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DLN: 93493061004070

2008

OMB No 1545-0047

Form **990**

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)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A Fo	rthe 2	2008 ca	lendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9		
	•	plicable	Please	C Name of organization COMMUNITY HEALTH CENTER OF CAPE CO	D Inc		D Employer ider	ntification number
_ Add	dress cha	ange	use IRS label or	Doing Business As			04-3370560 E Telephone nu	
Naı	me char	nge	print or type. See	Joing Datimest / 15			·	
Inıt	al retur	'n	Specific Instruc-	Number and street (or P O box if mail is n	ot delivered to street addre	ess) Room/suite	(508) 477-7 G Gross receipts	
Ter	mınatıoı	n	tions.	107 COMMERCIAL STREET				- + -,,
– Am	ended r	eturn		City or town, state or country, and ZIP + 4 MASHPEE, MA 02649	ļ			
App	olication	pending		TWO 11 22, TWV 02015				
				ne and address of Principal Officer		H(a) Is the	s a group return	
				GARDNER OMMERCIAL STREET		affilia	tes?	⊤Yes 🔽 No
			MASHE	PEE,MA 02649		H(b) Are all	l affiliates include	d?
Та	x-exem	pt status	501(c)	(3) ◀ (Insert no)	527	(If "N	o," attach a lıst	See instructions)
W	eb site	e: 🕨 www	w chcofcap	ecod org		H(c) Grou	p Exemption Nur	nber 🗠
С Тур	e of org	anızatıon	Corporat	on trust association other 🕨		L Year of Fo	rmation 1997 M S	State of legal domicile MA
Pa	rt I	Sumi	mary					
				e organization's mission or most signi	ficant activities			
3	1			ITER PROVIDES HEALTH CARE FOR	R UNINSURED AND U	NDER INSUR	ED RESIDENTS	OF THE CAPE COD
₫		ANDSC	DUTHEAST	TERN AREAS OF MASSACHUSETTS				
aovemance	2	Check t	his box [ıf the organizatıon discontinued its op	erations or disposed o	of more than 2	5% of its assets	
5			,	nembers of the governing body (Part \				12
			_	dent voting members of the governing				12
ACIIVIIIES &				nployees (Part V , line 2a)		,		86
\$	6	Total nu	umber of vo	lunteers (estimate if necessary) .		6 _	20	
ŧ	7a	Total gr	oss unrela	ted business revenue from Part VIII,	lıne 12, column (C)		7a _	0
	b	Net unr	elated busi	ness taxable income from Form 990-	T, line 34		7Ь	0
						Prio	or Year	Current Year
an a	8			i grants (Part VIII, line 1h)			2,049,345	2,801,372
eur	9			revenue (Part VIII, line 2g)			2,588,846	3,461,716
Revenue	10			ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c,	•		54,853	7,858
	11 12		•	dd lines 8 through 11 (must equal Par	e	125,022	78,303	
		12)					4,818,066	6,349,249
	13			r amounts paid (Part IX, column (A),	•			0
	14		•	r for members (Part IX, column (A), li			0	
8	15	Salarıe 10)	es, other co	empensation, employee benefits (Part	2,415,572	4,385,353		
Expenses	16a	•	sional fund	raising fees (Part IX, column (A), line			0	
훘	ь	(Total fu	undraising ex	penses, Part IX, column (D), line 25 ³⁶⁴ ,329)			
ш	17	•	_	Part IX, column (A), lines 11a-11d,	11f-24f)		1,491,601	1,475,761
	18	Totale	expenses—	add lines 13–17 (must equal Part IX,	, line 25, column (A))		3,907,173	5,861,114
	19	Reven	ue less exp	enses Subtract line 18 from line 12			910,893	488,135
80 80 80 80 80 80						Beginni	ng of Year	End of Year
364	20	Totala	assets (Par	t X, line 16)			5,985,696	6,413,739
net Assets or Fund Balances	21	Total I	ıabılıtıes (F	Part X, line 26)			517,866	457,774
25	22	Net as	sets or fun	d balances Subtract line 21 from line	20		5,467,830	5,955,965
Pai	rt II	Sign	ature Bl	ock				
				rjury, I declare that I have examined this retu- correct, and complete Declaration of preparer				
Plea	se	****		orners, and compress Decidences of property	(00.10.1 0.1.00.) 10 2 00.0	1	·02-25	
Sign		Signa	ature of office	er		Date		
dere	е			EXECUTIVE DIRECTOR				
		Туре	or print nam	e and title				
		Preparer		uckley CPA		Check If self-	Preparer's PTIN (See Gen Inst)
Paid		signature	F Jonn D	denicy of A		empolyed 🕨 🦵		
-	arer's		ame (or yours	ALEXANDER ARONSON FINNING & CO PC			EIN Þ	_
Jse (Jnly		and ZIP + 4	21 EAST MAIN STREET				
				WESTBORO, MA 01581			Phone no 🕨 (50	08) 366-9100
1ay t	the IRS	S discus	s this retu	rn with the preparer shown above? (Se	ee instructions)			▼Yes 「No

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

	Briefly describe the organization' To provide comprehensive, high		lth care to consumers, rega	rdless of ability to p	pay	
2	Did the organization under the prior Form 990 or 990	0-EZ?		ring the year wh	ıch were not listed on	Yes ▽ No
3	If "Yes," describe these n Did the organization ceas services?	se conducting or ma		ın how it condu	cts any program	⊤Yes ▽ No
	If "Yes," describe these o	hanges on Schedule	e O			
4) organizations and	4947(a)(1) trusts are	required to repo	gest program services by e ort the amount of grants an	
4a	(Code) (Expenses \$	4,442,194 including	grants of \$) (Revenue \$	4,905,860)
4b	(Code	anagement, specialty re	ferrals, and medications, re) (Revenue \$)
4 c	(Code) (Expenses \$	ıncluding g	rants of \$) (Revenue \$)
4d	Other program services	(Describe in Sched	dule O)			
	(Expenses \$	includ	ding grants of \$) (Revenue \$)
4e	Total program service e	xpenses \$	4,442,194 Must	equal Part IX, Lin	ne 25, column (B).	

art IV	Chec	klist (of Re	auire	d Sch	edules
(·	CHEC	NIISL U	JI RE	uune	u Stii	cuules

			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? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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	Yes	
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? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "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, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νo
37	Did the organization conduct more than 5 percent 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		Νo

Pa	art V Statements Regarding Other IRS Filings and Tax	Compliance					
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and	i Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable						
			1a	18			
b	b Enter the number of Forms W-2G included in line 1a Enter -0- if not ap		1ь	0			
	Database and a constitution of the constitutio	_					
С	c Did the organization comply with backup withholding rules for reportab gaming (gambling) winnings to prize winners?		vend	iors and reportable	1c		Νo
2a							
	Statements filed for the calendar year ending with or within the year cov		2a	86			
h	return						
U	Note: If the sum of lines 1a and 2a is greater than 250, you may be required.				2b		Νo
3a	Did the organization have unrelated business gross income of \$1,000	or more during	the y	ear covered by this			
	return?		•		3a		N o
	b If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an expl</i>			ľ	3Ь		
4a	At any time during the calendar year, did the organization have an inte over, a financial account in a foreign country (such as a bank account,						
	account)?		•	· · · ·	4a		Νο
b	b If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TC	F 90-22.1, Repo	ort of	Foreign Bank and			
	Financial Accounts.						
5a	. , .			· · · · · · · · · · · · · · · · · · ·	5a		N o
Ь	b Did any taxable party notify the organization that it was or is a party to	a prohibited ta	ıx sh	elter transaction?	5b		N o
c	c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure	by Tax-Exempt l	Entit	y Regarding Prohibited			
_	Tax Shelter Transaction?		•		5c		
6a					6a		N o
D	b If "Yes," did the organization include with every solicitation an express were not tax deductible?	statement that	t suc	n contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170	D(c).					
а	a Did the organization provide goods or services in exchange for any qui	d pro quo contr	ıbutı	on of \$75 or	7a		Νo
	more?						
	b If "Yes," did the organization notify the donor of the value of the goods	•			7b		
С	c Did the organization sell, exchange, or otherwise dispose of tangible points file Form 8282?			-	7c		Νο
d	d If "Yes," indicate the number of Forms 8282 filed during the year.	1	7d				
		<u> </u>					
е	e Did the organization, during the year, receive any funds, directly or ind				7e		Νο
f	benefit contract?				76 7f		No
' a					71 7g		No
_	h For contributions of cars, boats, airplanes, and other vehicles, did the				<i>'</i> 9		
••	required?	• • • •			7h		Νo
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor ac						
	supporting organizations. Did the supporting organization, or a fund mail excess business holdings at any time during the	ntained by a sp	onso	ring organization, have	_		
	year?				8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor ac	dvised funds.					
а	a Did the organization make any taxable distributions under section 496	6?			9a		
b	b Did the organization make a distribution to a donor, donor advisor, or r	elated person?			9Ь		
10	Section $501(c)(7)$ organizations. Enter						
	a Initiation fees and capital contributions included on Part VIII, line 12		L0a				
b	b Gross receipts, included on Form 990, Part VIII, line 12, for public us	e of club 1	LOP				
	facilities						
11	Section 501(c)(12) organizations Enter	-					
а	a Gross income from members or shareholders	$\cdot \cdot $.				
L	b Gross income from other sources (Do not net amounts due or paid to o	-	L1a				
D	against amounts due or received from them)		L1 Ь				
4.7	- Carting 4047(a)(d) man assessed to be suitable to see a second of the			£ F = 10.443	4.		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization film	ī .	ieu o I	1 FORM 1041/	12a		
D	b If "Yes," enter the amount of tax-exempt interest received or accrued year	1	L2b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstance	es,
	processes, or changes in Schedule O. See instructions.	
a	Enter the number of voting members of the governing body	1 .

а	Enter the number of voting members of the governing body	1a	12
b	Enter the number of voting members that are independent	1b	12
	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?		

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?

- apolitical company of company o
Did the organization make any significant changes to its organizational documents since the prior Form 990 was
filed?

Did the organization become aware during the year of a material diversion of the organization's assets?		
Does the organization have members or stockholders?		

•																										
Does the organiz	atıo	n ha	ave	mei	nbe	rs, s	stoc	kho	lde	rs, c	or ot	her	per	son	s wh	no n	пау	eled	ct o	ne c	r m	ore	me	mbe	rs of	the
governing body?													•			•										

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	he
	year by the following	

Did the organization of	. 0111	emp	oranie	ousi	y uo	Cuiii	ent t	116 111	eetii	iyə ii	elu oi	WILL	ten a	CLIOII	o ui	luell	.are	III u u	41 III 9	LITE	
year by the following																					
the governing hody?																					

		_	•												
b	each comm	nittee	with	authority	to act on b	ehalf of th	e governing l	body?		•			•		
	Does the o	raaniz	zatioi	n have loc	alchanter	hranche	s or affiliate	c ?							

	•	' '	•
b	If "Yes," does the organization	have written policies	and procedures governing the activities of such chapters,
	affiliates, and branches to ens	ure their operations a	are consistent with those of the organization?

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	ŝ
must describe in Schedule O the process, if any, the organization uses to review the Form 990	

			,	,,	3						
11	Is there any officer, director of	trustee,	or key	employe	ee listed in Part V	II, Section A, w	ho cann	ot be	reac	hed	at
	the organization's mailing addi	ess? If "Y	es," p	rovide th	ne names and add	resses in Sched	lule O				

8a	Yes	
8b	Yes	
9a		No
9b		
10	Yes	
11		No

Section B. Policies

10

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

KAREN GARDNER CEO 107 COMMERCIAL STREET MASHPEE, MA 02649 (508) 539-6000

Part VII

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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 the organization did no	t compens	ate any	OHIC	ei, u	mec	ισι, τι	uste	e of key employee		
Check this box if the organization did no	(B)	(C) Position (check all that apply) B) (4 3 5 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							(E) Reportable	(F) Estimated amount of other
(A) Name and Title	Average hours per week	Individual Trustee or Director	stitutional Trustee	Officei	Ke) emplojee	nest compensated Notee	Former	compensation from the organization (W- 2/1099MISC)	compensation from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations

Part VIII Continued

(A) Name and Title	(B) A verage hours per week		that Institutional Trustee	appl		Highest compensatemplosee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total		<u>'</u>	<u>'I</u>	<u>. </u>	<u> </u>	<u>e</u>	 	637,53	4 C	71,321

- Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►5

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Raponi Drywall & Plastering Inc PO Box 3139 POCASSET, MA 02559	LEASEHOLD IMPROVEMENTS	162,933
SVS PROFESSIONAL BILLING SERVICE PO BOX 905 FALMOUTH, MA 02541	MEDICAL BILLING SERVICE	115,231
7 Total number of independent contractors (including those in 1) who received more than \$	100.000 in compensation	

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1	la		Revenue		312, 313, 01 314
## ##	ь	Membership dues					
흔		1	ь ———				
S, €	С	Fundraising events 1	.c				
±g±	d	Related organizations1	d				
E, S	e	Government grants (contributions) 1	e 1,473,938				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above					
a tight	g	Noncash contributions included i					
္မ	h	Innes 1a-1f \$ 4,000 Total (Add lines 1a-1f)	- 1	2,801,372			
			Business Code				
шe	2a	NET PATIENT SERVICE RE	621,110	3,461,716	3,461,716		
ven	ь	-		_,,	_,,.		
윤	c						
MCA	d						
ķ	e						
Program Serwce Revenue	f	All other program service revenu	e				
₽0	g	Total. Add lines 2a-2f					
	3	► \$ 3,461,716 Investment income (including div	vidends interest				
		other similar amounts)	· · · · · · · · · · · · · · · · · · ·	7,858			7,858
	4	Income from investment of tax-exempt	hond proceeds				
			bond proceeds .				
	5	Royalties	(u) Pananal				
	6a	(ı) Real Gross Rents	(II) Personal				
	b	Less rental					
		expenses Rental income					
	d	or (loss) Net rental income or (loss)					
			<u> </u>				
	7-	(i) Securities Gross amount	(II) O ther				
	7a	from sales of assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
A .	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds					
Ģ		\$15,000	10,540				
her	ь	Less direct expenses			66.45-		
ŏ	С	Net income or (loss) from fundrai	sing events .	69,152	69,152		
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
			a				
	b c	Less direct expenses Net income or (loss) from gaming	g activities				
	10a	Gross sales of inventory, less returns and allowances .	_				
	ь	Less cost of goods sold	b				
	С	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a	O ther revenue	900,099	9,151	9,151		
	b		_				
	C		_				
	d	All other revenue					
	e	Total. Add lines 11a-11d	 \$ 9,151				
	12	Total Revenue. Add lines 1h, 2g,		6,349,249	3,540,019	0	7,858
		8c, 9c, 10c, and 11e	▶				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22						
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	274,644	118,097	142,814	13,733		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	3,278,187	2,730,725		209,176		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	50,399	39,491	5,184	5,724		
9	Other employee benefits	500,581	392,798	61,610	46,173		
10	Payroll taxes	281,542	243,026	30,435	8,081		
11	Fees for services (non-employees)						
а	Management						
b	Legal	1,770		1,770	_		
c	Accounting	46,844		46,844	_		
d	Lobbying				_		
е	Professional fundraising See Part IV, line 17						
f	Investment management fees						
g	Other	238,896	88,108	145,398	5,390		
12	Advertising and promotion						
13	Office expenses	147,869	63,866	65,020	18,983		
14	Information technology						
15	Royalties						
16	Occupancy	324,073	150,297	128,200	45,576		
17	Travel	21,452	13,601	6,093	1,758		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials						
19	Conferences, conventions and meetings	37,437	24,723	10,377	2,337		
20	Interest	14,125		14,125			
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	177,287	157,691	17,090	2,506		
23	Insurance	42,832	7,376	35,456			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	MEDICAL SUPPLIES AND SE	210,457	204,593	972	4,892		
	BAD DEBTS	207,794	207,794		·		
c	MISCELLANEOUS	4,925	8	4,917	_		
f	All other expenses						
25	Total functional expenses. Add lines 1 through 24f	5,861,114	4,442,194	1,054,591	364,329		
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. , :		200 (2009)		

Part X	Balance	Sheet

					(A) Beginning of year		(E End o	
	1	Cash—non-interest-bearing			254,451	1	Liid 0	817,568
	2	Savings and temporary cash investments			1,054,986	2		373,198
	3	Pledges and grants receivable, net			867,174	3		956,847
	4	Accounts receivable, net			706,470	4		1,048,131
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		ployees or		5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
92	9	Prepaid expenses and deferred charges			13,182	9		19,209
Assets	10a	Land, buildings, and equipment cost basis	ا ءما	3,493,831				
⋖	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10a	295,045	3,089,433	100		3,198,786
	11	Investments—publicly traded securities		200,040	3,000,400	11		5,150,760
	12	Investments—other securities See Part IV, line 11 Complete Pa		•		12		
	13	Investments—program-related See Part IV, line 11 Complete Part IV, line I		13				
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,985,696	16		6,413,739
	17	Accounts payable and accrued expenses .			225,076	17		333,559
	18	Grants payable				18		
	19	Deferred revenue			19		15,375	
	20	Tax-exempt bond liabilities				20		
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties			292,790	23		108,840
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			517,866	26		457,774
s e s		Organizations that follow SFAS 117, check here ► ✓ and complet hrough 29, and lines 33 and 34.	ete line:	s 27				
Balance	27	Unrestricted net assets			4,296,967	27		4,570,232
Ba	28	Temporarily restricted net assets			1,170,863	28		1,226,317
돧	29	Permanently restricted net assets				29		159,416
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	d comple	te				
	30	Capital stock or trust principal, or current funds				30		
Assets	31 Paid-in or capital surplus, or land, building or equipment fund							
	32	Retained earnings, endowment, accumulated income, or other fur		32				
Net	33	Total net assets or fund balances			5,467,830	33		5,955,965
	34	Total liabilities and net assets/fund balances			5,985,696	34		6,413,739
Pa	rt XI	Financial Statements and Reporting				_		
1	۸ ۵۵۵	unting method used to prepare the Form 990	a c c rua l	C other			Yes	No

Dort VI	Einancial C	tatamanta	nd Reporting
7. 1 - 2. 4 - 1	- Financiai 3	TATEMPORTS A	nn kennetinn

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	_

As Filed Data -

DLN: 93493061004070

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-F7. See separate instructions.

Employer identification number Name of the organization COMMUNITY HEALTH CENTER OF CAPE COD Inc. 04-3370560 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) organization is not a private foundation because it is (Please check only **one** organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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 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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). 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) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) 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) 10 An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated d Type III - Other By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11q(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Provide the following information about the organizations the organization supports h

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		organization in col (i) of support		inization i) of your	organiz	s the ation in organized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No		
Total										

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box o	11 lifte 5, 7, or	8 OF Part 1.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,628,572	2,045,267	3,442,862	2,049,345		2,797,372	11,963,418
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 line 1-3	1,628,572	2,045,267	3,442,862	2,049,345		2,797,372	11,963,418
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							572,726
6	(f) Public Support subtract line 5 from line							
U	4							11,390,692
T	otal Support		L	l			<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,628,572	22,751	3,442,862	2,049,345	\ _ <i>/</i>	2,797,372	11,963,418
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	12,525	22,751	60,110	55,949		7,858	159,193
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		494	1,565	1,765		9,151	12,975
11	Total Support (Add lines 7 through 10)							12,135,586
12	Gross receipts from related activities, etc	(See instruction	s)	•	•	12		
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		93.860 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		93.960 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp d not check the	orted organızatı box on line 13 o	on r 16a, and line 1	·			
17a	box and stop here. The organization qualifie 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "fac	If the organizations to the community of	on did not check ances" test, che	a box on line 1: eck this box and	stop here. Exp	laın ın	Part IV ho	w the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	If the organization	on did not check	a box on line 1	3, 16a, 16b, or	17a ar	nd line 15	
18	the organization meets the "facts and circu Private Foundation. If the organization did	ımstances" test	The organization	n qualifies as a	publicly suppor	ted or	ganızatıon	►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization COMMUNITY HEALTH CENTER OF CAPE COD Inc

		04-3370560
		Funds or Accounts. Complete if the
organization answered tes to FOITH	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate Contributions to (during year)		
Aggregate Grants from (during year)		
Aggregate value at end of year		
		onor advised Yes No
, ,	5 5	•
t III Conservation Easements. Complet	e if the organization answered "Yes"	to Form 990, Part IV, line 7.
Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space	ation or pleasure) Preservation of a	en historically importantly land area
on the last day of the tax year	alified conservation contribution in the for	Held at the End of the Yea
Total number of concernation accoments		2a
		2b
·		
	` ,	2c
Number of conservation easements included in (:) acquired after 8/17/06	2d
Number of conservation easements modified, tran	sferred, released, extinguished, or termina	ted by the organization during
the taxable year 🕨		
Number of states where property subject to conse	rvation easement is located ►	
		olations, and
Staff or volunteer hours devoted to monitoring, ins	pecting and enforcing easements during th	ne year 🟲
A mount of expenses incurred in monitoring, inspec	cting, and enforcing easements during the	year ►\$
Does each conservation easement reported on lin $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	e 2(d) above satisfy the requirements of se	ection Yes No
balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financi ements	al statements that describes
		, or Other Similar Assets.
art, historical treasures, or other similar assets he	eld for public exhibition, education or resea	rch in furtherance of public service,
historical treasures, or other similar assets held fo	or public exhibition, education, or research	
(i) Revenues included in Form 990, Part VIII, line	1	▶ \$
(ii) Assets included in Form 990, Part X		► \$
		for financial gain, provide the
Revenues included in Form 990, Part VIII, line 1		► \$
Assets included in Form 990 Part Y		▶- \$
	Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor acfunds are the organization's property, subject to the Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bimpermissible private benefit? **II** Conservation Easements.* Complet* Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre	Total number at end of year Aggregate Contributions to (during year) Aggregate Contributions to (during year) Aggregate Value at end of year Did the organization inform all dinors and donor advisors in writing that the assets held in de funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in de funds are the organization inform all grantees, donors, and donor advisors in writing that grant fund used only for charitable purposes and not for the benefit of the donor or donor advisor or othe impermissible private benefit? Purpose(s) of conservation easements. Complete if the organization answered "Yes" Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the for on the last day of the tax year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or termina the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, vice inforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the Does each conservation easement reported on line 2(d) above satisfy the requirements of so 170(h)(4)(B)(ii) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue at balance sheet, and include, if applicable, the text of the footnote to the organization's financial the organization's accounting for conservation easements If the organization leacted, as permitted under SFAS 116, not to report in its revenue stat

Cat No 52283D

Part	Organizations Maintaining Co	llections of Art, His	stor	<u>ical Treas</u>	ures, or Othe	<u>r Similar Ass</u>	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any of t	he fo	llowing that a	re a sıgnıfıcant u	se of its collecti	on	
а	Public exhibition	d	Γ	Loan or exc	change programs			
b	Scholarly research	е	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain ho	w the	ey further the	organization's ex	empt purpose ır		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to					ılar F	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an ar				anızatıon answ	ered "Yes" to	Form 9	90,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other intermediary	/ for (contributions	or other assets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table						
						A me	ount	
С.	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 Fo)			Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XI\							
Pa	rt V Endowment Funds. Complete						/-\Fa\	/aara Daak
1-	Beginning of year balance	(a)Current Year (b)Prior	real (c)	wo Years Back (d)	Three Years Back	(e)rour	ears back
1a b	Contributions	159,416						
c	Investment earnings or losses	0						
d	Grants or scholarships	0						
e	Other expenditures for facilities and programs	0						
f	Administrative expenses	0						
g	End of year balance	159,416						
2	Provide the estimated percentage of the year	r end halance held as						
- a	Board designated or quasi-endowment	r end barance nerd as						
ь	Permanent endowment ► 100 000 %							
	remanent endowment F							
c 3a	Term endowment	ssion of the organization	that	are held and	administered for	the		
Ja	organization by	ssion of the organization	tilat	are nela ana	administered for	tile	Yes	No
	(i) unrelated organizations					3a(i)	Νο
	(ii) related organizations					3a(ii)	Νo
b	If "Yes" to 3a(II), are the related organization	ns listed as required on	Sche	dule R? .		3b		
4	Describe in Part XIV the intended uses of th							
Par	t VI Investments—Land, Buildings	s, and Equipment. S	See	Form 990, F	Part X, line 10.			
	Description of investment			a) Cost or other sıs (ınvestment)		(c) Depreciation	(d) B	ook value
1a	Land							
b I	Buildings				2,800,272	169,491		2,630,781
c I	Leasehold improvements				206,713	12,832		193,881
d I	Equipment				357,799	60,796		297,003
_e	Other	<u> </u>			129,047	51,926		77,121
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, column (B), line	e 10(c).) .				3,198,786
						Schedule D	(Form 9	990) 200

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Par	t XII Reconciliation of Cl	hange in Net Assets from Fori	n 990 to	Financial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)			1	6,349,249
2	Total expenses (Form 990, Par	2	5,861,114			
3	Excess or (deficit) for the year Subtract line 2 from line 1					488,135
4	Net unrealized gains (losses) or	n investments			4	
5	Donated services and use of fac	cilities			5	
6	Investment expenses				6	
7	Prior period adjustments				7	
8	Other (Describe in Part XIV)				8	
9	Total adjustments (net) Add Iir	nes 4 - 8			9	0
10	Excess or (deficit) for the year	per financial statements Combine line	s 3 and 9		10	488,135
Par		evenue per Audited Financial		ents With Revenue	per R	eturn
1	Total revenue, gains, and othe	r support per audited financial stateme	nts		. 1	6,561,755
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	ments	. 2a			
b	Donated services and use of fa	acılıtıes	. 2b	212,506		
c	Recoveries of prior year grants		. 2c			
d	Other (Describe in Part XIV)		. 2d			
e	Add lines 2a through 2d .		.		2e	212,506
3	Subtract line 2e from line 1 .				3	6,349,249
4	A mounts included on Form 990	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIV)		4b			
c	Add lines 4a and 4b				4c	0
5	Total Revenue Add lines 3 and	d 4c. (This should equal Form 990, Par	t I, line 12)	5	6,349,249
Part	XIII Reconciliation of Ex	xpenses per Audited Financia	l Statem	ents With Expense	s per	Return
1	Total expenses and losses per	audited financial statements			1	6,073,620
2	A mounts included on line 1 but	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	acilities	2a	212,500	5	
b	Prior year adjustments		. 21)		
c	Losses reported on Form 990,	Part IX, line 25	20	:		
d	Other (Describe in Part XIV)		. 20	1		
e	Add lines 2a through 2d				2e	212,506
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	5,861,114
4	Amounts included on Form 990	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	4a	1		
b	Other (Describe in Part XIV)		. 41)		
c	Add lines 4a and 4b				4c	0
5		nd 4c. (This should equal Form 990, Pa	rt I, line 1	8)	5	5,861,114
Par	t XIV Supplemental Inf	ormation				
		scriptions required for Part II, lines 3, 9 , Part XII, lines 2d and 4b, and Part XI			Part XIV	, lines 1b and 2b,
	Ident if ier	Return Reference		Explana	t ion	

As Filed Data -

Supplemental Information Regarding

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

DLN: 93493061004070

OMB No 1545-0047

2008

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Fundraising or Gaming Activities

Open to Public

Internal Revenue Service lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Inspection																		
Name of the organization COMMUNITY HEALTH C	ENTER OF CAPE COD Inc	:			Employer ide 04-3370560	ntification number												
Part I Fundraisir	ng Activities. Complete	a if the or	raanizat	non answered "Ves"														
					·	, iiile 17.												
—	e organization raised funds	through ar	ny of the	·														
a Mail solicitation b Email solicitation				,	non-government grants government grants													
c Phone solicitation				g Special fundrais														
d In-person solici	tations				Š													
	n have a written or oral agre sted in Form 990, Part VII)					Γ Yes Γ No												
	highest paid individuals or at least \$5,000 by the orga																	
(i) Name of individu or entity (fundraise	I (III) A CTIVITY	(iii) Did fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No															
 Total	1		<u> </u>															
				•	•	•												

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1 Summer by the Sea (event type)	(b) Event #2 Golf Tournament (event type)	(c) O ther Events 1 (total number)	(d) Tot (Add col col		
9	1	Gross receipts	61,259	40,820	14,197		110	6,276
Revenue	2	Less Charitable contributions	10,540				10	0,540
	3	Gross revenue (line 1 minus line 2)	50,719	40,820	14,197		10!	5,736
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
ற் ந	7	Other direct expenses	13,462	14,721	8,401		36	6,584
Direct	8	Direct expense summary Add lin	-	• •				6,584
	9	Net income summary Combine III						9,152
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		Yes" to Form 990, Pa	rt IV, line 19, or repo	rtea mor	e tnan	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
	1	Gross revenue						
968	2	Cash prizes						
Expenses	3	Non-cash prizes						
ញ ស្គ	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes <u> </u>	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (ı	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)				
9		er the state(s) in which the organiza	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			Yes	No
a b		he organization licensed to operate No," Explain	gaming activities in each	of these states /		· 9a		
10a		re any of the organization's gaming l	ıcenses revoked, suspen	ded or terminated during	the tax year?	10a		
Ь	11	Yes," Explain						
11	— Doe	es the organization operate gaming a	activities with nonmembe	rs?				
12	Ist	he organization a grantor, beneficial	ry or trustee of a trust or	a member of a partnersh	ıp or other entity			
	forn	ned to administer charitable gaming	?			12		

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L5a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	L7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	-, -		

As Filed Data -

DLN: 93493061004070

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization
COMMUNITY HEALTH CENTER OF CAPE COD Inc

Employer identification number

04-3370560

Pa	art I Questions Regarding Compensation				
				Yes	Νo
1a	Check the appropiate box(es) if the organization provided a 990, Part VII, Section A, line 1a Complete Part III to prov				
	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 line 1a is checked, did the organization follow a written po provision of all the expenses described above? If "No," con		1b		
2	Did the organization require substantiation prior to reimburg officers, directors, trustees, and the CEO/Executive Direct		2		
3	Indicate which, if any, of the following the organization uses organization's CEO/Executive Director Check all that appl				
	▼ Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplemental nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a compensation contingent on the revenues of	, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	,		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a compensation contingent on the net earnings of	, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, line 1a payments not described in lines 5 and 6? If "Yes," describe		7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or a subject to the initial contract exception described in Regs in Part III		8		Νο

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

	1				1			
(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	i) Other pensation benefits		(B)(ı)-(D)	990 or Form 990-EZ	
LISA TAYLOR (I) 152,452)					152,452	155,347	
(ii)							
(i))							
(ii)							
(i))							
(ii)							
(i))							
(ii)							
(i))							
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
(ii)							

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
-		
	·	

DLN: 93493061004070

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Non-Cash Contributions

Attach to Form 990 Internal Revenue Service Name of the organization COMMUNITY HEALTH CENTER OF CAPE COD Inc

Employer identification number

					04-3370560			
Pa	rt I Types of Property	T		1				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of do reven	etermı	nıng	
1	Art—Works of art	аррпсавіе		l id				
2	Art—Historical treasures							
3								
4	Books and publications							
_	Clothing and household							
	goods							
	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation							
	contribution (other)							
15								
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
24	Archeological artifacts							
25	medical Other (describe supplies)	×	1	4,000	Fair market value			
	Other (describe)			4,000	raii illarket value			
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received	l hy the ora	anization during the tax ve	ar for contributions for				
	which the organization complete		= -	ar for contributions for	29			
	Acknowledgement							
							Yes	No
30a	During the year, did the organization hold for at	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must			
	least three years from the date of	of the initial	contribution, and which is	not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif	t acceptano	ce policy that requires the	review of any non-standard	contributions?	31		Νο
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
h	If "Yes", describe in Part II							
33	If the organization did not report	: revenues i	n Column (c) for a type of r	property for which Column (a	a)ıs			
	checked, describe in Part II		(2,,55 = 5,75 = 6,7	,,	,			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.					
Identifier	ReturnReference	Explanation			
240111111	Notal III Colored	Explanation			
	1	1			

As Filed Data -

DLN: 93493061004070

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE 0

Department of the Treasury

(Form 990)

► Attach to Form 990. To be completed by organizations to provide additional information for

Supplemental Information to Form 990

responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
COMMUNITY HEALTH CENTER OF CAPE COD Inc

Employer identification number

04-3370560

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 draft will be reviewed by the CEO and CFO and presented to the Finance Committee for review and recommendation to the full board. The CFO will present a 990 Summary to the Board and a full copy of the 990 will be made available at the board's request. The full board will vote to approve

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		All new Board members are provided a copy of the conflict of interest policy and asked to review and sign. Annually, each Board member receives another copy of the policy for review and signature

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE HUMAN RESOURCES COMMITTEE BASED ON THE MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS DATA

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Board documents such as meeting minutes, financial statements, and key organizational policies and documents are filed centrally in the administrative suite. Hard copies are maintained for public access, upon request. Personnel presenting to the health center, or submitting a written inquiry for public information are directed to the Chief Executive Officer.

ldentifier	Return Reference	Explanation
		THE ORGANIZATION HAS AN AUDIT AND FINANCE COMMITTEE WHICH REVIEWS THE FINANCIAL STATEMENTS