,641.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED FINANCING COSTS	7,699,320.	7,200,478.
OTHER ASSETS	8,001,212.	1,133,508.
ASSETS HELD FOR SALE	1,735,063.	NONE
BAY RADIOLOGY GOODWILL	NONE	144,108.
SERIES A SWAP INVESTMENT	NONE	140,713.
SERIES C DISCOUNT	NONE	34,570.
TOTALS	17,435,595.	8,653,377.

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
CCHC SERIES A	41,210,000.	38,710,001.
CCHC SERIES B	15,473,745.	14,458,745.
CCHC SERIES C	43,279,179.	41,815,367.
CCHC SERIES D	65,000,000.	65,000,000.
FH SERIES C	9,650,000.	8,575,000.
FAL SERIES A	6,200,000.	6,100,000.
TOTALS	180,812,924.	174,659,113.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: SERIES A PREMIUM
ORIGINAL AMOUNT: 1,269,000.
DATE OF NOTE: 12/01/2004
MATURITY DATE: 12/01/2007

BEGINNING BALANCE DUE	804,380.
ENDING BALANCE DUE	NONE

LENDER: HEFA 1999
ORIGINAL AMOUNT: 3,955,500.
INTEREST RATE: 4.440000
DATE OF NOTE: 02/01/1999
MATURITY DATE: 02/01/2006
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: EQUIPMENT

BEGINNING BALANCE DUE	324,599.
ENDING BALANCE DUE	NONE

LENDER: HEFA 2001
ORIGINAL AMOUNT: 1,330,150.
INTEREST RATE: 4.760000
DATE OF NOTE: 04/01/2001
MATURITY DATE: 04/01/2009
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: EQUIPMENT

BEGINNING BALANCE DUE	727,288.
ENDING BALANCE DUE	380,335.

LENDER: FH SERIES C PREMIUM
ORIGINAL AMOUNT: 343,500.
DATE OF NOTE: 08/01/2003
MATURITY DATE: 08/01/2006
PURPOSE OF LOAN: EXPANSION

BEGINNING BALANCE DUE	124,250.
ENDING BALANCE DUE	NONE

LENDER: BANKNORTH MORTGAGE
ORIGINAL AMOUNT: 2,943,909.
INTEREST RATE: 5.990000
DATE OF NOTE: 09/01/2003
MATURITY DATE: 09/01/2008
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: CONSOLIDATE MORTGAGE

BEGINNING BALANCE DUE	2,784,360.
ENDING BALANCE DUE	6,519,834.

LENDER: HADAWAY MORTGAGE
ORIGINAL AMOUNT: 8,000,000.
INTEREST RATE: 6.500000
DATE OF NOTE: 01/01/2006
MATURITY DATE: 01/01/2021
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: LAND PURCHASE

BEGINNING BALANCE DUE	7,700,000.
ENDING BALANCE DUE	7,100,000.

LENDER: FH BANKNORTH
ORIGINAL AMOUNT: 4,167,807.
INTEREST RATE: 5.990000
DATE OF NOTE: 09/22/2003
MATURITY DATE: 09/22/2008
SECURITY PROVIDED: SANDWICH AND MASHPEE PROPERTIES
PURPOSE OF LOAN: CONSOLIDATE MORTGAGE

BEGINNING BALANCE DUE	4,047,528.
ENDING BALANCE DUE	NONE

LENDER: ROCKLAND TRUST
INTEREST RATE: 7.700000
DATE OF NOTE: 08/01/2004
MATURITY DATE: 08/01/2009
REPAYMENT TERMS: MONTHLY PAYMENTS OF $3,978
PURPOSE OF LOAN: MORTGAGE REFINANCED FOR BUILDING IN SOUTH DENNIS

BEGINNING BALANCE DUE	51,495.
ENDING BALANCE DUE	5,391.

LENDER: HUD HOME MORTGAGE
ORIGINAL AMOUNT: 183,800.
INTEREST RATE: 8.500000
DATE OF NOTE: 02/01/1981
MATURITY DATE: 02/01/2021
REPAYMENT TERMS: $1,347 MONTHLY PAYMENT FOR 480 MONTHS

BEGINNING BALANCE DUE	138,679.
ENDING BALANCE DUE	NONE

LENDER: CAPITAL LEASE

BEGINNING BALANCE DUE	1,280,271.
ENDING BALANCE DUE	931,614.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	17,982,850.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	14,937,174.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DUE TO AFFILIATES (CURRENT)	15,158,337.	1,062,336.
POOLED INCOME PAYABLE	NONE	64,849.
ESTIMATED SETTLEMENTS DUE TO THIRD-PARTY PAYORS	6,593,871.	8,241,456.
OTHER LIABILITIES	2,495,254.	5,177,799.
DUE TO AFFILIATES	7,516,074.	17,886,506.
TOTALS	31,763,536.	32,432,946.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ROBERT BIRMINGHAM 27 PARK STREET HYANNIS, MA 02601	CHAIRMAN 2	NONE	NONE	NONE
THOMAS WROE, JR. 27 PARK STREET HYANNIS, MA 02601	VICE CHAIR/TREASURER 2	NONE	NONE	NONE
ELEANOR CLAUS 27 PARK STREET HYANNIS, MA 02601	CLERK 2	NONE	NONE	NONE
STEPHEN L. ABBOTT 27 PARK STREET HYANNIS, MA 02601	PRESIDENT & CEO* 40	NONE	NONE	NONE
CRAIG CORNWALL, M.D. 27 PARK STREET HYANNIS, MA 02601	TRUSTEE 2	NONE	NONE	NONE
HOWARD CROW, JR. 27 PARK STREET HYANNIS, MA 02601	TRUSTEE 2	NONE	NONE	NONE
MICHAEL FISHBEIN, M.D. 27 PARK STREET HYANNIS, MA 02601	TRUSTEE 2	NONE	NONE	NONE

*CHAIR PERSON - MEDICAL AFFILIATES OF CAPE COD, INC.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SARALYN MACKENZIE, M.D. 27 PARK STREET HYANNIS, MA 02601	TRUSTEE * 2	296,694.	41,927.	NONE
PHILIP MCLOUGHLIN 27 PARK STREET HYANNIS, MA 02601	TRUSTEE 2	NONE	NONE	NONE
ROBERT MCNUTT, M.D. 27 PARK STREET HYANNIS, MA 02601	TRUSTEE 2	NONE	NONE	NONE
BRIAN O'MALLEY, M.D. 27 PARK STREET HYANNIS, MA 02601	TRUSTEE 2	NONE	NONE	NONE
DONALD O'MALLEY, M.D. 27 PARK STREET HYANNIS, MA 02601	TRUSTEE 2	NONE	NONE	NONE
JENNIFER ROBERTS, ESQ. 27 PARK STREET HYANNIS, MA 02601	TRUSTEE 2	NONE	NONE	NONE
DAVID P. SAMPSON 27 PARK STREET HYANNIS, MA 02601	TRUSTEE 2	NONE	NONE	NONE

* THIS INDIVIDUAL WAS COMPENSATED IN HER CAPACITY AS MEDICAL DIRECTOR OF THE HOSPITALIST PROGRAM, NOT AS A TRUSTEE.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SHEILA VANDERHOEF 27 PARK STREET HYANNIS, MA 02601	TRUSTEE 2	NONE	NONE	NONE
STEPHEN W. MALAQUIAS, M.D. 27 PARK STREET HYANNIS, MA 02601 *PRESIDENT - MEDICAL AFFILIATES OF CAPE COD, INC. UNTIL 12/31/2005.	PRESIDENT* 40	200,114.	37,338.	NONE
STEPHEN J. GUIMOND 27 PARK STREET HYANNIS, MA 02601 *TREASURER - MEDICAL AFFILIATES OF CAPE COD, INC. AND WOMEN'S IMAGING CENTER OF CAPE COD, INC.	TREASURER* 2	NONE	NONE	NONE
JEFFREY S. DYKENS 27 PARK STREET HYANNIS, MA 02601 *CLERK - MEDICAL AFFILIATES OF CAPE COD, INC.	CLERK* 2	NONE	NONE	NONE
ROBERT SANBORN 27 PARK STREET HYANNIS, MA 02601 *TRUSTEE - MEDICAL AFFILIATES OF CAPE COD, INC.	TRUSTEE* 2	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
GEORGE B. ROWLAND, M.D. 27 PARK STREET HYANNIS, MA 02601	TRUSTEE* 2	NONE	NONE	NONE
*TRUSTEE - MEDICAL AFFILIATES OF CAPE COD, INC.				
LINDA HABEEB, M.D. 27 PARK STREET HYANNIS, MA 02601	PRESIDENT* 40	236,635.	39,426.	NONE
*PRESIDENT - MEDICAL AFFILIATES OF CAPE COD, INC. FROM 01/01/2006.				
THOMAS J. MUNDELL 27 PARK STREET HYANNIS, MA 02601	VP OF DEVELOPMENT * 2	NONE	NONE	NONE
*VICE PRESIDENT OF DEVELOPMENT - CAPE COD HEALTHCARE FOUNDATION, INC.				
PATRICIA A. NADLE 27 PARK STREET HYANNIS, MA 02601	COO/CNO*	NONE	NONE	NONE
*COO/CNO - CAPE COD HOSPITAL UNTIL 07/23/2006.				
DIANNE KOLB 27 PARK STREET	PRESIDENT/CEO*	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HYANNIS, MA 02601 *PRESIDENT/CEO - VISITING NURSE ASSOCIATION OF CAPE COD, INC.				
SUSAN M. WING 27 PARK STREET HYANNIS, MA 02601 *CHIEF OPERATING OFFICER - FALMOUTH HOSPITAL ASSOCIATION, INC.	COO *	NONE	NONE	NONE
MARGARET A. HANSON 27 PARK STREET HYANNIS, MA 02601	EXECUTIVE V.P./COO 2	NONE	NONE	NONE
LINDA L. MURTHA 27 PARK STREET HYANNIS, MA 02601 *CLERK - WOMEN'S IMAGING CENTER OF CAPE COD, INC.	CLERK * 2	NONE	NONE	NONE
	GRAND TOTALS	733,443.	118,691.	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CAPE COD HEALTHCARE, INC. 22-2600704 STEPHEN L. ABBOTT 27 PARK STREET HYANNIS, MA 02601	587,820.	145,832.	NONE
CAPE COD HEALTHCARE ,INC. 22-2600704 STEPHEN J. GUIMOND 27 PARK STREET HYANNIS, MA 02601	289,755.	61,331.	NONE
CAPE COD HEALTHCARE, INC. 22-2600704 JEFFREY S. DYKENS 27 PARK STREET HYANNIS, MA 02601	200,311.	38,961.	NONE
CAPE COD HEALTHCARE, INC. 22-2600704 GEORGE B. ROWLAND, M.D. 27 PARK STREET HYANNIS, MA 02601	181,785.	30,856.	NONE
CAPE COD HEALTHCARE, INC. 22-2600704 THOMAS J. MUNDELL 27 PARK STREET HYANNIS, MA 02601	241,078.	72,716.	NONE
CAPE COD HEALTHCARE, INC.			

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
22-2600704 PATRICIA A. NADLE 27 PARK STREET HYANNIS, MA 02601	245,109.	61,045.	NONE
CAPE COD HEALTHCARE, INC. 22-2600704 DIANNE KOLB 27 PARK STREET HYANNIS, MA 02601	163,879.	21,020.	NONE
CAPE COD HEALTHCARE, INC. 22-2600704 SUSAN M. WING 27 PARK STREET HYANNIS, MA 02601	210,130.	63,243.	NONE
CAPE COD HEALTHCARE, INC. 22-2600704 MARGARET A. HANSON 27 PARK STREET HYANNIS, MA 02601	337,570.	56,122.	NONE
GRAND TOTALS	2,457,437.	551,126.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME:	CAPE COD HEALTHCARE, INC.
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	FUTURE CARE, INC.
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	CAPE COD HEALTHCARE FOUNDATION, INC.
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	MEDICAL AFFILIATES OF CAPE COD, INC.
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	CAPE COD HUMAN SERVICES, INC.
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	CAPE AND ISLANDS HEALTH SERVICES II, INC.
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	CAPE AND ISLANDS NURSING HOME CORPORATION II
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	FALMOUTH HOSPITAL ASSOCIATION, INC.
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	JML CARE CENTER, INC.
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	FALMOUTH ASSISTED LIVING, INC.
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	VISITING NURSE ASSOCIATION OF CAPE COD, INC.
EXEMPT: X NONEXEMPT:	

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME:		CAPE COD HOSPITAL
EXEMPT: X	NONEXEMPT:	
RELATED ORGANIZATION NAME:		WOMEN'S IMAGING CENTER OF CAPE COD, INC.
EXEMPT: X	NONEXEMPT:	
RELATED ORGANIZATION NAME:		FH REALTY, INC.
EXEMPT: X	NONEXEMPT:	
RELATED ORGANIZATION NAME:		CAPE COD MEDICAL OFFICE BUILDING, INC.
EXEMPT:	NONEXEMPT: X	
RELATED ORGANIZATION NAME:		CAPE COD CARDIOLOGY SERVICES, L.P.
EXEMPT:	NONEXEMPT: X	
RELATED ORGANIZATION NAME:		CAPE COD CARDIAC CATH, INC.
EXEMPT: X	NONEXEMPT:	
RELATED ORGANIZATION NAME:		CAPE HEALTH INSURANCE COMPANY
EXEMPT:	NONEXEMPT: X	

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
OTHER REVENUE					1,405,818.
CAFETERIA INCOME			03	652,151.	
MEDICAL RECORDS					151,392.
THRIFT SHOP			03	203,896.	
CHILD CARE CENTER	624410	542,467.			
TOTALS		542,467.		856,047.	1,557,210.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
CAPE COD MEDICAL OFFICE BLD. 20 GLEASON ST HYANNIS, MA 02601 04-2423073	100.000000	REAL PROPERTY	14,558.	NONE
TOTAL INCOME			14,558.	NONE

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
GARY L. SHAPIRO, M.D. 27 PARK STREET HYANNIS, MA 02601	PHYSICIAN 40	739,557.	47,722.	NONE
MILAN STOJANOVIC, M.D. 27 PARK STREET HYANNIS, MA 02601	PHYSICIAN 40	525,365.	19,118.	NONE
GILBERT CONNELLY, M.D. 27 PARK STREET HYANNIS, MA 02601	PHYSICIAN 40	415,522.	79,689.	NONE
ROBERT R. MCANAW, M.D. 27 PARK STREET HYANNIS, MA 02601	PHYSICIAN 40	441,644.	43,445.	NONE
DANIEL J. CANADAY, M.D. 27 PARK STREET HYANNIS, MA 02601	PHYSICIAN 40	434,877.	43,340.	NONE
	TOTAL COMPENSATION	2,556,965.	233,314.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
CAPE COD ANESTHESIA ASSOC. 110 MAIN STREET HYANNIS, MA 02601	ANESTHESIA SERVICES	1,233,085.
BRIGHAM & WOMENS HOSPITAL 111 CYPRESS STREET BROOKLINE, MA 02445	HEART PROGRAM	861,987.
THE CARDIOVASCULAR SPECIALISTS 25 MAIN STREET HYANNIS, MA 02601	CARDIOVASCULAR SRVCS	712,220.
THE RITCHIE ORGANIZATION 80 BRIDGE STREET NEWTON, MA 02158	ARCHITECT	686,606.
DELOITTE, LLP 200 BERKLEY STREET BOSTON, MA 02110	ACCOUNTING SERVICES	622,050.
TOTAL COMPENSATION		4,115,948.

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
LINBECK, KENNEDY, AND ROSSI ONE MAGUIRE ROAD LEXINGTON, MA 02421	CONSTRUCTION	29,706,981.
SEMRI, INC. 153 WASHINGTON STREET BELMONT, MA 02478	MOBILE MRI UNIT	2,514,783.
ARAMARK P.O. BOX 33170 NEWARK, NJ 07188	MANAGEMENT SERVICES	2,223,649.
MAYO COLLABORATIVE SERVICES P.O. BOX 149 LYNN, MA 01903	LAB TESTING	2,130,499.
HOSPITAL BILLING AND COLLECTIONS 118 LUKENS DRIVE NEW CASTLE, DE 19720	BILLING & COLLECTION	1,755,663.
TOTAL COMPENSATION		38,331,575.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A

MEDICAL AFFILIATES OF CAPE COD, INC. PAID CAROL MALAQUIAS, THE WIFE OF STEVE MALAQUIAS, M.D., $31,200 FOR RENTAL PAYMENTS ON THE LEASE OF BUILDING SPACE AND $760 FOR LAWN FEES. DR. MALAQUIAS WAS PRESIDENT OF THE MEDICAL AFFILIATES OF CAPE COD, INC. RENTAL PAYMENTS OCCUR ON AN ANNUAL BASIS UNDER THE CONDITIONS OF THIS LONG-TERM LEASE AGREEMENT AND ARE FOR THE FAIR MARKET VALUE OF THE BUILDING SPACE OCCUPIED.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

CAPE COD HOSPITAL ACQUIRED CATHETERIZATION SERVICES FROM CAPE COD CARDIOLOGY SERVICES, L.P. IN THE AMOUNT OF $10,864,157.

MEMBERS OF GOVERNANCE OF THE ORGANIZATION MAY BE AFFILIATED WITH OR MAY BE DIRECTORS OF VARIOUS COMPANIES IN THE COMMUNITY WHICH MAY HAVE A BUSINESS RELATIONSHIP WITH THE ORGANIZATION. PURCHASING DECISIONS ARE NOT MADE BY THESE INDIVIDUALS. ALL TRANSACTIONS ARE MADE WITHIN THE NORMAL COURSE OF BUSINESS AND ARE CONDUCTED AT ARM'S LENGTH.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

FALMOUTH HOSPITAL ASSOCIATON, INC. AND CAPE COD HOSPITAL, INC. PAY MEMBERSHIP DUES TO THE MASSACHUSETTS HOSPITAL ASSOCIATION WHICH MAY ENGAGE IN LOBBYING ACTIVITIES, THEREFORE, A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES.

Pay By Date:

Account Summary	CAPE COD HEALTHCARE INC	XX-XXX0716			
Type of Tax	Period Ending	Assessed Balance	Accrued Interest	Late Payment Penalty	Total
				Total Amount Due	

Type of Tax	Period Ending	Name of Return
990	09-30-2006	RETURN OF ORGANIZATN EXEMPT FROM INC TAX

Form **8868**
(Rev. December 2006)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Cape Cod Healthcare, Inc.	22-2600704
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	27 Park Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Hyannis, MA 02601	

Check type of return to be filed (file a separate application for each return):

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ Stephen J. Guimond

Telephone No. ▶ (508) 957-8540 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ▶ ☐. If it is for part of the group, check this box . . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until May 15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year 20____ or
▶ ☒ tax year beginning October 1, 2005, and ending September 30, 2006.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ None
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ None
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box . . ▶ ☒
  Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (not automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print	Name of Exempt Organization	Employer identification number
	Cape Cod Healthcare, Inc. & Affiliates	90-0054984
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	27 Park Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Hyannis, MA 02601	

Check type of return to be filed (File a separate application for each return)

☒ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ Stephen J. Guimond
  Telephone No ▶ (508) 957-8540 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 3901 . If this is for the whole group, check this box . . ▶ ☒ . If it is for part of the group, check this box. . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until August 15 , 20 07

5 For calendar year ____ , or other tax year beginning October 1 , 20 05 , and ending September 30 , 20 06

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension Additional time is needed to file a complete and accurate return.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$	None
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	None
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$	0.00

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ CPA Date ▶ 05/02/2007

Notice to Applicant. (To Be Completed by the IRS)

- ☐ We **have** approved this application Please attach this form to the organization's return
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- ☐ Other

Director By: Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	
	Name PricewaterhouseCoopers LLP Atten: Joyce Newson
	Number and street (include suite, room, or apt. no.) or a P.O. box number 125 High Street
	City or town, province or state, and country (including postal or ZIP code) Boston, MA 02110