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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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

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

C Name of organization
CAPE COD HEALTHCARE INC & AFFILIATES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
25 COMMUNICATION WAY

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

D Employer identification number
90-0054984

E Telephone number
(508) 957-8540

G Gross receipts $ 612,615,156

F Name and address of Principal Officer
RICHARD F SALLUZZO MD
25 COMMUNICATION WAY
HYANNIS,MA 02601

H(a) Is this a group return for affiliates? [x] Yes [ ] No

H(b) Are all affiliates included? [x] Yes [ ] No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶ 3901

I Tax-exempt status [x] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Web site: ▶ WWW CAPECODHEALTH org

K Type of organization [x] Corporation [ ] trust [ ] association [ ] other ▶

L Year of Formation

M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of employees (Part V, line 2a)	**5**	5,176
6	Total number of volunteers (estimate if necessary)	**6**	845
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	7,948,052
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,043,264

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	58,546,948	16,339,668
9	Program service revenue (Part VIII, line 2g)	555,411,584	592,222,801
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,043,514	1,519,316
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,026,936	204,218
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	626,028,982	610,286,003

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	308,759,693	327,414,130
16a	Professional fundraising fees (Part IX, column (A), line 11e)	709,667	2,000
b	(Total fundraising expenses, Part IX, column (D), line 25 2,891,587)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	286,932,367	258,341,850
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	596,401,727	585,757,980
19	Revenue less expenses Subtract line 18 from line 12	29,627,255	24,528,023

Expenses

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	624,760,937	648,356,695
21	Total liabilities (Part X, line 26)	296,599,366	303,654,097
22	Net assets or fund balances Subtract line 21 from line 20	328,161,571	344,702,598

Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

▶ Signature of officer — Date: 2010-08-12

▶ MICHAEL L CONNORS SR VP OF FINANCE/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ PRICEWATERHOUSECOOPERS LLP	Date	Check if self-empolyed ▶ [ ]	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PricewaterhouseCoopers LLP 125 High Street Boston, MA 02110			EIN ▶ Phone no ▶ (617) 530-5000

May the IRS discuss this return with the preparer shown above? (See instructions) [x] Yes [ ] No

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 521,108,389 including grants of $) (Revenue $ 592,511,070)

PATIENT SERVICES - ALSO SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 521,108,389 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization 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		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
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		No
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) 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			
a	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 IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	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**	Yes	
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? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *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**		No
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**		No

Part 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 Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	1,192		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	5,176		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*			2b Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*			5c	
6a	Did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?			7a Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 15		
b	Enter the number of voting members that are independent . .	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

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

Section C. Disclosure

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

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

☐ own website ☐ another's website ☑ upon request

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

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

MICHAEL L CONNORS
25 COMMUNICATION WAY
HYANNIS, MA 02601
(508) 957-8540

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 not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	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 ▶								4,450,501	5,965,022	933,450

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 357

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JK SCANLON CO INC 15 RESEARCH ROAD EAST FALMOUTH, MA 02536	CONSTRUCTION	10,619,343
SEMRI INC 153 WASHINGTON STREET BELMONT, MA 02478	MRI SERVICES	3,936,986
MAYO COLLABORATIVE SERVICES INC PO BOX 9146 MINNEAPOLIS, MN 554809146	LAB SERVICES	2,049,529
BRIGHAM WOMEN'S PHYSICIANS PO BOX 414105 BOSTON, MA 022414105	PHYSICIAN SERVICES	2,038,969
ARAMARK SERVICE MASTER FACILITY PO BOX 33170 NEWARK, NJ 07188	MANAGEMENT SERVICES	1,561,201

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 82

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	251,293	12,600	238,693	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	839,463	808,860	30,603	
7	Other salaries and wages	250,701,653	218,373,411	30,603	1,514,985
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,340,092	6,338,375	931,173	70,544
9	Other employee benefits	49,754,226	43,334,087	6,175,427	244,712
10	Payroll taxes	18,527,403	16,169,912	2,261,341	96,150
11	Fees for services (non-employees)				
a	Management	5,436,575	4,645,553	791,022	
b	Legal	377,309		377,309	
c	Accounting	718,543		718,543	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	2,000			2,000
f	Investment management fees	0			
g	Other	41,980,951	35,862,080	6,084,297	34,574
12	Advertising and promotion	396,139	296,413	29,995	69,731
13	Office expenses	2,509,712	2,157,856	338,715	13,141
14	Information technology	4,741,010	4,119,489	606,022	15,499
15	Royalties	0			
16	Occupancy	11,542,015	10,001,134	1,540,881	
17	Travel	1,872,853	1,796,560	60,156	16,137
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	208,435	183,851	24,584	
20	Interest	8,244,410	7,061,269	1,183,141	
21	Payments to affiliates	28,034,653	23,840,833	3,948,820	245,000
22	Depreciation, depletion, and amortization	23,490,119	20,282,610	3,198,491	9,018
23	Insurance	1,488,576	1,298,883	189,693	
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)				
a	MEDICAL SUPPLIES	81,179,430	81,179,430		
b	BAD DEBTS	23,006,879	23,006,879		
c	SUPPLIES	4,299,891	3,674,257	625,634	
d	LEASING AND RENTALS	3,567,568	3,104,901	462,667	
e	PREVENTATIVE MAINTENANCE	3,119,461	2,750,036	369,425	
f	All other expenses	12,127,321	10,809,110	758,115	560,096
25	**Total functional expenses.** Add lines 1 through 24f	585,757,980	521,108,389	61,758,004	2,891,587
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				

Part VIII **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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 76,887				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 1,513,648				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 14,749,133				
	g	Noncash contributions included in lines 1a-1f $ 5,033,617				
	h	**Total (Add lines 1a-1f)** ▶	16,339,668			
Program Service Revenue		Business Code				
	2a	PATIENT SERVICE REVENUE	900,099	575,212,932	575,212,932	
	b	LABORATORY SERVICES	621,500	10,091,510	2,645,185	7,446,325
	c	OCC HEALTH SERVICES	900,099	627,289	627,289	
	d	CHILDCARE CENTER REVENUE	624,410	501,727		501,727
	e	EDUCATIONAL PROGRAMS	900,099	75,871	75,871	
	f	All other program service revenue		5,713,472	5,713,472	
	g	**Total. Add lines 2a-2f** ▶ $ 592,222,801				
Other Revenue	3	Investment income (including dividends, interest other similar amounts) ▶	1,201,856			1,201,856
	4	Income from investment of tax-exempt bond proceeds ▶	275,404	275,404		
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents 2,153,899				
	b	Less rental expenses 2,258,818				
	c	Rental income or (loss) -104,919				
	d	Net rental income or (loss) ▶	-104,919			-104,919
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 69,166				
	b	Less cost or other basis and sales expenses 27,110				
	c	Gain or (loss) 42,056				
	d	Net gain or (loss) ▶	42,056			42,056
	8a	Gross income from fundraising events (not including $ 11,400 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 76,887				
	b	Less direct expenses b 43,225				
	c	Net income or (loss) from fundraising events ▶	-31,825			-31,825
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	CAFETERIA INCOME 900,099	328,097			328,097
	b	MEDICAL RECORDS 900,099	12,865	12,865		
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 340,962				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	610,286,003	584,563,018	7,948,052	1,435,265

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		18,600,572	1	20,194,799
	2	Savings and temporary cash investments		60,978,226	2	25,849,339
	3	Pledges and grants receivable, net		16,068,410	3	13,397,981
	4	Accounts receivable, net		76,810,030	4	67,510,001
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		33,297,037	7	810,279
	8	Inventories for sale or use		6,255,716	8	7,381,847
	9	Prepaid expenses and deferred charges		3,867,253	9	2,853,439
	10a	Land, buildings, and equipment cost basis	10a 527,573,742			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 275,428,250	254,008,088	10c	252,145,492
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		145,040,592	12	184,265,258
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		9,835,013	15	73,948,260
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		624,760,937	16	648,356,695
Liabilities	17	Accounts payable and accrued expenses		68,246,914	17	63,683,627
	18	Grants payable			18	
	19	Deferred revenue		1,256,620	19	45,335
	20	Tax-exempt bond liabilities		169,227,884	20	160,134,183
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		25,071,884	23	20,843,004
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		32,796,064	25	58,947,948
	26	**Total liabilities.** *Add lines 17 through 25*		296,599,366	26	303,654,097
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		231,720,431	27	250,855,651
	28	Temporarily restricted net assets		71,928,497	28	68,638,175
	29	Permanently restricted net assets		24,512,643	29	25,208,772
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		328,161,571	33	344,702,598
	34	Total liabilities and net assets/fund balances		624,760,937	34	648,356,695

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			No
b	Were the organization's financial statements audited by an independent accountant?	2b			No
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			
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	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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)

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

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

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

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

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

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

h Provide the following information about the organizations the organization supports

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

Part II **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.)

Public Support

Calendar 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 ")						
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						
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 (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

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

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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 ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	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 ☐

b **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 ☐

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

Part IV **Supplemental Information.** Complete this part to provide the 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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization	Employer identification number
CAPE COD HEALTHCARE INC & AFFILIATES	90-0054984

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

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

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

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

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

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

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

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

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

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation
PART II-B, LINE 1I	FALMOUTH HOSPITAL ASSOCIATION, INC AND CAPE COD HOSPITAL PAY MEMBERSHIP	DUES TO THE MASSACHUSETTS HOSPITAL ASSOCIATION AND AMERICAN HOSPITAL ASSOCIATION WHICH MAY ENGAGE IN LOBBYING ACTIVITIES, THEREFORE, A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

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

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

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

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

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

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

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

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

		Held at the End of the Year
a Total number of conservation easements	2a	1
b Total acreage restricted by conservation easements	2b	13 07
c Number of conservation easements on a certified historic structure included in (a)	2c	0
d Number of conservation easements included in (c) acquired after 8/17/06	2d	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

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

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶ 1 00

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ 400

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	31,217,343				
b	Contributions	760,805				
c	Investment earnings or losses	148,865				
d	Grants or scholarships					
e	Other expenditures for facilities and programs	743,018				
f	Administrative expenses					
g	End of year balance	31,383,995				

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 %
- c Term endowment ▶

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		19,442,784		19,442,784
b Buildings		263,385,051	92,658,883	170,726,168
c Leasehold improvements		4,319,271	2,568,122	1,751,149
d Equipment		223,730,995	173,850,192	49,880,801
e Other		16,695,224	6,351,051	10,344,590
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				252,145,492

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other INVESTMENTS	23,365,955	F
Other AGREEMENT / INDENTURE	16,074,212	F
Other TEMP RESTRICTED INVESTMENTS	22,662,704	F
Other BENEFICIAL INTEREST	15,877,516	F
Other PERM RESTRICTED INVESTMENTS	17,681,973	F
Other TRUST	7,526,799	F
Other FOUNDATION	76,146,825	F
Other UNRESTRICTED INVESTMENTS	4,800,986	F
Other HUD RESERVES	128,288	F
Other See Additional Data		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	184,265,258	

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

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

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

(a) Description	(b) Book value
DUE FROM AFFILIATES	44,551,396
NET DEFFERED FINANCING COSTS	5,614,228
OTHER ASSETS	3,803,787
GOODWILL	6,315,586
EST SETTLEMENTS W/ 3RD PARTIES	5,373,174
CHILD & ADOL ASSESSMENT CTR	27,876
LIFE INSURANCE PREMIUM	9,909
REMAINDER TRUST	3,722,388
BART TOMBILINSON IRA	4,448,905
HERB WILLETT PIF PROCEEDS	81,011
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	73,948,260

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
FHA SERIES A SWAP INVESTMENT	155,666
FHA ABANDONED PROPERTY LIABILITY	75,278
DUE TO AFFILIATES	46,508,230
EST SETTLEMENTS WITH 3RD PARTIES	3,134,656
OTHER LONG-TERM LIABILITIES	8,993,872
POOLED INCOME FUND LIABILITY	80,246
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	58,947,948

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE D, PART II, LINE 9	THE CONSERVATION EASEMENT IS INCLUDED IN LAND ON THE BALANCE SHEET IN	PART X, LINE 10 SCHEDULE D, PART V, LINE 4 THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO FURTHER THE HEALTHCARE MISSION OF CAPE COD HEALTHCARE AND AFFILIATES PART X THE ORGANIZATION DOES NOT HAVE A FIN 48 FOOTNOTE AS ANY UNCERTAIN TAX POSITIONS WERE DEEMED IMMATERIAL

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

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

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

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

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean	1		Program Services	CAPTIVE INSURANCE	3,073,113
Totals . . . . . ▶	1				3,073,113

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation
SCHEDULE F, PART I, COLUMN F		EXPENSES ARE CODED IN THE GENERAL LEDGER TO THE CAPTIVE INSURANCE COMPANY

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 90-0054984
Name: CAPE COD HEALTHCARE INC & AFFILIATES

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total			▶			

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 SUMMER GALA (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	88,287			88,287
	2 Less Charitable contributions	76,887			76,887
	3 Gross revenue (line 1 minus line 2)	11,400			11,400
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs	11,180			11,180
	7 Other direct expenses	32,045			32,045
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				43,225
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-31,825

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
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? **15a**		
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		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
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 ▶ $		

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

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

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

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

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
CAPE COD HOSPITAL 27 PARK STREET HYANNIS,MA 02601	X	X					X		
FALMOUTH HOSPITAL INC 100 TER HEUN DRIVE FALMOUTH,MA 02540	X	X					X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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

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

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Questions Regarding Compensation

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

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

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I	LINE 1A	Tax indemnification and gross-up payments - Dr Gilbert Connelly received tax-gross up payments during calendar year 2008 which were included in his taxable compensation LINE 1B A WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OR PROVISION OF EXPENSES PROVIDED IN SCHEDULE J, PART I, LINE 1A HAS BEEN ADOPTED FOR CALENDAR YEAR 2009 LINE 4A Margaret A Hanson received payments of $504,352 pursuant to a severance agreement that provided 1) a lump sum payment equal to 18 months salary, 2) salary continuance for 15 weeks, and 3) certain other benefits available under CCH Early Retirement Plan Richard Kropp received severance payments of $61,495, equal to 3 months salary and the continuation of employee benefits during the severance period LINE 4B 457(F) CAPE COD HEALTHCARE, INC AND AFFILIATES SPONSORS A 457(F) VOLUNTARY PERSONAL DEFERRAL PLAN ("THE PLAN") FOR KEY EMPLOYEES VESTING IS DEFERRED FOR AT LEAST TWO YEARS FROM THE DATE OF THE AWARD THE PLAN OFFERS PARTICIPATING EMPLOYEES AN ANNUAL DEFERRAL OF CASH COMPENSATION AMOUNTS DEFERRED UNDER THE PLAN WERE MARGARET A HANSON - $27,278 STEPHEN G GUIMOND - $103,986 MICHAEL G JONES - $13,755 RICHARD P KROPP, JR - $22,514 THOMAS MUNDELL - $78,609 GILBERT CONNELLY, MD - $227,051 LINE 4B CAPE COD HEALTHCARE, INC AND AFFILIATES ADOPTED THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("THE PLAN") FOR STEPHEN L ABBOTT, STEPHEN J GUIMOND, AND GILBERT CONNELLY THE PLAN VESTS AT THE EARLIEST OF THE EMPLOYEE REACHING 1) AGE 68, 2) DISABILITY, OR 3) 24 MONTHS FOLLOWING UNVOLUNTARY SEPARATION WITHOUT CAUSE OR VOLUNTARY SEPARATION PROVIDED THAT THE EMPLOYEE DOES NOT ENTER INTO COMPETITION WITH THE COMPANY AMOUNTS DEFERRED UNDER UNDER THE PLAN WERE STEPHEN L ABBOTT - $1,518,427 STEPHEN J GUIMOND - $5,806 GILBERT CONNELLY - $40,000 The individuals reported in Schedule J, Part I and Schedule J-2 as being paid from a related organization were employees of, and compensated by Cape Cod Healthcare, Inc , the parent corporation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 90-0054984
Name: CAPE COD HEALTHCARE INC & AFFILIATES

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
STEPHEN L ABBOTT	(I)	0	0	0	0	0	0	0
	(II)	341,096	0	1,687,846	92,196	15,409	2,136,547	0
STEPHEN J GUIMOND	(I)	0	0	0	0	0	0	0
	(II)	333,811	0	237,150	36,388	27,204	634,553	0
JEFFREY S DYKENS	(I)	0	0	0	0	0	0	0
	(II)	208,921	0	18,285	16,190	23,641	267,037	0
THOMAS J MUNDELL	(I)	0	0	0	0	0	0	0
	(II)	245,060	0	101,503	25,410	69,103	441,076	0
DIANNE KOLB	(I)	0	0	0	0	0	0	0
	(II)	185,488	0	2,531	7,463	10,251	205,733	0
SUSAN M WING	(I)	0	0	0	0	0	0	0
	(II)	202,894	0	2,716	21,557	34,560	261,727	0
MARGARET A HANSON	(I)	0	0	0	0	0	0	0
	(II)	256,254	0	539,421	26,433	6,459	828,567	0
MICHAEL G JONES	(I)	0	0	0	0	0	0	0
	(II)	269,455	0	14,847	23,383	46,181	353,866	0
CAROL S PLOTKIN	(I)	166,999	0	793	6,724	10,283	184,799	0
	(II)	0	0	0	0	0	0	0
LINDA HABEEB	(I)	222,454	150	418	9,200	30,721	262,943	0
	(II)	0	0	0	0	0	0	0
CHARLES R HULSE	(I)	0	0	0	0	0	0	0
	(II)	190,092	0	1,627	6,374	19,530	217,623	0
RICHARD F SALLUZZO MD	(I)	0	0	0	0	0	0	0
	(II)	378,354	200,000	44,368	35,540	10,586	668,848	0
MICHAEL K LAUF	(I)	0	0	0	0	0	0	0
	(II)	160,075	50,000	2,198	11,667	11,190	235,130	0
SARALYN MACKENZIE MD	(I)	301,769	11,250	622	9,200	20,673	343,514	0
	(II)	0	0	0	0	0	0	0
RICHARD P KROPP JR	(I)	0	0	0	0	0	0	0
	(II)	186,432	0	104,598	22,343	43,022	356,395	0
RICHARD B ZELMAN MD	(I)	1,215,834	50,000	108,310	9,200	27,062	1,410,406	0
	(II)	0	0	0	0	0	0	0
GILBERT CONNELLY MD	(I)	436,591	0	251,939	49,200	24,601	762,331	0
	(II)	0	0	0	0	0	0	0
GARY L SHAPIRO MD	(I)	591,310	21,762	1,806	9,200	24,062	648,140	0
	(II)	0	0	0	0	0	0	0
SHERRI A TUPPER MD	(I)	424,076	11,250	83,958	9,200	16,703	545,187	0
	(II)	0	0	0	0	0	0	0
RICHARD J ANGELO MD	(I)	381,135	95,045	630	9,200	26,141	512,151	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	MHEFA REVENUE BONDS SERIES D	04-2456011	57586ERM5	12-23-2004	65,000,000	CONSTRUCTION		X		X
B	MHEFA REVENUE BONDS SERIES E	04-2456011	57586C7V1	06-18-2008	36,710,000	CONSTRUCTION		X		X
C	MHEFA REVENUE BONDS SERIES E	04-2456011	57586EFT3	02-12-2009	2,235,000	CONSTRUCTION		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
SEE SCHEDULE O					No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	22	112,280	VALUE OF STOCK REC'D
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	2	4,921,337	TRUST MARKET VALUE
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe _____)				
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29** 22

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **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
SCHEDULE M, PART I, COLUMN (B)		THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS RECEIVED PART I, LINE 32A THE ORGANIZATION USES THE FOLLOWING THIRD PARTIES TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS RBC WEALTH MANAGEMENT 804 MAIN STREET OSTERVILLE, MA 02655 MERRILL LYNCH ONE CITIZENS PLAZA, SUITE 1000 PROVIDENCE, RI 02903

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Identifier	Return Reference	Explanation
FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS		Cape Cod Health Care Community Benefits I INTRODUCTION Cape Cod Healthcare, comprised of tw o-acute care hospitals (Cape Cod Hospital and Falmouth Hospital), the largest home health services agency in the region (VNA of Cape Cod), a skilled nursing and rehabilitation facility, an assisted living facility and numerous health programs, is the leading provider of healthcare services for the Cape Cod community Although CCHC experienced fiscal challenges in 2008 and 2009, it continued its strong commitment to activities and programs that benefit the public, including increased access to primary care, community outreach to respond to the critical needs of the underinsured and the uninsured, increased access to behavioral health and social services for elders (65+) at risk, and school based health Cape Cod Healthcare is pleased to present the Community Benefits report for Cape Cod Hospital and Falmouth Hospital The follow ing report outlines the structure and foundation of Cape Cod Healthcare's community benefits program follow ing the format and guidelines suggested by the state Attorney General's Office II MISSION STATEMENT

Identifier	Return Reference	Explanation
The follow ing Community Benefits Mission Statement w as approved by the	CCHC Board of Trustees in 2000 and remains in effect	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 w ill take a leadership role in collaborative efforts joining our resources, talent, and commitment w ith that of other providers, organizations, and community members III INTERNAL OVERSIGHT AND MANAGEMENT The President and Chief Executive Officer, the Board of Trustees of Cape Cod Healthcare, and the hospital's senior management team have a vested interest in the activities of the Community Benefits Program, and as such has charged the Office of Service Line Development w ith oversight of the community benefit plan Reporting to the Office of Service Line Development is the Community Health Committee, a subcommittee of the Board of Trustees This committee is comprised of people w orking the gamut of health services on Cape Cod community based organizations, community advocacy groups, county government, community health centers, and tw o members of the Board of Trustees The Committee holds quarterly meetings or as needed The role of the Community Health Committee is to 1) develop and recommend policies to the Board of Trustees regarding community health and community benefit programs, 2) prioritize funding recommendations regarding community health issues and initiatives making recommendations to the Board of Trustees, 3) facilitate appropriate community input and participation in the Corporation's plans and programs for community health related matters, 4) function as the Corporation's liaison w ith community groups across Cape Cod, and ensure the timely development of Hospital-specific Community Benefits Annual Reports for dissemination to the respective Hospital communities and submission to required governmental and other authorities, and 5) act as the oversight committee for the RFP process As alw ays, the goal of the Community Health Committee is to w ork openly and collaboratively w ith our community partners The community is w elcomed to view the full report as posted on the Attorney General's w ebsite Internally the report w ill be made available to employees on the CCHC intranet site IV COMMUNITY HEALTH NEEDS ASSESSMENT & COMMUNITY PARTICIPATION Every three years, CCHC engages the four regions of Cape Cod (Upper, Mid, Low er, and Outer) in a needs assessment process to identify and prioritize community health concerns and unmet community health needs The focus of the Community Health Committee in this process is to engage community members in the assessment to ensure w e meet the health needs of all patients w hile also providing them w ith culturally and linguistically appropriate care The latest Community Health Needs Assessment resulted in a tw o-tiered process The first phase of this assessment w as in 2008 and involved data gathering and analysis w here the committee accessed multiple data sources and health status indicators in collaboration w ith community partners from Cape Cod and the Islands resulting in the creation of the Salient Health Issues Report 2008 The committee conducted the second component [the qualitative part of the needs assessment] in 2009 engaging residents and providers from the four regions of Cape Cod through The Community Solutions Forum These forums explored how various populations on the Cape are specifically affected by the health issues identified in the Salient Health Issues Report and engaged communities in exploring viable and relevant solutions to reduce or eliminate the issues Funding priorities for FY 2010 through 2013 are based on the findings of the needs assessment and the input from the community forums These priorities w ill be highlighted under Section IX Plans for Fiscal Year 2010 and continue to guide the distribution of community benefit dollars for FY 2010 through 2013 Also important to note The CCHC Interpreter Services Department regularly conducts a language needs assessment for Cape Cod to determine any new emerging immigrant patient populations During FY 2009 w e had no significant changes to any new emerging languages spoken in the area V KEY COLLABORATIVES AND PARTNERSHIPS Cape Cod Healthcare is the provider of choice for Cape Cod residents and visitors By partnering w ith other health and human service providers w e are able to provide the highest quality care and respond to the needs of our community Barnstable High School Cape and Islands EMS Systems, Inc , Cape Cod Child Development Cape Cod Community Coalition Cape Cod Community College Cape Cod Regional Technical High School Catholic Social Services Children's Cove Councils on Aging (of 15 Tow ns Cape-w ide) Duffy Health Center Gosnold of Cape Cod Independence House Kelley Foundation - for the KTAC program Massachusetts Department of Public Health Mid/Upper Cape Community Health Center Outer Cape Health Services The Barnstable Human Rights Commission The Bilezikian Family Foundation - for the KTAC program The Cape and Islands Community Health Netw ork (CHNA 27) The Cape and Islands United Way The Cape Cod Chamber of Commerce The Cape Cod Community Foundation The Cape Cod Immigrant Center The Community Action Committee The Community Health Center of Cape Cod VI COMMUNITY BENEFITS PLAN Cape Cod Healthcare experienced a year of great change and challenges in FY 2009 Due to this transition period, focus w as on self-sustaining vs reaching out w ith new funding opportunities As alw ays, our commitment to providing the best care possible to all area residents and visitors and making Cape Cod a better and healthier place did not w aiver Despite our financial challenges, the commitment to our Community Benefits program remained strong allow ing us to continue to support most of the major community benefits programs from the previous year During this time of change and uncertainty, CCHC's Community Health Committee remained committed to the previous year's priorities for FY 2009 w hile focusing on establishing new priorities for the future using information and data from the Salient Health Issues Report, Cape Cod and Massachusetts state-w ide health statistics, the Human Condition Report, Healthy People 2020, and other key resources Our key priorities for FY 2009

Identifier	Return Reference	Explanation
PRIORITY 1 - Increase Access to Primary Care		Objective 1 - Enroll 4,000 Cape Cod Residents into a public health insurance program Objective 2 - Ensure that all 4,000 public health insurance enrollees have a constant primary care provider Objective 3 - Enroll 800 seasonal workers with H2 visa status into a health insurance program PRIORITY 2 - Strengthen the Ability of Cape Cod's Community Health Center Network to Provide Coordinated Services That Respond to Critical Needs of the Uninsured and Underinsured Objective 1 - Create a continuum of Behavioral Health Services for adult patients of the community health centers Objective 2 - Create and manage on-going strategies to enhance care coordination and project integration among the four community health centers Objective 3 - Provide Specialty care services to at least 200 patients through the Specialty Network for the Uninsured Objective 4 - Train all primary care staff to screen for mental health and substance abuse Objective 5 - Hire and supervise a Community Benefits Coordinator for each health center PRIORITY 3 - Increase Access to Behavioral Health and Social Services for Elders at Risk (65+) Objective 1 - Expand the successful Project REACH Model to other towns on Cape Cod Objective 2 - Provide screening and referrals for health and social services to at least 500 seniors Objective 3 - Provide in-home behavioral health screening to at least 90 elders PRIORITY 4 - Eliminate Racial and Ethnic Disparities for Accessing Health Objective 1 - Provide mental health counseling in Portuguese to at least 150 Brazilians in need of these services Objective 2 - Provide 1,200 hours of medical interpreting for non-English speaking patients Objective 3 - Establish a Cape-wide system of diabetes care that ensures access to screening and treatment for communities of color PRIORITY 5 - Increase School Based Health Care Objective 1 - Provide Nutritional Education and Counseling to at least 30 students Objective 2 - Provide education and outreach related to bullying to hundreds of school high school students PRIORITY 6 - Increase Access to Behavioral Health Services to Children and Adolescents Objective 1 - Implement the model developed by the Cape Cod Grant makers Collaborative for a Centralized Assessment Center for Children, Adolescents and their Families VII EXPENDITURES FOR FY2009 This section of the report provides a summary of the costs of Cape Cod Healthcare's community commitments Information is provided in two formats first, according to the Attorney General guidelines via the table below then, using a broader definition that considers additional investments and losses relating to our mission to serve all in need of care, regardless of status or ability to pay throughout the narrative portion of this document Expenditures include a Funding of Community Benefit and Community Service programs b Community Benefits related to capital development and approved under the Massachusetts Determination of Need c Corporate sponsorships which include physician forgiveness and in-kind donations d The costs of providing free medical care and associated care Community Benefits in the broader sense would include any services provided free to the community, however, the Attorney General guidelines differentiate between Community Benefits Programs e g , a program, grant or initiative developed in collaboration with the Community Health Committee or based upon a community needs assessment that serves the

Identifier	Return Reference	Explanation
needs of the target population identified in the hospital's Community	Benefits Plan and Community Services Programs e g , a program or grant	that advances the health or social needs of our residents but is not related to the priorities of the Target Population identified in the Community Benefits Plan For the purposes of this report, we have divided expenses into these two categories However, it is important to emphasize that regardless of the sub-title, both expenses have the same altruistic purpose of benefiting the community and represent no financial benefit to the hospital FUNDED PROGRAMS During FY 2009 CCHC funded 12 Community Benefit programs and 4 Community Service programs For the purposes of reporting on expenditures made during the fiscal year to both the Attorney General's Office of Community Benefits and the Department of Public Health's Determination of Needs to meet our agreement and obligations with these entities, five categories of expenditures will be reported 1 Community Benefits Programs 2 Community Benefits Related to Capital Development [DoN] 3 Community Service Programs 4 Corporate Sponsorships 5 Net Charity Estimated Total Expenditures for 2009 Community Benefits Programs (1) Direct Expenses - $321,288 (2) Associated Expenses - N/A (3) Determination of Need Expenditures - $346,618 (4) Employee Volunteerism - N/A (5) Other Leveraged Resources - N/A Community Service Programs (1) Direct Expenses - $328,451 (2) Associated Expenses - N/A (3) Determination of Need Expenditures - N/A (4) Employee Volunteerism - N/A (5) Other Leveraged Resources - $1,320,093 Net Charity or Uncompensated Care Pool Contribution Figures supplied by DHCFP - $3,665,314 Corporate Sponsorships - $742,558 TOTAL - $6,724,321 Total Patient Care-Related Expenses for 2009 - $453,023,429 (Source DHCFP Schedule 18 of 403 Cost Report) Employee Volunteerism - it should be noted that although amounts are not available for reporting, CCH, FH, CCHC & Affiliates, staff and physicians provide substantial contributions For a list of other leveraged resources for community services programs, please refer to Appendix I Approved Budget for 2010* - $726,687 *Approved Budget for 2010 Community Benefits Programs only, excludes expenditures that cannot be projected at the time of the report VIII PROGRESS REPORT ACTIVITY FOR FY2009 A COMMUNITY BENEFITS - $321,288 1 Community Health Center Network - $109,716 There are four community health centers on Cape Cod providing affordable, sliding scale or free health care to all residents They are located in all four regions of the Cape (Upper, Mid, Lower, and Outer) Given their accessible locations, comprehensive services, and affordability, these centers represent a critical link for uninsured and underinsured residents of Cape Cod to obtain medical and oral health services CCHC's grant assistance 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 uninsured and underinsured on Cape Cod Two initiatives were funded a Coordinated Insurance Enrollment - $50,625 CCHC provides funding for 4 half-time positions, one at each of the service area's Community Health Centers [CHC] These Benefit Coordinators are part of the coordinated HOPE Project 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, and referrals to Primary Care Providers The combined outreach and support from the four CHCs exceeded 6000 visits in 2009 Patients were referred to primary care physicians, assisted with their renewals for benefits through Mass Health Eligibility Reviews, received help with initial applications for Mass Health through the Virtual Gateway, and successfully enrolled with appropriate insurance programs The number above reflects multiple visits as the process for obtaining health insurance alone can take from one to three visits per patient The health insurance visits account for almost 1/3 of the total encounters b Specialty Network for the Uninsured [SNU] - $59,091 This program fills a major gap in health services available to uninsured and under insured on Cape Cod and Martha's Vineyard CCHC's community benefits grant provides the salary for 1 FTE Project Coordinator who recruits specialists throughout the Cape to accept a capped number of pre-screened uninsured individuals whose family income is below 400% of poverty The SNU reports that 630 appointments were made with specialists in 2009 The specialties available in the SNU program are Audiology, Cardiology, Skin Cancer Screenings, ENT, Gastroenterology, general Surgery, Hand Surgery, Neurosurgery, Ophthalmology, Optometry, Orthopedics, Podiatry, Pulmonology, Rheumatology, Urology and Vascular Surgery The Specialty Network continually recruits new specialists to help patients in their office or in a clinic setting in one of the Community Health Centers on Cape Cod The number of referrals to the SNU from the Emergency Departments of Cape Cod Hospital and Falmouth Hospital and from Cape Cod Healthcare's PCI - Primary Care Internists grew this past year as "we have fewer appointments to offer and more patients that need care It has been a challenge to serve all patients and often times we need to give priority to the patients requiring urgent appointments For example, the SNU program can only see 5 patients per month, yet our volume is much greater" One of the biggest challenges in trying to recruit specialists for the SNU program is the confusion surrounding health care reform "Most doctors understand that all people in Massachusetts must have Health insurance yet they are not aware of the reasons we still have uninsured patients" SNU has provided a great deal of education to the specialty practices on how the system works and shared the numbers who fall through the cracks Some of the un/underinsured want to follow the law and obtain health insurance, yet they cannot afford due to the high cost Most SNU patients have several part time jobs yet they do not qualify for Health Insurance in their place of work The patients are also confused by the coverage of the HSN- Health Safety Net and do not understand what services are covered The SNU provides education to the patients about the HSN and the importance of having a PCP Patients are then directed to the benefit coordinator and new patient registration department at one of the community health centers on Cape Cod and Martha's Vineyard Another big challenge faced by the SNU is explaining that the program is not a free care program and that most appointments have a reduced fee and that payment is required for that service "We have been successful in providing services for a small fee and avoid the need for patients to go to Boston for simple procedures and extensive surgeries like hernia repairs, gallbladder removals, and treatments for varicose veins " "The Community Health Centers on the Cape and the Vineyard are our best partners as they not only refer patients to the Specialty Network but also provide the support for the program with office space and supplies and much more" Another very important partner is the Massachusetts Medical Society [MMS] "The MMS has been instrumental in helping us spread the word about the program, recruit more doctors and helps retired volunteer doctors to obtain malpractice insurance to work in our clinics"

Identifier	Return Reference	Explanation
2 Bilingual Mental Health Counselor - $15,000	Our partner Catholic Social Services	Objectives and Outcomes Through this service, Catholic Social Services has filled a void in mental health services on Cape Cod As a result of this program, Catholic Social Services provided access to mental health counseling for 308 people with limited English proficiency in the mid-Cape area Due to the increased need for such services a few referrals were also received from Falmouth, Sandwich, Provincetown and Martha's Vineyard Challenges During this fiscal year, the program's counselor of five years left the agency after receiving a PhD As a result, Catholic Social Services recruited a Masters candidate to replace the counselor requiring additional mentoring and supervision by one of the senior counselors resulting in reduced available appointments Community Partners "This project is made possible through the generous donations of our grant funding sources, Catholic Charities Appeal and Cape Cod Healthcare" 3 Elder Mental Health, Project REACH - $70,230 Our partner Cape Cod Emergency Medical Services and Councils on Aging This a collaborative between the Cape Cod Councils on Aging, Emergency Medical Services, Town police & fire departments, and Cape Cod Healthcare Emergency Centers (EC) Typically, clients are identified at the EC or by police/fire/EMS responding to a house call from a senior or a relative After an assessment at the client's home, clients are enrolled into REACH and matched with a volunteer who accompanies them to appointments, assists with grocery shopping, and provides transportation In addition, REACH staff connects clients to the appropriate Council on Aging where they receive further assistance and connection to more specialized services Another component of the model which is provided through the Upper Cape Consortium is the in-home behavioral health evaluations Based on diagnosis, referrals are made to behavioral health providers Community Benefits funding covers the salary of the REACH coordinator We are pleased to present the following report on behalf of the REACH coordinator the program outcomes and challenges for FY 2009 Outcomes a 180 referrals were screened from CCH Emergency Center and in-patient admissions 250 referrals from the EMS and community were screened All elders were responded to in a timely manner through the REACH community partnerships system b 2 Volunteer trainings were conducted and 4 Train-The-Trainer type trainings designed to build capacity were provided c A 2-day Geriatric Emergency Training for 25 Train-The-Trainer participants was conducted As a result, Geriatric Assessment is now a 1-hour block in all Paramedic refresher trainings The graduates of these programs provided a number of on-site Continuing Education offerings throughout Cape Cod d A 2-hour Continuing Education EMS Geriatric Community Resources Training was designed e A Second year DPH Older Adult Suicide Prevention funding was granted f 90% of all monthly meetings for CHNA-27 and other community meetings were attended and used successfully as an advocacy platform Additionally, the REACH Coordinator was elected to sit on CHNA-27 Steering Committee, Act as the CHNA-27 Behavioral Health Work Group Chair, Act as a CHNA-27 Representative to Barnstable County Health & Human Services Advisory Committee and as a member of their Advisory Committee Strategic Planning Sub-Committee Other community meetings such as the Falmouth REACH Team, Cape Consortium for At Risk Older Adults, Councils on Aging Outreach Monthly Meetings, Lower Cape Task Force to Bring Medical Day Care to area, are too numerous to list g Conducted 1 EC/Community Meeting Group agreed to meet quarterly Challenges and Opportunities a Referrals were down partly because volunteer support at Councils on Aging (COA) level has decreased Due to cutbacks COAs have spent less time recruiting, training, and even dispatching volunteers REACH will attempt to assist them in addressing this in 2010 Although Paramedic referrals remain high, community ones are down in part because funds from DPH providing professional MH and RN resources were reduces unexpectedly due to MA budget changes b Challenges remain in improving hospital discharges There is a natural tendency to view elders at EC in terms of emergency medical rather than in the context of prevention & the role of community support in a discharge c We will continue to work to have EC use a Fragility Assessment Tool which would trigger a Social Services discharge d A decision with Community Benefits was made in the 3rd quarter of 2009 to delay work around Elder Advocate Program until 2010 e In an agreement with CCHC Community Benefits, Volunteer Stipends were put on hold REACH advocated that our evaluation determined COA volunteer challenges went deeper than the allowed stipends and that the larger issues needed to be addressed Collaborative Community Partners REACH has many community partners Our most active are Councils on Aging Directors and Outreach Workers, Town EMS Rescue Units, Elder Services of Cape Cod & the Islands (ASAP), Samaritans of Cape & Islands, Emerald Physicians Patient Advocates, VNA Public Health, Family Continuity, Alzheimer's Services of Cape Cod, and Cape Cod Healthcare Each of the abovementioned has a role in our program to Identify & Refer System needed to help locate elders in need Partners also work with us to address community needs such as the lack of a Medical Day Health Center on Lower Cape and a need for regional and systemic approaches to patients and their family members and/or caregivers affected by Parkinson's Disease 4 School Based Health Center [SBHC] - $25,573 Our program Cape Cod Regional Technical High School & Barnstable High

Identifier	Return Reference	Explanation
School		Nutrition The Community Benefits funds for The SBHC at Cape Cod Regional Technical High School (Cape Tech) covered group nutrition education sessions and one-on-one nutritional counseling for at risk students who were identified as needing counseling by the Nurse Practitioner or referred to the School Based Health Center by parents, teachers, coaches, school counselors or pediatricians Outreach and Advocacy The grant also paid for 3 hours per month for a Cape Tech faculty member (a registered nurse who is the health technologies instructor), to act as the liaison between the school and CCHC SBHC She also coordinated the SBHC's Advisory Board meetings A small portion of the funding was also used to educate and take a group of students to the State House in Boston on School Based Health Advocacy Day to lobby for School Based Health Center Funding Operational Support, Anti-Bullying, & Suicide Awareness Community Benefits funds also supported a liaison between the Barnstable High School and the CCHC SBHC to coordinate meetings of the SBHC Advisory Board, teach the Outreach and Advocacy program at BHS and mentor the Cape Tech SBHC staff and students about SBHC Awareness and Advocacy, take the students to Boston for SBHC Advocacy Day, and coordinate the Challenge Day & the BE THE CHANGE anti-bullying and suicide awareness programs The School Based Health Center transitioned from CCHC oversight to the Community Health Centers of Cape Cod in October 2009 4 Community Benefits and Community Health Admin - $100,769 Indirect Expense This line includes the salary and administrative expenses related to the CCHC Community Benefits program VIII Progress Report Activity for FY 2009 B Community benefits related to capital development - $346,618 (MDPH Determination of Need programs) 1 Community-Based Interpreter Services - $38,373 The community-based interpreter services program is essential to remove language barriers in order to provide care for low English proficiency [LEP] and non-English speaking patients and increase access to health care for and provide allocated interpreter hours to the Specialty Network for the Uninsured In 2009 this program assisted 706 LEP and non-English speaking patients and their family members in 39 specialty practices on Cape Cod An additional 190 patients were serviced in 17 specialty practices under the Specialty Network for the Uninsured In order to remove language barriers to care for LEP and non-English speaking patients a great deal of marketing and program development was involved With the community benefits grant funding, the Interpreter Services department designed and printed their own community interpreter brochures in three languages, English, Spanish, and Portuguese These brochures are available throughout the hospital and in private physician practices and community health clinics As patients and family members with LEP arrive they are handed a brochure which helps with navigation through the complex health care system Education to physician offices about the importance of having an interpreter is another component of this service The objective is to provide a service to the community as the providers to help them understand the importance and necessity of qualified medical interpreters This program provides education to patients on how the US healthcare system works and provides an interpreter for any request submitted The CCHC Community Benefits grant provided an opportunity for interpreter staff to continue with their professional certifications Nine of the Spanish interpreters participated in advanced Spanish medical interpreter courses and the Portuguese and Spanish interpreters received medical terminology certification training in Portuguese and Spanish to be able to assist our community 2 Child Mental Health These services are divided into three areas a Psychiatric Case Management - $4,912 Our partner Cape Cod Human Services Services provided through this partially funded position are non-reimbursable by a third party Because the availability of child psychiatrists is so limited on Cape Cod, this position allows psychiatrists to increase the number of children and adolescents seen in their practices The RN in this position provides triage for client/family phone calls, medication refills, responds to other collateral providers and community resources with necessary information, and coordinates and oversees the medication ordering process b School Based Mental Health Services - $150 Our partner Cape Cod Human Services Consultation and triage services provided to high school staff at Barnstable High, Barnstable Middle School and Cape Cod Tech by Cape Cod Human Services professionals c Kids and Teens Assessment Center (KTAC) - $100,000 Cape Cod Healthcare continued its support of the Kids and Teens Assessment Center and contributed $100,000 in funding in FY 2009 Along with our partners, the United Way of Cape Cod and the Islands, The Cape Cod Community Foundation, The Bilezikian Family Foundation, and the Edward Bangs & Elza Kelley Foundation the KTAC program provided comprehensive behavioral health screenings, short-term therapy, case management, and referrals to children facing behavioral health programs and their families KTAC offers support for the urgent need on Cape Cod and the Islands for a central program that parents can contact for testing, referral sources, answers to questions and support to determine the most appropriate services needed for an individual child and family Professionals, such as guidance counselors and juvenile probation officers spend tremendous time seeking assessments for children, which takes them away from their primary duties KTAC is a centralized site to receive information and support for those seeking help for children with behavioral health issues The Assessment Center opened its doors to the children and families of Cape Cod March 2007 with funding from the Cape Cod Grant makers Collaborative, of which CCHC Community Benefits is a member KTAC has worked with over five hundred and fifty children and families since inception Our data indicates that children between the ages of nine and seventeen present most frequently for assessment, with the age of fifteen being the most recurrent Currently, pediatricians make up our highest referral source 3 SANE Sexual Assault - $17,840 Independence House This grant supports a State Certified SANE program through Independence House on Cape Cod Independence House provides support to victims of sexual violence seeking medical attention through the Independence House Rape Crisis Center Independence House staff or trained volunteer will meet a client at the hospital or police station and provide free and

Identifier	Return Reference	Explanation
confidential information and support		4 Epidemiology Mini Grants The "Mini-grant" program awards small grants (less than $10,000) outside of the funding period to local programs The availability of these funds allows responding to emerging community health needs outside of the grant cycle a Our Partner Cape Cod Child Development - $775 As many as 200 to 300 new mothers in the area experience significant symptoms of depression every year The goal of this partnership program and more specifically, these professional development efforts was to empower the front line professionals dealing directly with mothers and their families in order to effectively identify and treat all stages of maternal an postpartum depression Outcomes of the Professional Development Opportunities Participants a had an opportunity to discuss concerns/dilemmas/hesitations regarding incorporating maternal PPD screening into well-baby visits b gained a better understanding of the impact of PPD on their pediatric patients c learned how to differentiate between postpartum depression, postpartum anxiety and postpartum blues d learned how to integrate screening for postpartum mental health within the context of well-baby visits e learned how to make effective referrals to appropriate mental health providers f learned about community resources and support services for postpartum women and families A remark by one of the Pediatricians who attended the initial training related to the difficulty of screening the patients in their offices By the end of the full program, this Pediatrician stated "I came in very negative, I am leaving very positive and will be screening patients in my office" The training coordinator remarked that it was "one of the best turnouts for these types of programs" and reported that "the number of physicians in attendance was remarkable" Collaborative Community Partners Falmouth Hospital coordinated the program and provided CMEs and Nursing CEs MSPCC and Upper Cape Family Network provide on-site supervision of the program Cape Cod Child Development coordinated Task Force members, fiscal contributions, and volunteers for the program as well as in-kind educational materials (professional/parent packets), and postage for promoting the program Cape & Islands Maternal Depression Task Force provided oversight to the project, promoted the project, and collaborated on a multidisciplinary level with many systems of support and care for families As many as 200 to 300 new mothers in the area experience significant symptoms of depression every year The goal of this community-wide professional development initiative was to empower the front line professionals dealing directly with mothers and their families in order to effectively identify and treat all stages of maternal and postpartum depression 5 Community Health Center Infrastructure Network Coordination - $36,017 This grant covers the cost of a coordinator who assists the directors of each of the four community health centers on Cape Cod and the Community Health Center on Martha's Vineyard in conducting and implementing joint planning activities The health centers report a decrease in duplicative efforts and have improved efficiency and communications which has allowed the group to collaborate more effectively The Community Health Center Network Coordinator tracks selected team projects and provides status reports at monthly Leadership Team Meetings She also assists the Executive Directors of each of the community health centers in new process/program development projects and necessary research and analysis 6 Duffy Health Center Office-Based Opioid Treatment (OBOT) - $148,550 Duffy Health Center provides an evidence based model to address overdoses at Emergency Center levels, high rates of identified addiction Cape-wide In fact, in 2004 patients in Duffy's Office-Based Opioid Treatment (OBOT) program were, on average, in their 40s and 50s In 2009 the average age was 18 to 23 OBOT combines treatment with Suboxone with intensive case management and other supportive services Duffy reports that employment of clients in the program increased by 43 percent, and their homelessness decreased by 27 percent in 2009 With its program capped at 100 patients, Duffy partnered with the Community Health Center of Cape Cod (CHCCC) to serve another 30 people and is looking forward to working with Outer Cape Health Services in the near future This collaboration is well underway with most goals accomplished for Year 1 Duffy has increased its panel to 100+ as they have added another prescriber Community Health Centers of Cape Cod (CHCCC) has slowly built its panel but is not yet at a full 30 due to the challenges in implementation A significant need identified in Year 1 implementation was unmet case management/care management services The patients in both the Duffy panel and the CHCCC panel were in need of a high level of program staff intervention as well as connections to a variety of community services, and in a high percentage of cases required significant support to both access and retain these services in the interest of their sobriety Plans are under way to meet these needs VIII Progress Report Activity for FY 2009 C Community Service Programs $328,451 1 Cape Cod Hospital EC Taxi Vouchers - $12,518 Falmouth Hospital EC Taxi Vouchers - $4,128 In 2009, CCH and Falmouth Hospital Emergency Centers provided transportation through Taxi Vouchers to various locations on Cape Cod to

Identifier	Return Reference	Explanation
help patients experiencing financial hardship and without any other means	of transportation These figures more than double the amount in 2008	2 Cape Cod Hospital RX Program - $15,742 Falmouth Hospital RX Program - $4,961 In an effort to assist patients of the Emergency Centers struggling financially, both Cape Cod and Falmouth Hospital provided a combined total of $20,703 in pharmacy vouchers for required medications 3 ER Behavioral Health Non-Reimbursable Services - $250,000 Mental illness and substance abuse are particular challenges on Cape Cod and, as such, it is essential that the Emergency Centers are appropriately staffed to meet the needs of psychiatric patients According to the Massachusetts of Department Public Health Division of Health Care and Finance Policy data for 2002-2006, the Cape and Islands combined has the second highest rate of suicide for all regions in Massachusetts Specifically, the Cape and Islands rate of suicide is 7 4 per 100,000 compared to the State rate of 4 1 per 100,000 For youth suicide ages 10-24 we have a rate of 1 5 times higher than State rates 6 1-7 2 per 100,000 respectively compared to 4 0 per 100,000 The Cape and Islands ranks second in Massachusetts for the number of Opioid related visits to the Emergency room as well Psychiatric Evaluations are provided in the Emergency Room by the Department of Mental Health Crisis Team and the Cape Cod Hospital Psychiatric Assessment Team (PAT Team) Collectively, the teams evaluated over 2700 patients in the Emergency Room in 2009 The PAT Team is comprised of independently licensed mental health professionals who provide emergency psychiatric assessments 24 hours per day, seven days per week The PAT team evaluates children, adults and elders who present with an array of mental health and substance abuse issues including suicidal tendencies, alcohol and drug addictions, major mental illnesses such as psychotic and bipolar disorders, post traumatic stress disorder, and acute interpersonal stressors The PAT team works collaboratively with the ER and Psychiatric physicians to develop dispositions for this cohort of psychiatric patients Approximately half of the patients evaluated by the PAT Team require immediate hospitalization in psychiatric or substance abuse facilities due to the severity of the presenting illness Other patients are discharged back to the community with carefully crafted treatment plans that serve to prevent hospitalization and worsening of psychiatric symptoms In the past year, the PAT Team evaluated 1570 patients at Cape Cod Hospital and provided essential consultation to the patients, their families and the ED staff relative to managing psychiatric crises Despite the critical nature of these services, only a portion of the array of services provided by the PAT Team is reimbursed PAT Team services lost $250,000 in FY 2009 compared to the 330,000 in FY 08 The reduced loss is due to the decrease in staffing from two clinicians to one per shift If Cape Cod Hospital is unable to sustain the PAT Team by funding these losses, the mental health and substance abuse problems on the Cape will continue to escalate 4 Children's Cove The Cape and Islands Child Advocacy Center - $41,102 This program provides clinical and support services to children who are victims of sexual abuse and their families It is a partnership of Barnstable County, The Cape and Islands District Attorney's Office, The Department of Social Services, The Department of Mental Health, and Cape Cod Hospital This expense covers 5 FTE salary of a nurse practitioner who conducts the assessments and examinations, develops community educational programs, and testifies in court as needed All medical services are provided in collaboration with Cape Cod Healthcare Pediatric Department and are free of charge Onsite emergency and non emergency forensic medical exams are available to all victims of suspected sexual or physical abuse referred to Children's Cove by law enforcement, DSS or their Cape Cod Pediatrician The purpose of the forensic medical exam is to ensure the health and safety of the child, collect forensic evidence, including photo documentation of abnormalities, and to treat injuries or infections resulting from the abuse Children's Cove is staffed by an experienced Nurse Practitioner who is a certified Pediatric SANE (Sexual Assault Nurse Examiner) specializing in pediatric and adolescent sexual abuse and forensic evidence collection and credentialed by the MA State Dept of Public Health

Identifier	Return Reference	Explanation
The NP/Pedi SANE works as part of a Multidisciplinary Assessment team also	known as the SAIN that responds to allegations of child abuse Medical	exams are done in a compassionate and time sensitive manner, with emphasis on a do no harm approach The exam is not painful for the child Ongoing training and outreach Services are provided to the community on recognizing, reporting, responding and prevention of child sexual abuse Trainings are provided to various partner agencies and any organization having direct contact with children, regarding the most current information on child sexual abuse, including Mandated Reporting Children's Cove also responds to community crisis situations that require education and intervention and speaks on behalf of child victims at public events/community meetings VIII Progress Report Activity for FY 2009 D Corporate Sponsorships - $742,558 Forgiveness of Physician Debt Falmouth Hospital $402,100 Cape Cod Hospital $320,211 In addition to recruitment done by the hospitals into our employed practices, Cape Cod Hospital and Falmouth Hospital also assist in bringing private practice physicians into the community This is necessary to ensure access into primary care and specialty services CCHC has developed a program whereby a physician may receive financial assistance, in the form of a loan, during the first two years as he or she establishes a new practice At the end of the transition period, if the physician is unable to repay the loan he or she may apply for "Forgiveness of Physician Debt" Under this agreement the physician would provide community services, in lieu of repayment The expectation is the physician will fulfill the following obligations 1 Expand the proportion of Mass Health patients to at least 5% of annual visits, 2 Accept self-pay patients and report on free and reduced care provided, 3 Provide community service in collaboration with one of the four local community health centers or propose and complete other community service program, including medical educational sessions, screenings or clinical sessions In-kind donations of equipment to various programs totaling - $20,245 Cape Cod Hospital School Based Health Centers - $16,075 Donations of medical equipment and medical supplies to the Barnstable High School, Cape Cod Regional Technical High School, and The Community Health Center of Cape Cod to assist with the transition of the School Based Health Centers C-Lab $3,500 Donations to the United Way and the Community Health Center of CC Materials Management - $150 Donations to A Baby Center in Hyannis for newborn diapers and wipes provided to families with financial instability Cape Cod Hospital Medical Library - $520 Staff time for preparation and presentation of two Diabetes workshops for community members held at the Mid-Upper Cape Community Health Center VIII Progress Report Activity for FY 2009 E Net Charity Care - $3,665,314 As listed by DHCFP Health Safety Net Data for FY 2009 The Charity Care expenditure of $3 67M reflects the figure supplied by the DHCFP per the Attorney General's Guidelines Payments from the Massachusetts Uncompensated Care Pool are excluded The true cost of charity care provided by Cape Cod Healthcare was $14,285,416, with Cape Cod Hospital at $10,575,797 and Falmouth Hospital at $3,709,619 This includes not only the HSN assessment but includes HSN write-offs and HSN charity care (Source CCHC Finance Dept) IX Plans for Fiscal Year 2010 During the 2009 transition period, Cape Cod Healthcare, Inc renewed its commitment to the Community Benefits Program with the Community Health Committee to offer comprehensive community programs at little or no charge to the public through the use of grants and other funding sources CCHC will continue to address areas of opportunity as identified in the 2009 community needs assessment and will finalize objectives and plans to move forward in early 2010 Continued outreach to and coordination with CHNA and DPH will result in more current community assessment data to guide our community health initiatives as we go forward CCHC short-term community benefit goals for FY 2010 are as follows 1 Work closely with Cape Cod Community Health Committee and community partners to refine the strategic priorities established in FY 2009 and begin implementation 2 Develop and improve a strategic RFP process to provide more transparency and greater community participation This RFP will be issued in late FY2010 for FY2011 funding 3 Establish a mini-grant process for emerging health care needs 4 Work with FY2009 Community Benefits contract holders to assess program needs and renew support for FY2010 as appropriate Please refer to appendix 2 for a list of our FY 2010 community projects CCHC Long-term community benefit goals for FY 2010 - 2013 are as follows 1 Ensure access to quality health services for the underserved, under privileged, and/or those with health disparities 2 Provide education and care for the chronically ill 3 Provide support to community members with mental health and substance abuse issues 4 Develop programs and/or collaborate with health and human service

Identifier	Return Reference	Explanation
agencies who offer programs to promote healthy aging to our geriatric	population	5 Collaborate with other agencies and groups with emerging unmet community health needs to understand their needs and urge participation in the RFP process 6 Provide support to the community through the utilization of our Determination of Need Community Health Initiative funds which we will expend in conjunction with our building and expansion projects APPENDIX 1 - Leveraged Resources for FY 2009 CAPE COD HOSPITAL GRANT RECIPIENT School-based Health Center PURPOSE Student Health Services GRANT AMOUNT $79,394 SOURCE OF FUNDS MA Department of Public Health GRANT RECIPIENT HIV Counseling (CTSS) PURPOSE HIV/AIDS Counseling & Testing Support Services GRANT AMOUNT $365,000 SOURCE OF FUNDS MA Department of Public Health GRANT RECIPIENT Emergency Medical Management Services (EMMS) PURPOSE HIV/AIDS Care Management & Support GRANT AMOUNT $248,776 SOURCE OF FUNDS MA Department of Public Health GRANT RECIPIENT Ryan White Title III PURPOSE HIV/AIDS Clinic GRANT AMOUNT $457,917 SOURCE OF FUNDS DHHS/HRSA Federal Direct Funds GRANT RECIPIENT TB Clinic PURPOSE TB Testing for Cape Cod GRANT AMOUNT $25,227 SOURCE OF FUNDS MA Department of Public Health GRANT RECIPIENT Bio-terrorism Preparedness PURPOSE Bio-terror preparedness & training for first responders GRANT AMOUNT $94,719 SOURCE OF FUNDS MA Department of Public Health/HRSA Total CCH Budget $1,271,033 FALMOUTH HOSPITAL GRANT RECIPIENT Emergency Preparedness Grant #7 PURPOSE To increase emergency preparedness capabilities at Falmouth Hospital To participate in the development and coordination of statewide hospital emergency response capabilities GRANT AMOUNT $49,060 SOURCE OF FUNDS MA Department of Public Health/HRSA Total FH Budget $49,060 Cape Cod Hospital & Falmouth Hospital Grand Total $1,320,093 APPENDIX 2 - Community Benefit Initiatives for FY 2010 PROGRAM OR INITIATIVE Community Health Center Network Target Population Uninsured and underinsured residents of Barnstable County Objectives Provide medical and oral health services Provide information and enrollment into other assistance programs such as medications assistance, transportation, and referrals to Primary Care Providers Recruits specialists throughout the Cape to accept a capped number of pre-screened uninsured individuals whose family income is below 400% of poverty PROGRAM OR INITIATIVE Elder Mental Health Project REACH Target Population Underserved Elders of Barnstable County Objectives Matching Elders in need of support and services to the appropriate providers and volunteers PROGRAM OR INITIATIVE Community Based Interpreter Services Target Population LEP and non-English speaking patients on the Cape and Islands Objectives In Community health centers and physician's office, remove language barriers in order to provide care for low English proficiency [LEP] and non-English speaking patients & increase access to health care for and provide allocated interpreter hours to the Specialty Network for Uninsured PROGRAM OR INITIATIVE Bilingual Mental Health Target Population Brazilians with limited English proficiency of Barnstable County Objective Provide access to mental health counseling PROGRAM OR INITIATIVE Mini Grants Target Population Unmet emerging health conditions of the financially disadvantaged and underserved populations per our mission Objective Enhance the quality of and access to a comprehensive continuum of healthcare per our mission PROGRAM OR INITIATIVE Community Service Programs Target Population/Objective Continue to provide health services to the community at low or no cost to enhance the health of our community PROGRAM OR INITIATIVE Community Benefits Administration Target Population/Objective Community Benefits Coordinator salary & supporting expenses

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1		WE WILL BE THE HEALTH SERVICE PROVIDER OF CHOICE FOR CAPE COD RESIDENTS BY ACHIEVING AND MAINTAINING THE HIGHEST STANDARDS IN HEALTH CARE DELIVERY AND SERVICE QUALITY TO DO SO, WE WILL PARTNER WITH OTHER HEALTH AND HUMAN SERVICE PROVIDERS AS WELL AS INVEST IN NEEDED MEDICAL TECHNOLOGIES, HUMAN RESOURCES AND CLINICAL SERVICES ABOVE ALL, WE WILL HELP IDENTIFY AND RESPOND TO THE NEEDS OF OUR COMMUNITY FUNCTIONAL EXPENSE NOTE FORM 990 PART I AND PART IX FUNDRAISING IS CONDUCTED ON BEHALF OF CAPE COD HEALTHCARE, INC & AFFILIATES BY CAPE COD HEALTHCARE FOUNDATION, INC FORM 990, PART I, LINE 15 PURSUANT TO IRS INSTRUCTIONS, THE CURRENT YEAR INCLUDES PAYROLL TAXES, HOWEVER, THE PRIOR YEAR DOES NOT IN THE PRIOR YEAR, PAYROLL TAXES WERE INCLUDED IN PART I LINE 17 FORM 990, PART III, LINE 6 CAPE COD HEALTHCARE, INC & AFFILIATES' VOLUNTEERS INCLUDE ITS TRUSTEES FORM 990, PART VI, LINE 2 CERTAIN OFFICERS AND TRUSTEES OF CAPE COD HEALTHCARE, INC & AFFILIATES SIT ON THE BOARDS OF ITS AFFILIATES THE INDIVIDUALS LISTED BELOW SIT ON THE BOARDS OF THE FOLLOWING AFFILIATES CAPE COD HEALTHCARE, INC , CAPE COD HEALTHCARE FOUNDATION, INC , CAPE COD HOSPITAL, FALMOUTH HOSPITAL ASSOCIATION, INC , VISITING NURSE ASSOCIATION OF CAPE COD, INC , CAPE COD HUMAN SERVICES, INC , JML CARE CENTER, INC , FALMOUTH ASSISTED LIVING, INC AND CAPE & ISLAND HEALTH SERVICES II, INC THOMAS WROE, JR DOROTHY SAVARESE ELEANOR CLAUS RICHARD F SALLUZZO, M D GROVER BAXLEY, M D ROBERT BIRMINGHAM HOWARD CROW, JR MICHAEL FISHBEIN, M D PHILIP MCLOUGHLIN PATRICK MURRAY, M D BRIAN O'MALLEY, M D NATE RUDMAN, M D DAVID P SAMPSON SUMNER B TILTON, JR WILLIAM ZAMMER THE INDIVIDUALS LISTED BELOW SIT ON THE BOARD OF MEDICAL AFFILIATES OF CAPE COD, INC ELEANOR CLAUS RICHARD F SALLUZZO, M D GROVER BAXLEY, M D MICHAEL FISHBEIN, M D WILLIAM ZAMMER THE INDIVIDUALS LISTED BELOW SIT ON THE BOARD OF CAPE COD CHAMBER OF COMMERCE DOROTHY SAVARESE WILLIAM ZAMMER RICHARD F SALLUZZO, M D FORM 990, PART VI, LINE 10 THE ORGANIZATION'S FORM 990 IS REVIEWED AT SEVERAL LEVELS THE ORGANIZATION ENGAGES A PUBLIC ACCOUNTING FIRM TO ASSIST IN THE PREPARATION AND REVIEW OF ITS FORM 990 AND WHO SIGNS AS PAID PREPARER SENIOR MANAGEMENT OF THE ORGANIZATION IS RESPONSIBLE FOR THE TIMELY PREPARATION OF FORM 990 THE COMPLETED FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE AND THE ENTIRE BOARD IN ADVANCE OF THE FILING DEADLINE FORM 990, PART VI, LINE 12 THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST POLICY AND REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THIS POLICY ON AN ANNUAL BASIS, EACH TRUSTEE, OFFICER AND EMPLOYEE AT THE SENIOR MANAGEMENT LEVEL COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM THE FORMS ARE REVIEWED BY CAPE COD HEALTHCARE, INC 'S ("CCHC") DIRECTOR OF CLINICAL AND RESEARCH COMPLIANCE WHO PREPARES A SUMMARY FOR CCHC'S COMPLIANCE OFFICER ANY MATERIAL INTERESTS SO DISCLOSED ARE PRESENTED TO THE CORPORATION'S GOVERNANCE COMMITTEE FOR REVIEW AND RESOLUTION ALL DISCLOSURE STATEMENTS SUBMITTED BY EMPLOYEES WILL BE REVIEWED BY HUMAN RESOURCES AND/OR CCHC'S DIRECTOR OF CLINICAL AND RESEARCH COMPLIANCE FOR ANY DISCLOSURE THAT IS CONSIDERED SUBSTANTIVE THE EMPLOYEE'S AREA MANAGER WILL BE CONSULTED TO DETERMINE IF THE SITUATION IS GENERALLY ACCEPTABLE, REQUIRES FURTHER EXAMINATION AND POSSIBLE ACTION OR IS GENERALLY NOT ACCEPTABLE ANY ACTION PLAN CREATED TO MANAGE A CONFLICT OF INTEREST WILL BE MONITORED BY THE EMPLOYEE'S AREA MANAGER OR SUPERVISOR FORM 990, PART VI, LINE 15 THE ANNUAL PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS, EXECUTIVES AND KEY EMPLOYEES INCLUDE THE FOLLOWING OFFICERS, EXECUTIVES AND KEY EMPLOYEES - OFFICER, EXECUTIVE AND KEY EMPLOYEE COMPENSATION WILL BE DETERMINED BY THE CEO AND WILL INCLUDE CONSIDERATION OF RECENT RELEVANT MARKET DATA FURNISHED BY A DISINTERESTED COMPENSATION CONSULTANT, AND A REVIEW OF JOB PERFORMANCE THE CEO'S DETERMINATION OF SUCH COMPENSATION WILL BE SUBJECT TO THE APPROVAL OF THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THE PROCESS AND CONCLUSIONS ARE DOCUMENTED IN THE MEETING MINUTES FORM 990, PART VI, LINE 19 THE ORGANIZATION MAKES ITS BYLAWS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION'S FINANCIAL STATEMENTS ARE ALSO ATTACHED TO THE ANNUALLY FILED FORM PC, A PUBLICLY DISCLOSED TAX-EXEMPT ORGANIZATION FILING FOR THE STATE OF MASSACHUSETTS FORM 990, PART IV, LINE 12 AND FORM 990, PART XI, LINE 2(B) THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED AS PART OF A CONSOLIDATED FINANCIAL STATEMENT FORM 990, PART X CERAIN LINE ITEMS HAVE BEEN CLASSIFIED DIFFERENTLY THIS YEAR FROM PRIOR YEARS SCHEDULE J-2, COLUMN (A) THE TITLE FOR STEPHEN J GUIMOND IS SR VP FINANCE/CFO UNTIL 12/31/08, TREASURER AT MACC AND TREASURER AT WICC SCHEDULE J-2, COLUMN (B) THE INDIVIDUALS REPORTED AS RECEIVING COMPENSATION FROM A RELATED ORGANIZATION IN COLUMNS (E) AND (F) IN SCHEDULE J-2 ARE EMPLOYEES AT CAPE COD HEALTHCARE, INC , A TAX-EXEMPT RELATED ORGANIZATION EACH OF THESE INDIVIDUALS HAS DEVOTED AN AVERAGE OF 40 HOURS PER WEEK TO THEIR POSITIONS AT CAPE COD HEALTHCARE, INC SCHEDULE L, PART IV DR KATIE RUDMAN, SPOUSE OF A TRUSTEE, WAS AN EMPLOYED PHYSICIAN AT MEDICAL AFFILIATES OF CAPE COD, INC HER COMPENSATION FOR FY09 WAS $102,111 DALE WELDON, SPOUSE OF A KEY EMPLOYEE, WAS EMPLOYED BY CAPE COD HOSPITAL AND FALMOUTH HOSPITAL HER COMPENSATION WAS $11,160

Identifier	Return Reference	Explanation
AFFILIATES INCLUDED IN GROUP RETURN	CAPE COD HOSPITAL	04-2103600 CAPE COD HUMAN SERVICES, INC 04-2323506 CAPE & ISLANDS HEALTH SVCS II, INC 04-3572408 FALMOUTH HOSPITAL ASSOCIATION, INC 04-2220716 JML CARE CENTER, INC 04-2995795 FALMOUTH ASSISTED LIVING, INC 22-3379395 V N A OF CAPE COD, INC 04-2104159 CAPE COD HEALTHCARE FOUNDATION, INC 04-3475950 MEDICAL AFFILIATES OF CAPE COD, INC 04-3187299 WOMEN'S IMAGING CENTER OF CAPE COD 04-3502480 ALL OF THE ABOVE ENTITIES CAN BE REACHED AT 25 COMMUNICATION WAY HYANNIS, MA 02601

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CAPE COD HEALTHCARE INC 25 COMMUNICATION WAY HYANNIS, MA02601 22-2600704	PARENT CORP	MA	501(C)(3)	7	
CAPE COD CARDIAC CATH INC 27 PARK STREET HYANNIS, MA02601 04-3294389	CATH SVCS	MA	501(C)(3)	11A	

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
CAPE HEALTH INSURANCE COMPANY PO BOX 1051GT GRAND CAYMAN CJ	INSURANCE	CJ		C CORP	0	0	0 %
CAPE COD MEDICAL OFFICE BUILDING INC 27 PARK STREET HYANNIS, MA02601 04-2423073	RENTAL SERVICES	MA		C CORP	15,000	32,515	100 %

Part V Transactions with Related Organizations

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

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

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	CAPE HEALTH INSURANCE COMPANY	Q	3,073,113
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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TY 2008 Affiliate Listing

Name: CAPE COD HEALTHCARE INC & AFFILIATES

EIN: 90-0054984

Name	Address	EIN	Name control
CAPE COD HEALTHCARE INC	27 PARK STREET HYANNIS, MA 02601	04-2103600	CAPE
CAPE COD HEALTHCARE INC	460 WEST MAIN STREET HYANNIS, MA 02601	04-2323506	CAPE
CAPE COD HEALTHCARE INC	27 PARK STREET HYANNIS, MA 02601	04-3572408	CAPE
CAPE COD HEALTHCARE INC	850 FALMOUTH ROAD HYANNIS, MA 02601	04-2985054	CAPE
CAPE COD HEALTHCARE INC	100 TER HEUN DRIVE FALMOUTH, MA 02540	04-2220716	CAPE
CAPE COD HEALTHCARE INC	184 TER HEUN DRIVE FALMOUTH, MA 02540	04-2995795	CAPE
CAPE COD HEALTHCARE INC	140 TER HEUN DRIVE FALMOUTH, MA 02540	22-3379395	CAPE
CAPE COD HEALTHCARE INC	434 ROUTE 134 SOUTH DENNIS, MA 02660	04-2104159	CAPE
CAPE COD HEALTHCARE INC	27 PARK STREET HYANNIS, MA 02601	04-3475950	CAPE
CAPE COD HEALTHCARE INC	27 PARK STREET HYANNIS, MA 02601	04-3187299	CAPE
CAPE COD HEALTHCARE INC	434 ROUTE 134 SOUTH DENNIS, MA 02660	04-2881809	CAPE
WOMEN'S IMAGING CENTER OF CAPE COD	27 PARK STREET HYANNIS, MA 02601	04-3502480	WOME

Additional Data

Software ID:
Software Version:
EIN: 90-0054984
Name: CAPE COD HEALTHCARE INC & AFFILIATES

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT BIRMINGHAM , TRUSTEE FROM 5/2009	2 0	X						0	0	0
CRAIG CORNWALL MD , TRUSTEE UNTIL 5/2009	2 0	X						0	0	0
HOWARD CROW JR , TRUSTEE	2 0	X						0	0	0
MICHAEL FISHBEIN MD , TRUSTEE	2 0	X						0	0	0
PHILIP MCLOUGHLIN , TRUSTEE	2 0	X						0	0	0
ROBERT MCNUTT MD , TRUSTEE UNTIL 5/2009	2 0	X						0	0	0
BRIAN O'MALLEY MD , TRUSTEE	2 0	X						0	0	0
DAVID P SAMPSON , TRUSTEE	2 0	X						0	0	0
RALPH ANGUS , TRUSTEE UNTIL 5/2009	2 0	X						0	0	0
JOSEPH CONWAY MD , TRUSTEE UNTIL 1/2009	2 0	X						18,400	0	0
DOROTHY SAVARESE , VICE CHAIR & TREAS FROM 5/09	2 0	X		X				0	0	0
WILLIAM ZAMMER , TRUSTEE	2 0	X						0	0	0
GROVER BAXLEY MD , TRUSTEE	2 0	X						54,000	0	0
PATRICK MURRAY MD , TRUSTEE	2 0	X						0	0	0
NATE RUDMAN MD , TRUSTEE	2 0	X						0	0	0
SUMNER B TILTON JR , TRUSTEE	2 0	X						0	0	0
GEORGE B ROWLAND MD , TRUSTEE - MACC	2 0	X						0	0	0
ROBERT SANBORN , TRUSTEE - MACC	2 0	X						0	0	0
THOMAS WROE JR , CHAIRMAN FROM 5/2009	2 0			X				0	0	0
ELEANOR CLAUS , CLERK	2 0			X				0	0	0
STEPHEN J GUIMOND , SEE SCHEDULE O	40 0			X				0	570,961	63,592
JEFFREY S DYKENS , INTERIM SR VP/CFO & CLERK-MACC	40 0			X				0	227,206	39,831
JACK GENEST , TREASURER UNTIL 4/2009	2 0			X				0	0	0
RICHARD F SALLUZZO MD , PRESIDENT/CEO	40 0			X				0	622,722	46,126
MICHAEL L CONNORS , SR VP FIN /CFO FROM 3/16/09	40 0			X				0	0	0
THOMAS J MUNDELL , V P OF DEVELOPMENT	40 0				X			0	346,563	94,513
DIANNE KOLB , CHIEF OPERATING OFFICER - VNA	40 0				X			0	188,019	17,714
SUSAN M WING , COO - FALMOUTH HOSPITAL	40 0				X			0	205,610	56,117
MICHAEL G JONES , V P OF LEGAL AFFAIRS	40 0				X			0	284,302	69,564
CAROL S PLOTKIN , DIRECTOR - CAPE COD HOSPITAL	40 0				X			167,792	0	17,007

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES R HULSE , EXECUTIVE DIRECTOR - MACC	40 0				X			0	191,719	25,904
MICHAEL K LAUF , EXECUTIVE VP/COO	40 0				X			0	212,273	22,857
RICHARD B ZELMAN MD , PHYSICIAN	40 0					X		1,374,144	0	36,262
GILBERT CONNELLY MD , PHYSICIAN	40 0					X		688,530	0	73,801
GARY L SHAPIRO MD , PHYSICIAN	40 0					X		614,878	0	33,262
SHERRI A TUPPER MD , PHYSICIAN	40 0					X		519,284	0	25,903
RICHARD J ANGELO MD , PHYSICIAN	40 0					X		476,810	0	35,341
STEPHEN L ABBOTT , FORMER CEO/CHAIR-MACC	40 0						X	0	2,028,942	107,605
MARGARET A HANSON , FORMER CHIEF OPERATING OFFICER	40 0						X	0	795,675	32,892
RICHARD P KROPP JR , FORMER VP OF HR	40 0						X	0	291,030	65,365
LINDA HABEEB , FORMER MEDICAL DIRECTOR - MACC	40 0						X	223,022	0	39,921
SARALYN MACKENZIE MD , PHYSICIAN	40 0						X	313,641	0	29,873

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a PATIENT SERVICE REVENUE	900,099	575,212,932	575,212,932		
b LABORATORY SERVICES	621,500	10,091,510	2,645,185	7,446,325	
c OCC HEALTH SERVICES	900,099	627,289	627,289		
d CHILDCARE CENTER REVENUE	624,410	501,727		501,727	
e EDUCATIONAL PROGRAMS	900,099	75,871	75,871		