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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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) 25 COMMUNICATION WAY

Room/suite

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 $ 678,334,041

F Name and address of principal officer
MICHAEL K LAUF
25 COMMUNICATION WAY
HYANNIS,MA 02601

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

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

H(c) Group exemption number ▶ 3901

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

J Website: ▶ WWW CAPECODHEALTH org

K Form of organization ☑ 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 net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	4,974
6	Total number of volunteers (estimate if necessary)	**6**	1,189
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,797,910
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	824,627

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	15,478,190	19,646,382
	9 Program service revenue (Part VIII, line 2g)	620,312,582	654,804,853
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-7,436,295	2,002,939
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,984,305	1,834,139
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	630,338,782	678,288,313
Expenses	**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)	330,384,178	346,523,698
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,060,710		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	274,832,630	279,117,560
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	605,216,808	625,641,258
	19 Revenue less expenses Subtract line 18 from line 12	25,121,974	52,647,055

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	664,268,451	696,444,171
	21 Total liabilities (Part X, line 26)	288,594,470	308,032,445
	22 Net assets or fund balances Subtract line 21 from line 20	375,673,981	388,411,726

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-08-13

MICHAEL L CONNORS Senior VP Finance/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
PRICEWATERHOUSECOOPERS LLP	PRICEWATERHOUSECOOPERS LLP			

Firm's name ▶ PricewaterhouseCoopers LLP — Firm's EIN ▶

Firm's address ▶ 125 High Street, Boston, MA 02110 — Phone no ▶ (617) 530-5000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 501(c)(4) organizations and section 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 $ 558,182,303 including grants of $) (Revenue $ 654,888,254)

PATIENT SERVICES - SEE SCHEDULES H AND 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** ▶ $ 558,182,303

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	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 sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	450		
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	4,974		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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		No

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								3,917,366	4,982,336	769,406

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 490

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEMRI INC 153 WASHINGTON STREET BELMONT, MA 02478	MRI SERVICES	3,675,526
MAYO COLLABORATIVE SERVICES INC PO BOX 9146 MINNEAPOLIS, MN 554809146	LAB SERVICES	1,653,262
CAPE COD ANESTHESIA ASSOCIATES 110 MAIN STREET - UNIT B HYANNIS, MA 02601	PHYSICIAN SERVICES	1,577,432
NEUROSURGEONS OF CAPE COD INC 46 NORTH STREET HYANNIS, MA 02601	PHYSICIAN SERVICES	1,507,881
HEALTHCARE PROVIDER SERVICES PO BOX 9399 PROVIDENCE, RI 02940	OUTSIDE BLOOD SVCS	1,081,378

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 79

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	15,760				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	1,510,483				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	18,120,139				
	g Noncash contributions included in lines 1a-1f $	560,491				
	h **Total.** Add lines 1a-1f . . . . . ▶		19,646,382			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	900099	630,621,712	630,621,712		
	b LABORATORY SERVICES	621500	12,215,632	7,926,447	4,289,185	
	c CHILDCARE CENTER REVENUE	624410	508,725		508,725	
	d INSURANCE/AP REFUNDS	900099	3,707,277	3,707,277		
	e PROGRAM RELATED RENTAL INCOME	900099	2,118,706	2,118,706		
	f All other program service revenue		5,632,801	5,632,801		
	g **Total.** Add lines 2a–2f . . . . . ▶		654,804,853			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,811,992			1,811,992
	4 Income from investment of tax-exempt bond proceeds . . ▶		83,401	83,401		
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	99,654	7,892			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	99,654	7,892			
	d Net gain or (loss) . . . . . ▶		107,546			107,546
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a	119,670				
	b Less direct expenses . . . b	45,728				
	c Net income or (loss) from fundraising events . . ▶		73,942			73,942
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA INCOME	900099	1,345,797			1,345,797
	b EMPLOYEE PHARMACY	900099	414,400			414,400
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		1,760,197			
	12 **Total revenue.** See Instructions . . . ▶		678,288,313	650,090,344	4,797,910	3,753,677

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	158,633	27,225	131,408	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	505,423	477,605	27,818	
7	Other salaries and wages	260,196,935	228,869,466	30,691,730	635,739
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,747,111	6,820,048	912,962	14,101
9	Other employee benefits	59,422,132	52,039,917	7,302,653	79,562
10	Payroll taxes	18,493,464	16,223,265	2,209,076	61,123
a	Fees for services (non-employees) Management	3,125,605	2,682,178	443,427	
b	Legal	417,744		417,744	
c	Accounting	831,537		831,537	
d	Lobbying	0			
e	Professional fundraising services *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	40,409,187	34,616,331	5,792,856	
12	Advertising and promotion	247,736	226,653	16,475	4,608
13	Office expenses	3,044,526	2,751,980	287,067	5,479
14	Information technology	6,588,971	5,700,632	862,708	25,631
15	Royalties	0			
16	Occupancy	14,659,329	12,640,065	2,019,264	
17	Travel	2,197,752	2,108,208	83,778	5,766
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	332,402	292,926	39,476	
20	Interest	9,048,906	7,742,390	1,306,516	
21	Payments to affiliates	33,365,035	28,510,422	4,854,613	
22	Depreciation, depletion, and amortization	23,051,788	19,937,736	3,111,852	2,200
23	Insurance	5,182,419	4,589,851	592,262	306
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROFESSIONAL FEES	1,073,899	1,068,678		5,221
b	PURCHASED SERVICES	3,822,136	3,686,295	114,625	21,216
c	BAD DEBTS	14,317,672	14,317,672		
d	MEDICAL SUPPLIES	87,458,103	87,458,103		
e	SUPPLIES	6,955,421	6,086,865	849,168	19,388
f	All other expenses	22,987,392	19,307,792	3,499,230	180,370
25	**Total functional expenses.** Add lines 1 through 24f	625,641,258	558,182,303	66,398,245	1,060,710
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		9,262,404	1	9,379,211
	2	Savings and temporary cash investments		22,183,197	2	28,861,444
	3	Pledges and grants receivable, net		12,632,625	3	12,959,162
	4	Accounts receivable, net		55,044,333	4	63,151,599
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		938,528	7	2,517,951
	8	Inventories for sale or use		8,262,112	8	8,769,838
	9	Prepaid expenses and deferred charges		3,299,569	9	3,954,064
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 573,106,733			
	b	Less accumulated depreciation	10b 321,501,446	239,961,850	10c	251,605,287
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		249,594,607	12	250,549,656
	13	Investments—program-related See Part IV, line 11			13	21,499
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		63,089,226	15	64,674,460
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		664,268,451	16	696,444,171
Liabilities	17	Accounts payable and accrued expenses		59,512,013	17	67,775,937
	18	Grants payable			18	
	19	Deferred revenue		29,907	19	13,408
	20	Tax-exempt bond liabilities		169,235,869	20	162,966,917
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		111,497	23	0
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		59,705,184	25	77,276,183
	26	**Total liabilities.** Add lines 17 through 25		288,594,470	26	308,032,445
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		290,636,416	27	315,843,107
	28	Temporarily restricted net assets		58,473,635	28	46,462,504
	29	Permanently restricted net assets		26,563,930	29	26,106,115
		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		375,673,981	33	388,411,726
	34	Total liabilities and net assets/fund balances		664,268,451	34	696,444,171

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	678,288,313
2	Total expenses (must equal Part IX, column (A), line 25)	2	625,641,258
3	Revenue less expenses Subtract line 2 from line 1	3	52,647,055
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	375,673,981
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-39,909,310
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	388,411,726

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

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 (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- 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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group
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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(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 1c through 1i)?		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 similar 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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 (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Preservation of an historically importantly land area
- ☑ Protection of natural habitat
- ☐ Preservation of a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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	34,043,109	31,383,995	31,217,343		
b	Contributions	361,842	1,110,670	760,805		
c	Investment earnings or losses	-1,080,437	2,116,186	148,865		
d	Grants or scholarships					
e	Other expenditures for facilities and programs	685,875	567,742	743,018		
f	Administrative expenses					
g	End of year balance	32,638,639	34,043,109	31,383,995		

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

- a Board designated or quasi-endowment ▶ 21 000 %
- b Permanent endowment ▶ 79 000 %
- c Term endowment ▶ 0 %

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)	Yes	
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) Accumulated depreciation	(d) Book value
1a Land		23,203,910		23,203,910
b Buildings		293,123,428	115,735,577	177,387,851
c Leasehold improvements		3,053,818	2,141,911	911,907
d Equipment		239,652,044	197,749,328	41,902,716
e Other		14,073,533	5,874,630	8,198,903
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				251,605,287

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LONG-TERM INVESTMENTS	170,787,103	F
(B) AGREEMENT / INDENTURE	21,642,641	F
(C) TEMP RESTRICTED INVESTMENTS	32,066,371	F
(D) PERM RESTRICTED INVESTMENTS	19,559,802	F
(E) TRUST	6,493,739	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	250,549,656	

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
(1) DUE FROM AFFILIATES	49,993,260
(2) NET DEFFERED FINANCING COSTS	5,411,205
(3) GOODWILL	7,980,353
(4) EST SETTLEMENTS W/ 3RD PARTIES	1,031,731
(5) OTHER ASSETS	257,911
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	64,674,460

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
FHA SERIES A SWAP INVESTMENT	67,118
ABANDONED PROPERTY LIAB	20,467
DUE TO AFFILIATES	48,637,030
EST SETTLEMENTS W 3RD PARTIES	18,569,697
JV SHIELDS LIABILITY	328,612
OTHER CURRENT LIABILITIES	479,149
OTHER LONG-TERM LIABILITIES	9,174,110
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	77,276,183

2. Fin 48 (ASC 740) Footnote 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 (ASC740)

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	Other losses	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 IV, 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 Also complete this part to provide any additional information

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 ITS 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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean	1	0	Program Services	CAPTIVE INSURANCE	2,872,657
3a Sub-total	1	0			2,872,657
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	0			2,872,657

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 Part V 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 recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

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 Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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

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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

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

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** ☐ Internet and e-mail 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 services? ☐ **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 and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
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 EVENING (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	135,430			135,430
	2 Less Charitable contributions	15,760			15,760
	3 Gross income (line 1 minus line 2)	119,670			119,670
Direct Expenses	4 Cash prizes	0			0
	5 Non-cash prizes	0			0
	6 Rent/facility costs	12,696			12,696
	7 Food and beverages	23,476			23,476
	8 Entertainment	6,175			6,175
	9 Other direct expenses	3,381			3,381
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				45,728
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				73,942

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) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ 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? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228036862

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %			
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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			11,345,850	8,903,157	2,442,693	0 400 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			28,793,296	18,179,337	10,613,959	1 740 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			34,376,508	26,002,240	8,374,268	1 370 %
d **Total** Financial Assistance and Means-Tested Government Programs			74,515,654	53,084,734	21,430,920	3 510 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,018,505		1,018,505	0 170 %
f Health professions education (from Worksheet 5)			558,757	167,807	390,950	0 060 %
g Subsidized health services (from Worksheet 6)			76,696,293	53,376,790	23,319,504	3 810 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			876,572		876,572	0 140 %
j **Total** Other Benefits			79,150,127	53,544,597	25,605,531	4 180 %
k **Total.** Add lines 7d and 7j			153,665,781	106,629,331	47,036,451	7 690 %

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			2,184			0 %
7 Community health improvement advocacy			35,000			0 %
8 Workforce development			743,246			0 120 %
9 Other						
10 **Total**			780,430			0 120 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	7,898,351		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	394,918		
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, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	206,084,077		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	191,327,407		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	14,756,670		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
b	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	Yes		

Part IV Management Companies and Joint Ventures

(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 CAPE COD RADIATION		50 000 %	0 %	0 %
2 THERAPY SERVICESLLC	RADIATION THERAPY			
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

	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)
1	CAPE COD HOSPITAL 27 PARK STREET HYANNIS, MA 02601	X	X					X		
2	FALMOUTH HOSPITAL ASSOCIATION INC 100 TER HEUN DRIVE FALMOUTH, MA 02540	X	X					X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: CAPE COD HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: FALMOUTH HOSPITAL ASSOCIATION INC

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **49**

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

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

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

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

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

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

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

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

Identifier	ReturnReference	Explanation
PART I, LINE 3C	N/A	PART 1, LINE 6A N/A

Identifier	ReturnReference	Explanation
PART I, LINE 7, COLUMN F	THE AMOUNT OF BAD DEBT SUBTRACTED FOR PURPOSES OF CALCULATING THE	PERCENTAGE IN LINE 7, COLUMN F WAS $14,317,672

Identifier	ReturnReference	Explanation
PART I, LINE 7	The amounts reported in the table were calculated using the ratio of	patient care cost to charges and by following the Form 990, Schedule H instructions The total percentage of charity care and certain other community benefits at cost in the table was calculated on a group return basis as required by the Form 990 instructions, and not on a hospital-only basis

Identifier	ReturnReference	Explanation
PART III, LINE 4	The Bad debt expense (at cost) reported in part III, Line 2 was	calculated using worksheet A of the Schedule H Instructions by applying the ratio of patient care cost to charges against bad debt Cape Cod Healthcare receives payments for services rendered from federal and state agencies (under the Medicare and Medicaid programs), managed care payors, commercial insurance companies, and patients Patient accounts receivable are reported net of contractual allowances and reserves for denials, uncompensated care, and doubtful accounts The level of reserves is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Federal and state governmental and private employer health care coverage and other collection indicators

Identifier	ReturnReference	Explanation
PART III, LINE 8	The costing method used to determine the Medicare (Program) Allowable	Costs were determined from specific values reported in the Medicare Cost Report representing Program Costs The general method utilized in the cost report is to take Total Allowable Costs and divide them into Total Charges to determine a Ratio of Cost to Charges (RCC) The RCC is then multiplied by the Program Charges to determine the Program Costs Cape Cod Hospital incurs losses on certain Medicare Services not reported on the Medicare Cost Report These services are compensated on a "Fee Schedule" basis and are not subject to settlement on the cost report They include Laboratory and other Diagnostic services which incur a loss of $3,972,271 and physician services in the hospital that are heavily subsidized by the hospital and incur a loss of $9,172,835 The Medicare cost of diagnostic services is determined by use of the ratio of cost to charges methodology The Medicare cost of physician services is the product of amount disallowed on the Medicare cost report for the cost of professional services and the Medicare percent of professional fees billed Both costs have been reduced by the amounts of direct reimbursement by Medicare

Identifier	ReturnReference	Explanation
PART III, LINE 9B	Cape Cod Healthcare provides care to patients who meet certain	criteria under its charity care policy without charge or at amounts less than its established rates Because Cape Cod Healthcare does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue The charity care policy is based on the poverty income guidelines established by the Massachusetts Division of Healthcare Finance and Policy If a patient is ineligible because his or her income exceeds the eligibility guidelines, any uncollectible accounts receivable balance is written off to bad debts

Identifier	ReturnReference	Explanation
IN ADDITION TO THE FACILITIES LISTED IN SECTION C, THE LICENSE OF FALMOUTH	HOSPITAL INCLUDES THE FOLLOWING FIVE SATELLITE LOCATIONS	- FALMOUTH HOSPITAL OUTPATIENT RADIOLOGY - BOURNE HEALTH CENTER - MASHPEE HEALTH CENTER - FALMOUTH HOSPITAL REHABILITATION SERVICES - BAY RADIOLOGY OUTPATIENT DEPARTMENT FALMOUTH HOSPITAL THE LICENSE OF CAPE COD HOSPITAL INCLUDES THE FOLLOWING NINE SATELLITE LOCATIONS - CAPE COD HOSPITAL MOBILE MRI AT FONTAINE MEDICAL CENTER - BREAST CARE/RADIOLOGY OF CAPE COD HOSPITAL - CAPE COD HOSPITAL REHABILITATION SERVICES AT WILLY'S GYM - CAPE COD HOSPITAL IMAGING SERVICES AT FONTAINE MEDICAL CENTER - PRIMARY CARE INTERNISTS - CAPE COD HOSPITAL REHABILITATION CENTER - CAPE COD HOSPITAL REHABILITATION SERVICES AT FONTAINE MEDICAL CENTER - CAPE COD HOSPITAL OB/GYN CLINIC - THE CLARK CENTER-CAPE COD HEALTHCARE CANCER SERVICES

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT		CAPE COD HEALTHCARE CONDUCTS A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT STUDY EVERY THREE YEARS CCHC SOLICITS COMMUNITY PARTICIPATION IN THE DESIGN, DATA COLLECTION AND DEVELOPMENT OF RECOMMENDATIONS FOR THE PROGRAM THE STUDY FINDINGS ARE THE FOUNDATION FOR PROGRAM PLANNING AND IMPLEMENTATION IN ADDITION, THE PLAN IS UPDATED ON AN ANNUAL BASIS TO REFLECT EMERGING NEEDS BETWEEN CYCLES CCHC SEEKS COMMUNITY FEEDBACK ABOUT THE SERVICES PROVIDED, SATISFACTION WITH SUCH SERVICES, AND SPECIFIC SERVICES NEEDED THIS INPUT, TOGETHER WITH SECONDARY DATA FROM MULTIPLE SOURCES, IS USED TO BUILD AN AGENDA AIMED AT PROVIDING NEEDED HEALTH CARE SERVICES AND ADDITIONAL COMMUNITY-BASED PROGRAMS CAPE COD HEALTHCARE CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN 2008-2009 THE ASSESSMENT, PERFORMED IN COLLABORATION WITH COMMUNITY PARTNERS FROM CAPE COD AND THE ISLANDS, CONSISTED OF DATA GATHERING AND ANALYSIS UTILIZING MULTIPLE DATA SOURCES AND HEALTH STATUS INDICATORS THE ASSESSMENT RESULTED IN THE CREATION OF THE SALIENT HEALTH ISSUES REPORT IN 2009 "COMMUNITY SOLUTION FORUMS" WERE ORGANIZED TO EXPLORE HOW VARIOUS POPULATIONS IN BARNSTABLE COUNTY WERE IMPACTED BY THE HEALTH ISSUES IDENTIFIED IN THE SALIENT HEALTH ISSUES REPORT VIABLE SOLUTIONS WERE SOUGHT TO REDUCE OR ELIMINATE IDENTIFIED ISSUES THE ASSESSMENT COMPLETED IN 2009 CONTINUES TO GUIDE THE COMMUNITY BENEFITS PROGRAM THROUGH FY12 CAPE COD HEALTHCARE BEGAN A NEW COMMUNITY HEALTH NEEDS ASSESSMENT IN FY2011 THIS STUDY WILL CONCLUDE IN FY 12 AND WILL BE THE BASIS OF COMMUNITY BENEFIT PLANNING FOR FY13 - FY15 THE FOLLOWING SOURCES WERE UTILIZED IN THE 2008-2009 COMMUNITY HEALTH NEEDS ASSESSMENT - ASTHMA PREVENTION AND CONTROL PROGRAMS STATE OF MASSACHUSETTS - BUREAU OF SUBSTANCE ABUSE SERVICES MASSACHUSETTS - CAPE COD COMMISSION OVERVIEW OF CAPE & ISLANDS POPULATION - CENTERS FOR DISEASE CONTROL AND PREVENTION - INJURY SURVEILLANCE PROGRAM MASSACHUSETTS - JARVI REPORT 2004, CAPE & ISLAND'S BEHAVIORAL HEALTH NEEDS SURVEILLANCE AND GAPS - KEY INFORMANT INTERVIEWS - LOCAL HEALTH AGENCIES - MASSACHUSETTS CANCER REGISTRY - MASSACHUSETTS DEATHS 2000-2005 - MASSACHUSETTS HEALTH DATA CONSORTIUM - MDPH REGIONAL HEALTH STATUS INDICATORS 2007 - MONITORING THE HUMAN CONDITION STUDY 2007 BARNSTABLE COUNTY - NATIONAL INSTITUTE OF HEALTH - SENIOR MOBILITY INITIATIVE ON CAPE COD [SMICC] - U S CENSUS CONSULTANTS/OTHER ORGANIZATIONS (NEEDS ASSESSMENT) - BARNSTABLE COUNTY - CAPE AND ISLANDS EMS SYSTEMS, INC - CAPE AND ISLANDS SUICIDE PREVENTION COALITION - CAPE COD IMMIGRANT CENTER - COMMUNITY ACTION COMMITTEE OF CAPE COD & ISLANDS - COUNCILS ON AGING - DUFFY HEALTH CENTER - GOSNOLD ON CAPE COD - MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH - THE BARNSTABLE HUMAN RIGHTS COMMISSION - THE CAPE AND ISLANDS COMMUNITY HEALTH NETWORK (CHNA 27) - TRI-COUNTY COLLABORATIVE FOR ORAL HEALTH EXCELLENCE DATA SOURCES (NEEDS ASSESSMENT) COMMUNITY FOCUS GROUPS, HOSPITAL, CONSUMER GROUP, INTERVIEWS, MASSCHIP, PUBLIC HEALTH PERSONNEL, SURVEYS, CHNA, OTHER - BUREAU OF SUBSTANCE ABUSE, MASS , MONITORING THE HUMAN CONDITION STUDY 2007 AND 2008, BARNSTABLE COUNTY DEPARTMENT OF HUMAN SERVICES, SALIENT HEALTH ISSUES REPORT, JUNE 2008, BARNSTABLE COUNTY, LOCAL HEALTH AGENCIES

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	FOR THOSE PATIENTS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL	WILL WORK WITH THEM TO ASSIST WITH APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER THEIR UNPAID HOSPITAL BILLS IN ORDER TO ASSIST UNINSURED AND UNDERINSURED PATIENTS IN FINDING AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL PROVIDE ALL PATIENTS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE INITIAL BILL THAT IS SENT TO PATIENTS AS WELL AS IN GENERAL NOTICES POSTED THROUGHOUT THE HOSPITAL THE GOAL OF THESE NOTICES IS TO INFORM PATIENTS THAT THEY MAY BE ELIGIBLE TO APPLY FOR COVERAGE WITHIN A FINANCIAL ASSISTANCE PROGRAM, SUCH AS, BUT NOT LIMITED TO, MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAFETY NET, OR MEDICAL HARDSHIP THROUGH THE HEALTH SAFETY NET THE HOSPITAL WILL PROVIDE, UPON REQUEST, SPECIFIC INFORMATION ABOUT THE ELIGIBILITY PROCESS TO BE DESIGNATED A LOW INCOME PATIENT UNDER EITHER THE STATE HEALTH SAFETY NET PROGRAM OR THROUGH THE HOSPITAL'S OWN INTERNAL CHARITY CARE PROGRAM THE HOSPITAL WILL ALSO NOTIFY THE PATIENT ABOUT PAYMENT PLANS THAT MAY BE AVAILABLE TO HIM OR HER BASED ON THE SIZE OF HIS OR HER FAMILY AND FAMILY INCOME

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	DEMOGRAPHIC OVERVIEW	THE PRIMARY SERVICE AREA FOR CCHC IS DEFINED AS THE FIFTEEN TOWNS OF BARNSTABLE COUNTY, COMMONLY KNOWN AS "CAPE COD" THE AREA IS GENERALLY VIEWED AS THE LAND MASS DISSECTED FROM THE MAINLAND BY THE CAPE COD CANAL HOWEVER, BARNSTABLE COUNTY DOES INCLUDE SECTIONS OF BOURNE WHICH ARE LOCATED "OVER THE BRIDGES " BARNSTABLE COUNTY CONSISTS OF 396 SQUARE MILES WITH A POPULATION DENSITY OF 546 PERSONS PER SQUARE MILE IN 2010 CAPE COD IS MADE UP OF DIVERSE TOWNS AND MANY VILLAGES AND DIVIDED INTO FOUR REGIONS, UPPER CAPE, MID CAPE, LOWER CAPE AND OUTER CAPE THE OUTER CAPE IS THE MOST RURAL AREA OF CAPE COD DUE TO ITS GEOGRAPHICAL LAYOUT, DISTANCE FROM ACUTE CARE FACILITIES AND LIMITED PUBLIC TRANSPORTATION CCHC IS WORKING COLLABORATIVELY AND BUILDING RELATIONSHIPS WITH OUTER CAPE COMMUNITY HEALTH PROGRAMS TO IMPROVE HEALTH CARE ACCESS FOR SUCH VULNERABLE POPULATIONS THE 2010 CENSUS REPORTED THE TOTAL YEAR-ROUND RESIDENT POPULATION FOR BARNSTABLE COUNTY AT 215,888 AFTER LEADING THE STATE IN GROWTH FOR THE LAST FEW DECADES, THE BARNSTABLE COUNTY POPULATION HAS STABILIZED OVERALL, THE CAPE POPULATION HAS DECLINED SLIGHTLY FROM 2000 TO 2010 THE UPPER CAPE, WHICH IS THE REGION CLOSEST TO THE BRIDGE, IS THE ONLY REGION FOR WHICH THERE WAS GROWTH DURING THIS TIMEFRAME SEASONAL ESTIMATES BY THE CAPE COD CHAMBER OF COMMERCE SUGGEST THAT THE SUMMERTIME POPULATION ROUTINELY REACHES OVER 500,000 AS A RESULT OF SUMMER RESIDENTS AND VACATIONERS VISITING THE AREA THE MOST NOTABLE DEMOGRAPHIC CHARACTERISTIC OF THE CAPE IS THE HIGH PROPORTION OF SENIOR RESIDENTS TWENTY-FOUR PERCENT OF THE YEAR-ROUND POPULATION IS OVER THE AGE OF 65, COMPARED TO 14% FOR THE STATE AND APPROXIMATELY 13% NATIONALLY THIS SEGMENT IS FORECASTED TO CONTINUE TO GROW THE 2010 MEDIAN AGE FOR A BARNSTABLE COUNTY RESIDENT IS 49 9 YEARS, THE HIGHEST IN MASSACHUSETTS, COMPARED TO A STATEWIDE MEDIAN AGE OF 39 1 YEARS THESE DEMOGRAPHIC FACTORS PLACE SIGNIFICANT DEMANDS UPON THE SYSTEM THEREFORE, CCHC IS ACTIVELY INVOLVED IN COMMUNITY EVENTS AND SUPPORTS PATIENT AND COMMUNITY ADVOCACY THROUGH ITS COMMUNITY BENEFITS PROGRAM

Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES		COALITION BUILDING CCHC has established a formal process for strategic and operational planning with the four local federally qualified community health centers The annual planning meeting is attended by Michael Lauf, CEO CCHC, Theresa Ahern, VP Strategy and Community/Governmental Affairs CCHC, Karen Gardner, CEO Community Health Center of Cape Cod, Heidi Nelson, CEO Duffy Health Center, Sally Deane, CEO Outer Cape Health Services, and David Reidy, Executive Director Mid Upper Cape Community Health Center and other senior staff as needed Throughout the year, CCHC also participates in quarterly health center network meetings which focus on strategic implementation, community assessment, operational improvement and program development Additionally, CCHC community benefits staff works with the community health centers on an ongoing basis to identify and pursue opportunities to improve collaboration in regard to outreach and education, increasing access, identifying and serving vulnerable populations, developing a medical home model, and physician recruitment ADVOCACY CCHC is active with advocacy efforts at both the state and federal level to promote delivery of services to vulnerable populations CCHC regularly works with community-based agencies to advance public policy in a way that recognizes those who lack health insurance or access to services or who face unique health care challenges WORKFORCE DEVELOPMENT THE PHYSICIAN RECRUITMENT PROGRAM STRIVES TO IDENTIFY AREAS OF UNMET NEED AND IMPROVE ACCESS TO PRIMARY AND SPECIALTY CARE FOR VULNERABLE POPULATIONS, ESPECIALLY THOSE OVER 65 THROUGH RIGOROUS EFFORTS HIGHLY QUALIFIED AND COMPETENT PHYSICIANS AND PHYSICIAN EXTENDERS ARE RECRUITED AND RETAINED TO MEET THE HEALTH CARE NEEDS AND PROVIDE CARE TO THE RESIDENTS OF CAPE COD

Identifier	ReturnReference	Explanation
OTHER INFORMATION	EVERY THREE YEARS CCHC CONDUCTS A COMMUNITY HEALTH NEEDS ASSESSMENT TO	DETERMINE THE HEALTH CARE NEEDS OF THE RESIDENTS OF BARNSTABLE COUNTY THIS NEEDS ASSESSMENT HELPS IDENTIFY THE MOST VULNERABLE POPULATIONS AND GAPS IN HEALTH CARE SERVICES RESULTS HELP DRIVE COMMUNITY BENEFITS PLANNING SUCH AS, DIRECT CLINICAL PROGRAMS, HEALTH EDUCATION, WELLNESS PROMOTION, FINANCIAL SUPPORT, HEALTH CARE SUBSIDIES AND ADVOCACY EFFORTS THE GOAL IS TO REDUCE HEALTH DISPARITIES, INCREASE ACCESS TO QUALITY HEALTH CARE, AND IMPROVE THE HEALTH/WELLNESS OF THE COMMUNITY THE FOLLOWING IS A LIST OF THE FY11 TARGET POPULATIONS AND PRIORITIES IDENTIFIED BY THE FY2009 NEEDS ASSESSMENT TARGET POPULATIONS -THE MEDICALLY UNDERSERVED, UN/UNDERINSURED AND/OR THOSE WITH HEALTH DISPARITIES -CHRONICALLY ILL RESIDENTS AFFLICTED WITH CARDIOVASCULAR-RELATED DISEASE, DIABETES, AND/OR ORAL HEALTH ISSUES -COMMUNITY MEMBERS AFFLICTED WITH MENTAL HEALTH AND/OR SUBSTANCE ABUSE RELATED ISSUES - GERIATRIC POPULATION, ESPECIALLY THOSE WHO ARE AT RISK AND/OR IN HARD TO REACH AREAS - RESIDENTS WITH EMERGING HEALTH ISSUES

Identifier	ReturnReference	Explanation
CAPE COD HEALTHCARE'S COMMUNTIY BENEFIT DEPARTMENT PROVIDED THE FOLLOWING		PROGRAMS IN FY 11 FINANCIAL COUNSELING & ASSISTANCE THE FINANCIAL ASSISTANCE AND COUNSELI NG PROGRAM PROVIDES COMPREHENSIVE SERVICES TO COMMUNITY MEMBERS SEEKING PUBLIC INSURANCE E NROLLMENT AND RE-VERIFICATION OF ENROLLMENT INTO MASSHEALTH, COMMONWEALTH CARE AND HEALTH SAFETY NET INSURANCE PRODUCTS FINANCIAL COUNSELORS ARE DEDICATED TO IMPROVING ACCESS TO C ARE THROUGH ELIGIBILITY SCREENING, ASSESSED AFFORDABILITY AND INCOME VERIFICATION REACH (REACHING ELDERS WITH ADDITIONAL COMMUNITY HELP) CAPE & ISLANDS EMERGENCY MEDICAL SERVICES SYSTEM (CIEMSS) THE REACH PROGRAM COORDINATES SERVICES FOR SENIORS IN THEIR HOMES THROUGH THE PROVISION OF REFERRALS TO APPROPRIATE ORGANIZATIONS BY WORKING IN CONJUNCTION WITH C OUNCILS ON AGING, ELDER SERVICES OF CAPE COD AND THE ISLANDS, VNA, EMS AND OTHER COMMUNITY PARTNERS, ISSUES SUCH AS HEALTH, SAFETY, PSYCHOLOGICAL STATUS AND SOCIAL FUNCTIONING ARE ASSESSED, AND APPROPRIATE PLANS ARE DEVELOPED TO ACHIEVE OPTIMAL DAILY LIVING STATUS FOR S ENIORS ON CAPE COD REACH ALSO OFFERS COMMUNITY-BASED TRAININGS FOR SENIOR PROVIDERS WHICH TARGET EMERGING ISSUES AND TRENDS THAT SPECIFICALLY IMPACT SENIOR HEALTH AND WELL-BEING REFERRALS TO 292 COMMUNITY-DWELLING FRAIL ELDERS WERE MADE TO ORGANIZATIONS WHICH PROVIDED SUPPORT SERVICES TO SENIORS RESIDING ON CAPE COD COMMUNITY BASED INTERPRETER SERVICES TH E COMMUNITY BASED INTERPRETER SERVICES PROGRAM OFFERS FREE MEDICAL LANGUAGE INTERPRETATION IN COMMUNITY-BASED PHYSICIAN PRACTICES AND AT THE COMMUNITY HEALTH CENTERS FOR THE LIMITE D AND NON-ENGLISH SPEAKING PATIENTS AND THEIR FAMILIES THE AVAILABILITY OF PROFICIENT AND PROFESSIONAL INTERPRETER SERVICES ENSURES THE DELIVERY OF SAFE QUALITY HEALTH CARE AND PO SITIVE CLINICAL OUTCOMES SPECIALTY NETWORK FOR THE UNINSURED (SNU) THE SPECIALTY NETWORK FOR THE UNINSURED (SNU) IS PROVIDED IN COLLABORATION WITH THE COMMUNITY HEALTH CENTER NETW ORK THROUGH ON-SITE SPECIALTY CLINICS AND VOLUNTEER PHYSICIANS IT OFFERS ACCESS TO SPECIA LTY CARE SERVICES FOR OVER SIX HUNDRED AND FIFTY UNDER/UNINSURED INDIVIDUALS AT NO CHARGE OR ON A SIGNIFICANTLY REDUCED SLIDING-SCALE FEE ALCOHOLISM IT TAKES A COMMUNITY "IT TAKE S A COMMUNITY" IS A COLLABORATIVE PROGRAM INTENDED TO BROADEN HOSPITAL CLINICAL STAFF KNOW LEDGE OF THE DETOXIFICATION PROCESS BY INVOLVING ADDICTION SPECIALISTS FROM GOSNOLD ALCOH OL DEPENDENT PATIENTS AT RISK FOR WITHDRAWAL AND INCREASED INCIDENCE OF DELIRIUM TREMENS W ERE IDENTIFIED BY A FALMOUTH HOSPITAL ADDICTION SPECIALIST PATIENTS WERE REFERRED TO A GO SNOLD COUNSELOR FOR ASSESSMENT, TREATMENT AND APPROPRIATE REFERRAL SERVICES WERE ORGANIZE D TO INCLUDE MEDICAL INTERVENTION, CLINICAL COUNSELING, FAMILY SUPPORT, SPECIALTY REFERRAL PROTOCOLS AND CONTINUING EDUCATION FOR NURSES AND PHYSICIANS TO INCREASE THEIR KNOWLEDGE OF ADDICTION AND IMPROVE LINKAGES TO SPECIALTY PROGRAMS, SUCH AS GOSNOLD AIDS SUPPORT GRO UP OF CAPE COD THE AIDS SUPPORT GROUP OF CAPE COD IS A FRAMEWORK OF SERVICES FOR VULNERABL E INDIVIDUALS WHO ARE MONO-INFECTED WITH THE HEPATITIS C VIRUS THE INITIATIVE UTILIZES A MULTIFACETED APPROACH DESIGNED TO PROVIDE CASE MANAGEMENT AND SUPPORT SERVICES TO CLIENTS RECEIVING INTERFERON-BASED TREATMENT, CLIENTS NEWLY DIAGNOSED WITH THE HEPATITIS C VIRUS A ND CLIENTS WITH END-STAGE LIVER DISEASE CO-INFECTED WITH AIDS THE CORE ELEMENTS OF THE PR OGRAM ARE SCREENING, SYRINGE EXCHANGE, HARM REDUCTION, EDUCATION, DRUG OVERDOSE PREVENTION AND REFERRALS FOR TREATMENT ACCESS TO CARE FOR HOMELESS AND AT RISK ADULTS THE DUFFY HEA LTH CENTER PROVIDES ACCESS TO CARE THROUGH ASSISTANCE WITH ENROLLMENT AND RE-ENROLLMENT TO HOMELESS ADULTS AND THOSE AT-RISK FOR HOMELESSNESS INTO MASSHEALTH, COMMONWEALTH CARE, AN D OTHER STATE INSURANCE PRODUCTS CLIENTS RECEIVED ONGOING ACCESS TO CARE, INCLUDING REFER RALS TO PRIMARY CARE PHYSICIANS AND OTHER APPROPRIATE PROVIDERS TO IMPROVE CHRONIC DISEASE MANAGEMENT AND PROMOTE OLDER ADULT WELLNESS H O P E PROJECT COMMUNITY ACTION COMMITTEE OF CAPE COD THE H O P E PROGRAM OFFERS ACCESS TO HEALTH CARE SERVICES THROUGH ENROLLMENT ASSISTANCE TO INDIVIDUALS AND FAMILIES THE PROGRAM COORDINATOR OFFERS ASSESSMENT OF AFFOR DABILITY AND INCOME VERIFICATION TO DETERMINE THE CLIENT'S ABILITY TO OBTAIN MASSHEALTH, C OMMONWEALTH CARE, AND OTHER STATE INSURANCE PLANS THE COORDINATOR ALSO SERVES AS A REFERR AL SOURCE TO PRIMARY CARE PHYSICIANS, OTHER HEALTH AND HUMAN SERVICE ORGANIZATIONS EDUCAT IONAL OPPORTUNITIES EXIST FOR OPTIMIZING THE IDENTIFICATION OF SERVICES AVAILABLE TO ADDRE SS THE CLIENTS' UNMET NEEDS DETERMINATION OF NEED OFFICE BASED OPIOID TREATMENT PROGRAM (OBOT) THE DUFFY HEALTH CENTER DEVISED AN INTEGRATED MODEL TO PROVIDE THE EVIDENCED-BASED PRACTICE OF OFFICE-BASED OPIOID TREATMENT (OBOT) IN 2009, WITH THE OBJECTIVE OF PROGRAM EX PANSION TO MEMBERS OF THE COMMUNITY HEALTH CENTER NETWORK (CHCN) BY 2011 THE DUFFY HEALTH CENTER (DHC), THE COMMUNITY HEALTH CENTER OF CAPE COD (CHCCC) AND OUTER CAPE HEALTH SERVI CES (OCHS) COMPRISE THE GROUP OF CENTERS WHICH FOC

Identifier	ReturnReference	Explanation
CAPE COD HEALTHCARE'S COMMUNTIY BENEFIT DEPARTMENT PROVIDED THE FOLLOWING		US ON ADDRESSING THE IDENTIFIED HIGH ADDICTION RATES ON CAPE COD EACH COMMUNITY HEALTH CE NTER HAS A SPECIALTY TEAM OF HIGHLY TRAINED PHYSICIANS AND NURSE PRACTITIONERS WHICH MONIT OR PATIENTS CLOSELY FOR ADHERENCE TO THEIR TREATMENT PLANS TO ADDRESS THIS VERY COMPLEX IS SUE DETERMINATION OF NEED CHNA 27 TOTAL FUNDING OF $401,000 HAS BEEN DESIGNATED TO ADDRE SS ISSUES THAT ELIMINATE HEALTH DISPARITIES, PROMOTE WELLNESS, AND PREVENT/MANAGE CHRONIC DISEASE FOR INDIVIDUALS WHO ARE ELDERLY AND/OR PERSONS WITH DISABILITIES THIS POPULATION WAS IDENTIFIED THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT BY CAPE COD HEALTHCARE AND ENDO RSED BY THE COMMUNITY HEALTH NETWORK AREA 27 (CAPE COD AND THE ISLANDS) PRESCRIPTION ASSI STANCE PROGRAM THE PRESCRIPTION ASSISTANCE PROGRAM IS A JOINT INITIATIVE OF CAPE COD HOSPI TAL AND FALMOUTH HOSPITAL EMERGENCY ROOMS AND PHARMACY DEPARTMENTS AS A COMMUNITY BENEFIT TO HELP UNINSURED OR UNDERINSURED PATIENTS WHO HAVE NO OTHER VIABLE MEANS TO PAY FOR MEDIC ATIONS UPON DISCHARGE FROM THE ER LAST YEAR PHARMACY VOUCHERS TOTALING OVER $23,000 WERE PROVIDED TO PATIENTS THAT MET THE FINANCIAL CRITERIA THIS INITIATIVE ENSURES PATIENTS ARE ABLE TO COMPLY WITH THEIR DISCHARGE PLAN TRANSPORTATION ASSISTANCE PROGRAM CAPE COD HOSP ITAL AND FALMOUTH HOSPITAL PROVIDED TRANSPORTATION THROUGH ISSUANCE OF $21,500 WORTH OF TA XI VOUCHERS TO ASSIST FINANCIALLY CHALLENGED PATIENTS WHO ARE BEING DISCHARGED FROM THE EM ERGENCY ROOMS AND ARE WITHOUT RESOURCES FOR BEING TRANSPORTED TO THEIR DESTINATION KICK B UTTS - SMOKING CESSATION PROGRAM CAPE COD HEALTHCARE OFFERS FREE AND REDUCED-FEE PERSONALI ZED TOBACCO CESSATION CLASSES CLASSES FOCUS ON EDUCATING AND MOTIVATING PARTICIPANTS TO S TOP UTILIZING USING TOBACCO THE SIX-WEEK SMOKING CESSATION PROGRAMS OCCUR AT CONVENIENT L OCATIONS IN ORDER TO ACCOMMODATE POTENTIAL PARTICIPANTS CERTIFIED SMOKING CESSATION EXPER TS FACILITATE THE PROGRAMS SESSIONS ARE INTERACTIVE AND GROUP SIZES VARY FROM FIVE TO FIF TEEN CANCER SURVIVORSHIP PROGRAM THE CANCER SURVIVORSHIP PROGRAM AT CAPE COD HEALTHCARE E NCOMPASSES SUPPORT, INFORMATION AND RESOURCES OFFERED TO INDIVIDUALS, FAMILIES AND FRIENDS THROUGH IN-PERSON MEETINGS AND PHONE CONTACT SUPPORT GROUPS ARE OFFERED ON A MONTHLY BAS IS, IN ADDITION TO EDUCATION AND OUTREACH TO ORGANIZATIONS AND THEIR MEMBERSHIP TO INCREAS E THE KNOWLEDGE AND AWARENESS OF SURVIVORSHIP AN ANNUAL "CELEBRATION OF LIFE" EVENT IS OR GANIZED TO EMPHASIZE THE IMPORTANCE OF SUPPORTING SURVIVORS BEYOND THEIR RECOVERY COMMUNI TY-BASED HEALTH EDUCATION AND OUTREACH CAPE COD HEALTHCARE IS COMMITTED TO PROVIDING FREE HEALTH EDUCATION AND OUTREACH IN ORDER TO ENHANCE AND PROMOTE WELLNESS, CONTRIBUTE TO THE PREVENTION OF ILLNESS AND IMPROVE THE MANAGEMENT OF CHRONIC DISEASE HEALTH CARE PROFESSIO NALS, INCLUDING PHYSICIANS AND NURSES, PROVIDE THE MOST UP-TO-DATE HEALTH AND DISEASE MANA GEMENT INFORMATION TO THE COMMUNITY AT LARGE IN ORDER TO INCREASE THEIR AWARENESS OF STRAT EGIES WHICH MAY IMPROVE THEIR HEALTH STATUS AND WELL-BEING HELPING HANDS PROGRAM THE HELP ING HANDS PROGRAM OFFERS MEDICATION REVIEW AND OPTIMIZATION WITH A CLINICAL PHARMACIST IN THE PATIENT'S HOME FOR HIGH-RISK PATIENTS BEING DISCHARGED WITH A CHRONIC DISEASE, FIVE OR MORE MEDICATIONS, MULTIPLE REGIMEN CHANGES, AND WHEN AN INCREASE FALL RISK HAS BEEN IDENT IFIED PATIENTS AND THEIR CAREGIVERS ARE PROVIDED COACHING ON SELF-MANAGEMENT OF THEIR CHR ONIC DISEASE, MEDICATION MANAGEMENT AND EVALUATION FOR FALL RISK AND HOME SAFETY SUPPORT GROUPS AND CLASSES SUPPORT GROUPS AND CLASSES ARE CONDUCTED BY HEALTH CARE PROFESSIONALS O N A REGULAR BASIS THESE EVENTS WERE OPEN TO ALL MEMBERS OF THE COMMUNITY REGARDLESS OF TH EIR PATIENT STATUS OR TIES TO A SPECIFIC HOSPITAL INFORMATION AND RESOURCES WERE MADE AVA ILABLE TO INDIVIDUALS, FAMILIES AND FRIENDS WORKFORCE DEVELOPMENT CAPE COD HEALTHCARE REC OGNIZES THE IMPORTANCE OF WORKFORCE DEVELOPMENT, AND SUPPORTS THE OPPORTUNITY FOR STUDENTS FROM HIGH SCHOOL THROUGH GRADUATE SCHOO

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE SYSTEMS ROLES		THE HOSPITALS ARE PART OF AN AFFILIATED HEALTHCARE SYSTEM AND THEIR RESPECTIVE ROLES ARE CAPE COD HOSPITAL - A NOT-FOR-PROFIT ACUTE CARE HOSPITAL LOCATED IN HYANNIS, MASSACHUSETTS FALMOUTH HOSPITAL ASSOCIATION, INC - A NOT-FOR-PROFIT ACUTE CARE HOSPITAL LOCATED IN FALMOUTH, MASSACHUSETTS CAPE COD HEALTHCARE, INC - A NOT-FOR-PROFIT CORPORATION THAT SERVES AS THE PARENT COMPANY OF VARIOUS ENTITIES PROVIDING HEALTH CARE SERVICES TO THE POPULATION OF CAPE COD, MASSACHUSETTS CAPE COD HEALTHCARE FOUNDATION, INC - A NOT-FOR-PROFIT CORPORATION ORGANIZED TO PROVIDE DEVELOPMENT AND FUNDRAISING SUPPORT TO CAPE COD HEALTHCARE CAPE AND ISLANDS HEALTH SERVICES II, INC - A NOT-FOR-PROFIT CORPORATION ORGANIZED TO PROVIDE VARIOUS NONHOSPITAL HEALTH CARE SERVICES MEDICAL AFFILIATES OF CAPE COD, INC - A NOT-FOR-PROFIT MEDICAL GROUP PRACTICE VISITING NURSE ASSOCIATION OF CAPE COD - A NOT-FOR-PROFIT PROVIDER OF HOME HEALTH SERVICES CAPE COD HUMAN SERVICES, INC - A NOT-FOR-PROFIT PROVIDER OF OUTPATIENT MENTAL HEALTH SERVICES FALMOUTH ASSISTED LIVING, INC , D/B/A HERITAGE AT FALMOUTH - A NOT-FOR-PROFIT CORPORATION THAT OWNS AN ASSISTED LIVING FACILITY JML CARE CENTER, INC - A NOT-FOR-PROFIT SKILLED NURSING AND REHABILITATION FACILITY CAPE HEALTH INSURANCE COMPANY - A CAPTIVE INSURANCE COMPANY THAT PROVIDES MEDICAL PROFESSIONAL AND GENERAL LIABILITY INSURANCE TO CAPE COD HEALTHCARE CAPE COD HOSPITAL MEDICAL OFFICE BUILDING - A PROVIDER OF LEASED AND SUBLEASED SPACE TO CAPE COD HOSPITAL AND RELATED AFFILIATIONS ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT MA

Additional Data

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

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

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **49** Name and address	Type of Facility (Describe)
CAPE COD HEALTHCARE CORP 88 Lewis Bay Rd Hyannis,MA 02601	administrative
Fontaine Medical Center 525 Long Pond Drive HARWICH,MA 02645	medical group practice
Medical Affiliates of Cape Cod - Bourne 1 Trowbridge Road Suite 100 BOURNE,MA 02532	medical group practice
Bramblebush Medical Group 21 Bramblebush Park FALMOUTH,MA 02540	medical group practice
Guo X Y David MD PhD 37 Edgerton Drive North Falmouth,MA 02556	medical group practice
Koehler & Feuer 130 North Street HYANNIS,MA 02601	medical group practice
Harris Scott MD 1 Trowbridge Road Bourne,MA 02532	medical group practice
Manning Jr William J MD 700 Attucks Lane Suite 1A HYANNIS,MA 02601	medical group practice
Seaside Pediatrics 150 Ansel Hallet Road West Yarmouth,MA 02673	medical group practice
Fontaine - Walk-In 525 Long Pond Drive Harwich,MA 02645	medical group practice
Elmer David B MD 60 Park Street HYANNIS,MA 02601	medical group practice
Medical Affiliates of Cape Cod -SandwicH 2 Jan Sebastian Way Sandwich,MA 02563	medical group practice
Shapiro Gary MD One Lynxholm Court Hyannis,MA 02601	medical group practice
Hass Family Medicine Hass Joel J MD 130 North Street Hyannis,MA 02601	medical group practice
Endocrine Center of Cape Cod 40 Quinlan Way 2nd Fl Suite 206 Hyannis,MA 02601	medical group practice
Ferley - Neurology 40 Quinlan Way 2nd Fl Suite 206 HYANNIS,MA 02601	medical group practice
Surgical Associates of Falmouth 90 Ter Heun Drive 3rd Fl Falmouth,MA 02540	medical group practice
Yarmouth Internists 257 Station Avenue SOUTH YARMOUTH,MA 02664	medical group practice
Litterer William E III DO FACP 360 Gifford Street Unit 2 FALMOUTH,MA 02540	medical group practice
Rymzo Walter T Jr MD 171 Main Street HYANNIS,MA 02601	medical group practice
Malaquias Stephen MD 257 Station Avenue South Yarmouth,MA 02664	medical group practice
Mannal Practice 700 Attucks Lane Suite 1A HYANNIS,MA 02601	medical group practice
Theodore A Calianos II MD 5 Industrial Drive Suite 109 MASHPEE,MA 02649	medical group practice
Cape Cod Pediatrices 55 Route 130 Forestdale,MA 02644	medical group practice
Nauset Family Practice 81 Old Colony Way D ORLEANS,MA 02653	medical group practice
Barnett Practice 348 Gifford Street 3 Falmouth,MA 02540	medical group practice
O'Connor Practice 107 County Road North Falmouth,MA 02556	medical group practice
Devin McManus Medical Practice 10 Bramble Bush Drive FALMOUTH,MA 02540	medical group practice
Baxley Practice 51 Ocean Avenue Cataumet,MA 02534	medical group practice
Visiting Nurse Association of Cape Cod 255 Independence Drive HYANNIS,MA 02601	home health
Cape Health Insurance Company - FOREIGN C/O CCHC 25 COMMUNICATION WAY HYANNIS,MA 02601	administrative
Healthcare Foundation One Financial Place 297 North Stre Hyannis,MA 02601	administrative
Healthcare Foundation Homeport 348C Gifford Street FALMOUTH,MA 02540	ADMINISTRATIVE
JML Care Center 184 Ter Heun Drive falmouth,MA 02540	skilled nur & rehab
Cape & Islands Health Services II 14 Yellow Brick Road HYANNIS,MA 02601	COLLECTION CENTER
Cape & Islands Health Services II 5 Industrial Drive Suite 102 MASHPEE,MA 02649	COLLECTION CENTER
Cape & Islands Health Services II 200 Jones Road FALMOUTH,MA 02540	COLLECTION CENTER
Cape & Islands Health Services II 525 Long Pond Drive HARWICH,MA 02645	COLLECTION CENTER
Cape & Islands Health Services II 81 Old Colony Way ORLEANS,MA 02653	COLLECTION CENTER
Cape & Islands Health Services II 2 Jan Sebastian Way Route 130 SANDWICH,MA 02563	COLLECTION CENTER
Cape & Islands Health Services II 860 Route 134 Unit 2 South Dennis,MA 02660	COLLECTION CENTER
Cape & Islands Health Services II 1 Trowbridge Road Bourne,MA 02532	COLLECTION CENTER
Cape & Islands Health Services II 68B Route 6A SANDWICH,MA 02563	COLLECTION CENTER
Cape & Islands Health Services II 12 Bramblebush Park FALMOUTH,MA 02540	COLLECTION CENTER
Cape & Islands Health Services II 35 Gonsalves Rd HYANNIS,MA 02601	COLLECTION CENTER
Cape & Islands Health Services II 30 Shankpainter Road PROVINCETOWN,MA 02657	COLLECTION CENTER
Heritage at Falmouth 140 Ter Heun Drive FALMOUTH,MA 02540	ASSISTED LIVING
Cape Cod Human Services 460 West Main Street HYANNIS,MA 02601	outpatient clinic
Cape Cod Medical Office Building Inc 20 Gleason Street HYANNIS,MA 02601	administrative

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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**		
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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) 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) Retirement and other 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 reportable compensation				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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
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 PAID UNDER THE PLAN DURING CALENDAR YEAR 2010 WERE AS FOLLOWS - RICHARD F SALLUZZO, MD - $26,488 - MICHAEL K LAUF - $18,080 - STEPHEN L ABBOTT - $645,256 - SUSAN M WING - $28,007 - GARY L SHAPIRO - $1,496 (SERP) STEPHEN L ABBOTT, FORMER PRESIDENT/CEO RECEIVED A 457(F) PAYOUT OF $645,256 AS IT WAS VESTED TWO YEARS FROM THE DATE OF TERMINATION $199,912 REPORTED IN SCHEDULE J, PART II, COLUMN (F) WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS FORM 990
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				
CHRISTOPHER O'CONNOR	(I)	0	0	0	0	0	0	0
	(II)	250,115	36,000	4,765	0	24,135	315,015	0
DIANNE KOLB	(I)	0	0	0	0	0	0	0
	(II)	200,710	27,500	5,325	12,392	14,912	260,839	0
SUSAN M WING	(I)	0	0	0	0	0	0	0
	(II)	220,235	42,500	31,006	23,956	6,938	324,635	28,007
MICHAEL G JONES	(I)	0	0	0	0	0	0	0
	(II)	306,601	65,000	1,138	28,333	33,541	434,613	0
LINDA HABEEB MD	(I)	235,519	0	420	9,600	26,266	271,805	0
	(II)	0	0	0	0	0	0	0
CHARLES R HULSE	(I)	0	0	0	0	0	0	0
	(II)	203,873	13,251	1,776	8,781	18,508	246,189	0
RICHARD F SALLUZZO MD	(I)	0	0	0	0	0	0	0
	(II)	841,363	255,000	108,512	83,280	21,153	1,309,308	26,488
MICHAEL K LAUF	(I)	0	0	0	0	0	0	0
	(II)	433,909	100,000	18,817	51,769	30,659	635,154	18,080
MICHAEL L CONNORS	(I)	0	0	0	0	0	0	0
	(II)	335,464	80,000	1,182	41,776	36,145	494,567	0
RICHARD B ZELMAN MD	(I)	1,210,859	50,000	7,960	9,800	25,174	1,303,793	0
	(II)	0	0	0	0	0	0	0
DANIEL J CANADAY MD	(I)	331,034	275,157	6,766	9,800	25,174	647,931	0
	(II)	0	0	0	0	0	0	0
GARY L SHAPIRO MD	(I)	547,882	0	14,845	9,800	28,674	601,201	0
	(II)	0	0	0	0	0	0	0
XIANG-YANG D GUO MD	(I)	541,598	0	630	9,800	27,674	579,702	0
	(II)	0	0	0	0	0	0	0
ROBERT R MCANAW MD	(I)	327,331	206,926	1,806	9,800	24,435	570,298	0
	(II)	0	0	0	0	0	0	0
STEPHEN L ABBOTT	(I)	0	0	0	0	0	0	0
	(II)	0	0	645,256	0	0	645,256	199,912
DAVID RYAN	(I)	0	0	0	0	0	0	0
	(II)	204,651	30,000	1,091	18,892	29,029	283,663	0
JEFFREY S DYKENS	(I)	0	0	0	0	0	0	0
	(II)	214,846	25,000	2,220	9,062	25,174	276,302	0
SHERYL CROWLEY	(I)	0	0	0	0	0	0	0
	(II)	226,600	48,000	630	9,800	25,174	310,204	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MHEFA REVENUE BONDS SERIES D	04-2456001	57586ERMS	12-23-2004	65,000,000	CONSTRUCTION		X		X		X
B	MHEFA REVENUE BONDS SERIES E	04-2456011	57586C7V1	06-18-2008	36,710,000	REF OF 93 SER A&C AND 94 SER		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,980,000	4,115,422		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	65,000,000	36,710,000		
4	Gross proceeds in reserve funds	3,880,803			
5	Capitalized interest from proceeds	2,886,949			
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	1,142,687	266,112		
8	Credit enhancement from proceeds	2,267,966			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	54,821,595			
11	Other spent proceeds	36,443,888	36,443,888		
12	Other unspent proceeds				
13	Year of substantial completion	2008			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	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?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?		X	X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X					
b	Name of provider	BANK OF AMERICA		BANK OF AMERICA					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X				
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?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

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).

Complete if the organization 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	(c) Corrected? 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.

Complete if the organization 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.**

Complete if the organization 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
(1) DR KATIE RUDMAN	SPOUSE OF TRUSTEE	176,986	MACC EMPLOYEE		No
(2) DR DALE WELDON	SPOUSE OF KEY EMPLOYEE	50,260	HOSPITAL EMPLOYEE		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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	31	560,491	VALUE OF STOCK REC'D
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
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 ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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** 0

		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?		No
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	Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)		THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS RECEIVED

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Identifier	Return Reference	Explanation
Community Benefits Mission		Community Benefits Mission Statement Cape Cod Healthcare, Inc , through its Community Benefits initiative, is committed to enhancing the quality of and access to comprehensive health care services for all the residents of Cape Cod Through continuous assessment of community needs, coordinated planning and the allocation of resources, this commitment includes a special focus on the unmet needs of the financially disadvantaged and underserved populations We will take a leadership role in collaborative efforts joining our resources, talent, and commitment with that of other providers, organizations and community members The Community Benefits Mission Statement was affirmed by the CCHC Community Health Committee and the Board of Trustees in 2000 and remains in effect Target Populations 1 Name of Target Population The under-served, un/underinsured and/or those with health disparities Basis for Selection This population is selected based on well documented evidence that a significant portion of the community needs financial, programmatic, informational or educational support The data suggests opportunity to impact the overall health status of individuals across the entire service area Although some aspects may be currently addressed to some degree in the community, unmet needs still exist 2 Name of Target Population Chronically ill residents afflicted with cardiovascular-related disease, diabetes, and/or oral health issues Basis for Selection This population is selected based on well documented evidence that a significant portion of the community needs financial, programmatic, informational or educational support The data suggests opportunity to impact the overall health status of individuals across the entire service area Although some aspects may be currently addressed to some degree in the community, unmet needs still exist 3 Name of Target Population Community members afflicted with mental health and/or substance abuse-related issues Basis for Selection This population is selected based on well documented evidence that a significant portion of the community needs financial, programmatic, informational or educational support The data suggests opportunity to impact the overall health status of individuals across the entire service area Although some aspects may be currently addressed to some degree in the community, unmet needs still exist 4 Name of Target Population Geriatric population, especially those who are at risk and/or in hard to reach areas Basis for Selection This population is selected based on well documented evidence that a significant portion of the community needs financial, programmatic, informational or educational support The data suggests opportunity to impact the overall health status of individuals across the entire service area Although some aspects may be currently addressed to some degree in the community, unmet needs still exist 5 Name of Target Population Residents with emerging health issues Basis for Selection This population is designated to allow program flexibility to address community health needs not identified at the time of initial plan development Publication of Target Populations Website, Other- Attorney General Website Hospital/HMO Web Page Publicizing Target Pop http //www capecodhealth org/community

Identifier	Return Reference	Explanation
Key Accomplishments of Reporting Year		The Cape Cod Healthcare (CCHC) Community Benefits program provided funding to multiple community agencies Throughout the year, leadership, staff and physicians worked collaboratively with community agencies to identify and develop programs that were sponsored by CCHC The program continues to seek opportunities to develop collaborative relationships which benefit the community The key accomplishments for FY 11 include 1 HC expanded its collaboration with and support of the federally funded community health centers operating in Barnstable County 2 CCHC continued its collaboration with a broad spectrum of health and human service agencies which support the residents of Barnstable County 3 CCHC initiated the first phase of the Community Health Needs Assessment for the service area During FY 11 the program began study design, identified and selected an independent research firm to assist with the research component and solicited the involvement of other community partners Secondary research began and the study will conclude and be reported in FY 12 This study will serve as the basis for program planning from FY 13-15 4 CCHC, in collaboration with the Community Health Committee, stabilized three important and ongoing programs by establishing multi-year plans and funding These programs provide services to vulnerable populations including the uninsured, elders, people needing access to specialty physicians, and interpretive services in the community 5 Established an internally based Community Benefits Task Force comprised of clinical, operational and corporate managers throughout CCHC to identify and quantify community benefits initiatives The task force created an inventory of all community benefit programs which align with the target populations and stated priorities This group also serves in an advisory capacity which identifies community needs 6 Developed a comprehensive RFP program for direct funding of community benefit programs This process resulted in direct funding of $100,000 to programs/agencies which address substance abuse, infectious disease and access through enrollment 7 CCHC's Community Benefits program staff participates as an active member of CHNA 27 and its steering committee CHNA 27 members work to build a healthier community through community-based prevention planning, health promotion and improving health status indicators of Cape Cod and the Islands residents pursuant to the mandate from the Massachusetts Department of Public Health Plans for Next Reporting Year Plans for FY12 will continue to implement priorities established in the FY 10 strategic plan Staff updates and amends the plan annually to reflect emerging needs These amendments ensure that the plan has incorporated data and findings from national, regional, state and local studies, particularly those provided by the Mass Department of Public Health and Barnstable County Human Services The FY 12 plan is compliant with all state and federal requirements

Identifier	Return Reference	Explanation
Goals for FY2012		1 Continue to expand community collaborations to enhance the health of Cape Cod's underserved and vulnerable populations 2 Strategically partner with the four federally qualified community health centers based on Cape Cod to increase access to primary and specialty care services 3 Complete a Community Health Needs Assessment and utilize findings to modify the community benefits plan 4 Develop or modify Community Benefits services to meet prioritized community health needs for FY 13-15 5 Continue to evaluate services, events and programs for alignment with established priorities, measurable outcomes and cost effectiveness, as well as with CCHC's overall strategic direction 6 Conduct an annual RFP process and award $150,000 in Impact Priority-Grants Community Collaborations CCHC continuously seeks opportunities to engage the community in collaborative efforts to enhance the quality of and access to comprehensive health care services for all residents of Cape Cod FY2012 Community Benefits Priorities 1 Increase health care access through outreach and leadership initiatives resulting in an integrated and coordinated community health care delivery system to reduce health disparities and promote health equity 2 Create strategic collaborations with existing community health providers and partners who will foster healthy lifestyle choices and promote healthier behaviours that can prevent or delay chronic disease thereby increasing the quality of life 3 Improve post-hospital discharge and follow-up experience of vulnerable patients, particularly elders and those with chronic disease 4 Adopt a more preventative, wellness-oriented care model related to mental health and substance abuse 5 Reduce health risks and unnecessary declines in quality of life through wellness and prevention approaches with attention to particularly vulnerable populations, including, but not limited to a) Persons 65 and over b) Persons with or at risk of contracting, HIV/AIDS, Hepatitis B and C, tuberculosis and/or sexually transmitted diseases 6 Address well documented emerging health issues identified by the MA Department of Health, and other reliable sources, such as issues related to youth populations (i e violence, bullying and suicide)

Identifier	Return Reference	Explanation
Community Benefits Process		Community Benefits Leadership Team A fundamental tenet of Cape Cod Healthcare's mission is to provide excellent care to members of our community Cape Cod and Falmouth Hospitals, along with our affiliates, play an important role as safety net providers to the Cape Cod region, given our relative geographic isolation The development of varied community collaborations, including the Community Benefits Program, is lead by Michael K Lauf, Chief Executive Officer and Theresa M Ahern, Vice President, Strategy, Community/Governmental Affairs Management of the program is the responsibility of Carol A Summersall, Director of Community Benefits and Partnerships The Community Health Committee provides strategic oversight to the community benefits program as a designated subcommittee of the Board of Trustees The Committee is comprised of members who work in health care services on Cape Cod, community-based organizations, community advocacy groups and county government, as well as two current members of the CCHC Board of Trustees The Committee develops and recommends policies to the Board regarding Community Benefits programs, sets priorities and awards priority grant funding, and advises on community health issues and initiatives Community Health Committee Members Eleanor Claus (Chair) CCHC Board Member 927 Route 6A, Yarmouth Port, MA 02675 508 362 3000 x203 eclaus@kinlingrover com Representing CCHC Board of Trustees Elizabeth Albert, Director Barnstable County Human Services P O Box 427, Barnstable, 02630 508 375 6626 balbert@barnstablecounty org Representing Community at Large Mid-Cape Karen Cardeira, Director Falmouth Human Services 65 Town Hall Square, Falmouth, MA 02540 508 548 0533 kcardeira@falmouthhumanservices org Representing Community at Large Upper Cape Mary Devlin, Manager Public Health and Wellness Visiting Nurses Association 255 Independence Drive, Hyannis, 02601 508 957 7619 mdevlin@vnacapecod org VNA of Cape Cod Provincetown to Plymouth Representing All 5 Priorities with emphasis on Chronic Disease and Healthy Aging of the Geriatric Population Georgia Carvalho, Grants Developer Cape Cod Community College 2240 Iyannough Road, West Barnstable, 02668 508 362 2131 ext 4492 gcarvalho@capecod edu Representing Education related to all 5 priorities Karen Gardner, CEO Community Health Center of Cape Cod 107 Commercial St , Mashpee, MA 02649 508 477 7090 kgardner@chcofcapecod org Representing Community at Large Suzanne Fay Glynn, Attorney CCHC Board Member Glynn Law Offices 49 Locust Street, Falmouth, MA 02540 508 548 8282 ljarvis@glynnlaw offices com Representing CCHC Board of Trustees Carmen Lebron, Manager Cape Cod Immigrant Center 624 Osterville West Barnstable Rd Unit E1 - Marstons Mills, MA 02648 508 428 0517 clebron@capecod edu Representing All 5 priorities with an emphasis on Immigrant population, Health disparities and Emerging Health Needs Timothy Lineaweaver, Executive Director Cape and Islands Coalition for Suicide Prevention 107 Commercial Street, Mashpee, MA 02649 tnt410@aol com Representing Mental Health, Substance Abuse and Suicide Brian O'Malley, MD 30 Shankpainter Road Provincetown, MA 02657 508 487 3505 bomalley@capecodhealth org Medical Seat Representing Community at Large Lower/Outer Cape Elizabeth Smith, Director Lower Cape Councils on Aging (Orleans) 150 Rock Harbor Road, Orleans, 02653 508 255 6333 esmith@town orleans ma us Representing Healthy Aging to Geriatric Population, Chronic Disease and Emerging Health Needs Cape Cod Healthcare members Theresa M Ahern Vice President, Strategy and Community/Governmental Affairs Cape Cod Healthcare 88 Lewis Bay Road Hyannis, MA 02601 508 862 5077 tahern@capecodhealth org Diane M Munsell, BSN, RN, EdM Senior Manager, Community Benefits and Clinical Outreach Cape Cod Healthcare 333 North Street Hyannis, MA 02601 508 862 7896 dmunsell@capecodhealth org Community Benefits Team Meetings The Community Health Committee Meeting Dates for FY11 were November 18, 2010 4 00-5 30 pm February 24, 2011 4 00-5 30 pm May 5, 2011 4 00-5 30 pm August 4, 2011 4 00-5 30 pm Community Partners AIDS Support Group of Cape Cod Barnstable Equals Smart, Safe and Sober (BES3) Barnstable Human Services Barnstable High School Cape and Islands EMS Systems, Inc Cape and Islands Suicide Prevention Coalition Cape and Islands United Way Cape Cod Chamber of Commerce Cape Cod Community College Cape Cod Community Foundation Cape Cod Immigrant Center Children's Cove Community Action Committee of Cape Cod & Islands Community Health Center of Cape Cod Councils on Aging Duffy Health Center Falmouth Human Services Gosnold on Cape Cod Housing Assistance Corporation Immigrant Center of Cape Cod Massachusetts Department of Public Health Mid-Upper Cape Community Health Center Outer Cape Health Services Parkinson Support Network of Cape Cod The Cape and Islands Community Health Network (CHNA 27) Tri-County Collaborative for Oral Health Excellence

Identifier	Return Reference	Explanation
Community Health Needs Assessment		Date Last Assessment Completed and Current Status Cape Cod Healthcare conducts a formal co mmunity health needs assessment study every three years CCHC solicits community particıpa tion ın the design, data collection and development of recommendatıons for the program Th e study fındings are the foundation for program planning and ımplementation In addition, the plan ıs updated on an annual basıs to reflect emergıng needs betw een cycles CCHC seek s community feedback about the servıces provıded, satısfactıon w ith such servıces, and spe cıfic servıces needed Thıs ınput, together w ith secondary data from multiple sources, ıs used to build an agenda aımed at provıdıng needed health care servıces and additional comm unity-based programs Cape Cod Healthcare conducted a Community Health Needs Assessment ın 2008-2009 The assessment, performed ın collaboratıon w ith community partners from Cape C od and the Islands, consısted of data gathering and analysıs utılızing multiple data sourc es and health status ındicators The assessment resulted ın the creatıon of the Salıent He alth Issues Report In 2009 "Community Solutıon Forums" w ere organızed to explore how varı ous populatıons ın Barnstable County w ere ımpacted by the health ıssues ıdentifıed ın the Salıent Health Issues Report Viable solutıons w ere sought to reduce or elımınate ıdentifı ed ıssues The assessment completed ın 2009 contınues to guıde the Community Benefits prog ram through FY12 Cape Cod Healthcare began a new Community Health Needs Assessment ın FY2 011 Thıs study w ıll conclude ın FY 12 and w ıll be the basıs of community benefit planning for FY13 - FY15 The follow ıng sources w ere utılızed ın the 2008-2009 Community Health Ne eds Assessment - Asthma Prevention and Control Programs State of Massachusetts - Bureau of Substance Abuse Servıces Massachusetts - Cape Cod Commıssıon Overvıew of Cape & Islan ds Populatıon - Centers for Disease Control and Prevention - Injury Surveillance Program Massachusetts - Jarvı Report 2004, Cape & Island's Behavıoral Health Needs Surveillance an d Gaps - Key Informant Interviews - Local Health Agencıes - Massachusetts Cancer Regıstry - Massachusetts Deaths 2000-2005 - Massachusetts Health Data Consortium - MDPH Regıonal He alth Status Indıcators 2007 - Monitorıng the Human Condıtion Study 2007 Barnstable County - Natıonal Institute of Health - Senıor Mobility Initiative on Cape Cod [SMICC] - U S Cen sus Consultants/Other Organizations (Needs Assessment) Barnstable County Cape and Islands EMS Systems, Inc Cape and Islands Suıcide Prevention Coalıtion Cape Cod Immigrant Center Community Actıon Committee of Cape Cod & Islands Councıls on Agıng Duffy Health Center Gos nold on Cape Cod Massachusetts Department of Public Health The Barnstable Human Rights Com mıssıon The Cape and Islands Community Health Netw ork (CHNA 27) Trı-County Collaborative f or Oral Health Excellence Data Sources (Needs Assessment) Community Focus Groups, Hospital , Consumer Group, Interviews, MassCHIP, Public Health Personnel, Surveys, CHNA, Other - Bu reau of Substance Abuse, Mass , Monitorıng the Human Condıtion Study 2007 and 2008, Barnst able County Department of Human Servıces, Salıent Health Issues Report, June 2008, Barnsta ble County, Local Health Agencıes COMMUNITY BENFEITS PROGRAMS Financıal Counseling & Assıs tance Program Type Community Particıpation/Capacity Building Initiative, Direct Servıces, Health Coverage Subsıdıes or Enrollment, Health Professional/Staff Trainıng, Healthy Comm unities Partnership, Outreach to Underserved, Prevention Brıef Descrıptıon or Objective T he Financıal Assıstance and Counseling Program provıdes comprehensıve servıces to communit y members seekıng public ınsurance enrollment and re-verıfıcatıon of enrollment ınto MassH ealth, Commonw ealth Care and Health Safety Net ınsurance products Financıal counselors ar e dedicated to ımprovıng access to care through elıgıbılity screenıng, assessed affordabıl ıty and ıncome verıfıcatıon Target Populatıon Regıon Served Barnstable Health Indıcator Access to Health Care, Other Unınsured/Underınsured Sex All Age Group All Ethnıc Grou p All Language All Goals Statew ıde Prıorıty Address Unmet Health Needs of the Unınsured , Promotıng Wellness of Vulnerable Populatıons, Reducıng Health Dısparıty, Supportıng Heal thcare Reform 1 Goal Descrıptıon Increase access to care through enrollment Goal Status Assısted 3,380 people w ıth Gatew ay applications and re-verıfıcatıon Ongoıng 2 Goal Descr ıptıon Improve community aw areness of state ınsurance programs Goal Status Provıded outre ach and educatıon, w hıch resulted ın a 23% ıncrease over prıor year ın enrollment and re-e nrollment for resıdents of Cape Cod Ongoıng Partners Cape Cod Immigrant Center http //w w w ccımmigrantcenter org/ Community Actıon Committee of Cape Cod and Islands http //w w w cacc ı cc/ Community Health Center of Cape Cod http //w w w chcofcapecod org/ Councıl on Agıng on Cape Cod http //w w w allcapecod com/ccıc/senıorcen

Identifier	Return Reference	Explanation
Community Health Needs Assessment		ters cfm Duffy Health Center http //www duffyhealthcenter org/ Elder Services of Cape Cod & the Islands http //www escci org/ Martha's Vineyard Hospital http //www mvhospital com/ Mashpee Wampanoag http //www mashpeewampanoagtribe com/ Mid-Upper Cape Community Health Ce nter http //www hhsi us/cape-cod/mid-upper-cape-community-health-center/ Nantucket Cottage Hospital http //www nantuckethospital org/ Outer Cape Health Services http //www outercap e org/ Spaulding Rehabilitation Hospital Cape Cod http //www rhci org/about/news/rhcispaul dingcapecod/ Visiting Nurses Association http //www vnacapecod org/index html All Nursing Homes and Rehabilitation Sites on Cape Cod Various Contact Information Michael Clark, Exec utive Director of Patient Access, 25 Communication Way, Hyannis, MA 02601, 508 957 8464, m clark@capecodhealth org Detailed Description Not Specified PHYSICIAN RECRUITMENT Program T ype Community Participation/Capacity Building Initiative, Healthy Communities Partnership , Outreach to Underserved, Physician/Provider Diversity, Prevention Brief Description or O bjective The Physician Recruitment program strives to identify areas of unmet need and im prove access to primary and specialty care for vulnerable populations, especially those ov er 65 Through rigorous efforts highly qualified and competent physicians and physician ex tenders are recruited and retained to meet the health care needs and provide care to the r esidents of Cape Cod Target Population Regions Served Barnstable Health Indicator Acces s to Health Care, Other Uninsured/Underinsured Sex All Age Group All Ethnic Group All Language All Goals Statew ide Priority Address Unmet Health Needs of the Uninsured, Chron ic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Popula tions 1 Goal Description Increase access to care through provider recruitment Goal Statu s Fourteen physicians and physician extenders w ere recruited in FY11 Ongoing 2 Goal Desc ription Address needs of vulnerable populations Goal Status Recruited primary care and sp ecialty physicians to address the unmet needs of vulnerable populations, such as the elder ly Ongoing

Identifier	Return Reference	Explanation
PARTNERS		Partner Name, Description Not Specified Partner Web Address Not Specified Contact Information Keith Ritchie, Director of Physician Services, Cape Cod Healthcare, 88 Lewis Bay Road, Hyannis, MA 02601, 508 862 5481, kritchie@capecodhealth org REACHING ELDERS WITH ADDITIONAL COMMUNITY HELP (REACH) CAPE & ISLANDS EMERGENCY MEDICAL SERVICES SYSTEM (CIEMSS) Program Type Community Education, Community Participation/Capacity Building Initiative, Direct Services, Health Coverage Subsidies or Enrollment, Health Professional/Staff Training, Healthy Communities Partnership, Outreach to Underserved, Prevention Brief Description or Objective REACH coordinates services for seniors in their homes through the provision of referrals to appropriate organizations By working in conjunction with Councils on Aging, Elder Services of Cape Cod and the Islands, VNA, EMS and other community partners, issues such as health, safety, psychological status and social functioning are assessed, and appropriate plans are developed to achieve optimal daily living status for seniors on Cape Cod REACH also offers community-based trainings for senior providers which target emerging issues and trends that specifically impact senior health and well-being Target Population Regions Served Barnstable Health Indicator Access to Health Care, Injury and Violence, Mental Health, Other Alzheimer Disease, Other Elder Care, Other First Aid/ACLS/CPR, Other Homebound, Other Homelessness, Other Hospice, Other Parkinson's Disease, Other Safety - Home, Other Stress Management, Other Uninsured/Underinsured Sex All Age Group Adult-Elder Ethnic Group All Language All Goals Statewide Priority Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations 1 Goal Description Increase access to care for at least 250 elders Goal Status Referrals for 292 community-dwelling frail elders were made to organizations which provided support services to improve the overall health, safety and well being of these individuals through community collaboration and coordination Ongoing 2 Goal Description Promote wellness initiatives which address chronic disease management Goal Status Assisted senior service organizations in the promotion of wellness through provision of services to prevent unnecessary declines with a focus on older adults with chronic health issues 3 GOAL DESCRIPTION Increase competency of service providers Goal Status Competency building educational opportunities were provided to several community organizations to increase and support age-appropriate information, referral and service response Train the trainer sessions were conducted for 20 responders On Target Partners Partner Name, Description and Web Address Cape & Islands Emergency Medical Service System (CIEMSS) http //www ciemss org/ Council on Aging on Cape Cod http //www allcapecod com/ccic/seniorcenters cfm Elder Services of Cape Cod http //www escci org/ Visiting Nurses Association http // www vnacapecod org/index html Contact Information Katherine Wernier REACH Collaborative Coordinator, Reaching Elders with Additional Community Help, 66 Bayview Street, West Yarmouth, MA 02673-8203, 508 771 4510 , reach@ciemss org Detailed Description Not Specified COMMUNITY BASED INTERPRETER SERVICES Program Type Community Participation/Capacity Building Initiative, Direct Services, Grant/Donation/Foundation/Scholarship, Health Coverage Subsidies or Enrollment, Healthy Communities Partnership, Outreach to Underserved, Physician/Provider Diversity, Prevention, School/Health Center Partnership Brief Description or Objective The Community Based Interpreter Services program offers free medical language interpretation in community-based physician practices and at the Community Health Centers for the limited and non-English speaking patients and their families The availability of proficient and professional interpreter services ensures the delivery of safe quality health care and positive clinical outcomes Target Population Regions Served Barnstable Health Indicator Access to Health Care, Other Uninsured/Underinsured Sex All Age Group All Ethnic Group All Language Haitian Creole , Portuguese , Spanish Goals Statewide Priority Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform 1 Goal Description Increase access to care by providing at least 1,000 medical language interpretations Goal Status Collaborated with Community Health Centers and physician offices through outreach and education relative to interpreter services which resulted in 1,020 encounters Ongoing 2 Goal Description Reduce health care disparities for limited and non-English speaking people Goal Status Ensured physicians and providers understood the significance of utilizing interpreter

Identifier	Return Reference	Explanation
PARTNERS		services through the distribution of thousands of brochures and offering in-service opport unities Ongoing Partners Partner Name, Description and Web Address Community Health Cente r of Cape Cod The Specialty Netw ork for the Uninsured http //w w w chcofcapecod org/ Commun ity-Based Medical Offices on Cape Cod Various Contact Information Ceci Phelan-Stiles, Sr Manager of HR Communication Systems, Cape Cod Healthcare, 60 Park Street, Hyannis, MA 0260 1, 508 862 7822 , cphelan-stiles@capecodhealth org Detailed Description Not Specified SPEC IALTY NETWORK FOR THE UNINSURED (SN) COMMUNITY HEALTH CENTER OF CAPE COD Program Type Co mmunity Participation/Capacity Building Initiative, Direct Services, Grant/Donation/Founda tion/Scholarship, Health Coverage Subsidies or Enrollment, Healthy Communities Partnership , Outreach to Underserved, Prevention, School/Health Center Partnership Brief Description or Objective The Specialty Netw ork for the Uninsured (SNU) is provided in collaboration w ith the Community Health Center netw ork through on-site specialty clinics and volunteer ph ysicians It offers access to specialty care services for over six hundred and fifty under /uninsured individuals at no charge or on a significantly reduced sliding-scale fee Targe t Population Regions Served Barnstable Health Indicator Access to Health Care, Other Ca ncer, Other Cancer - Breast, Other Cancer - Cervical, Other Cancer - Colo-rectal, Other Cancer - Lung, Other Cancer - Prostate, Other Cancer - Skin, Other Cardiac Disease, O ther Colitis/Crohn Disease, Other Elder Care, Other Hypertension, Other Uninsured/Unde rinsured Sex All Age Group All Ethnic Group All Language English , Haitian Creole , Po rtuguese , Spanish Goals Statew ide Priority Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable P opulations, Reducing Health Disparity, Supporting Healthcare Reform 1 Goal Description In crease access to specialty care for at least 650 low-income and uninsured individuals Goa l Status The SNU provided 731 patient appointments w ith specialists Ongoing 2 Goal Descr iption Increase capability of SNU to accept patients for specialty care Goal Status The p rogram established agreements w ith 75 specialists, w hich represent 19 medical and surgical specialties Ongoing 3 Goal Description Improve health care outcomes through prevention and health promotion Goal Status Assisted patients w ith care coordination and referrals t o cancer screenings for breast and prostate as w ell as eye screenings Ongoing Partners Pa rtner Name, Description and Web Address Community Health Center of Cape Cod http //w w w chc ofcapecod org/ Contact Information Karen Gardner, CEO, 107 Commercial Street, Mashpee, MA 02649, 508 477 7090 , kgardner@chcofcapecod org Detailed Description Not Specified

Identifier	Return Reference	Explanation
PRESCRIPTION ASSISTANCE PROGRAM		Program Type Direct Services, Grant/Donation/Foundation/Scholarship, Health Coverage Subsidies or Enrollment, Healthy Communities Partnership, Outreach to Underserved Brief Description or Objective The Prescription Assistance Program is a joint initiative of Cape Cod Hospital and Falmouth Hospital Emergency Rooms and Pharmacy Departments as a community benefit to help uninsured or underinsured patients who have no other viable means to pay for medications upon discharge from the ER Target Population Regions Served Barnstable Health Indicator Access to Health Care, Other Uninsured/Underinsured Sex All Age Group All Ethnic Group All Language All Goals Statewide Priority Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations 1 Goal Description Assist people who are unable to afford medications to ensure compliance with their discharge plan Goal Status Cape Cod Hospital and Falmouth Hospital Emergency Rooms provided pharmacy vouchers totaling $23,652 for uninsured, underinsured or financially challenged patients who were unable to afford prescriptions up on discharge Ongoing Partners Partner Name, Description and Web Address Patients leaving the Cape Cod Hospital or Falmouth Hospital Emergency Rooms who are un/underinsured and struggling financially n/a Local Pharmacies n/a Contact Information Carol Summersall, RN, Director of Community Benefits and Partnerships, Cape Cod Healthcare, 297 North Street, Suite 333 Hyannis, MA 02601, 508 862 7896 , csummersall@capecodhealth org Detailed Description Not Specified TRANSPORTATION ASSISTANCE PROGRAM Program Type Community Participation/Capacity Building Initiative, Direct Services, Healthy Communities Partnership, Outreach to Underserved Brief Description or Objective Cape Cod Hospital and Falmouth Hospital provided transportation through issuance of taxi vouchers to assist financially challenged patients who are being discharged from the Emergency Rooms and are without resources for being transported to their destination Target Population Regions Served Barnstable Health Indicator Access to Health Care, Other Homelessness, Other Safety, Other Uninsured/Underinsured Sex All Age Group All Ethnic Group All Language All Goals Statewide Priority Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations 1 Goal Description Assist people who are unable to afford or access transportation to ensure compliance with their discharge plan Goal Status Cape Cod Hospital and Falmouth Hospital Emergency Rooms provided taxi vouchers totaling $21,523 for uninsured, underinsured or financially challenged patients upon discharge Ongoing Partners Partner Name, Description , Web address Local Taxi Companies n/a Un/underinsured community members who are struggling financially n/a Contact Information Carol Summersall, RN, Director of Community Benefits and Partnerships, Cape Cod Healthcare, 297 North Street, Hyannis, MA 02601, 508 862 7896 , csummersall@capecodhealth org KICK BUTTS, STOP SMOKING PROGRAM Program Type Community Education, Community Participation/Capacity Building Initiative, Direct Services, Healthy Communities Partnership, Outreach to Underserved, Prevention, School/Health Center Partnership Brief Description or Objective Cape Cod Healthcare offers free and reduced-fee personalized tobacco cessation classes to provide education and motivation to interested individuals that are seeking support to stop using tobacco A six-week smoking cessation program is conducted in local community sites between Bourne and Hyannis Certified Smoking Cessation experts facilitate the programs Sessions are interactive and group sizes vary from five to fifteen Target Population Regions Served Barnstable Health Indicator Access to Health Care, Other Cancer, Other Cancer - Lung, Other Cardiac Disease, Other Pulmonary Disease/Tuberculosis, Other Smoking/Tobacco, Other Uninsured/Underinsured, Tobacco Use Sex All Age Group All Adults, Child-Teen Ethnic Group All Language English Goals Statewide Priority Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations 1 Goal Description Support health promotion by offering at least 6 smoking cessation classes Goal Status Six Kick Butts, Stop Smoking Classes were offered in FY11 Approximately 50 people registered for classes Completed Partners Partner Name, Description, Web Address Barnstable High School, Hyannis, MA http //www barnstable k12 ma us/bhs/home html Barnstable Senior Center http //www town barnstable ma us/seniorservices/ Bourne Community Center http //www bourneco uncilonaging org/about html Contact Information Carol Summersall, RN, Director of Community Benefits and Partnerships, Cape Cod Healthcare, 297 North Street, Suite 333, Hyannis, MA 02601, 508 862 7896, csummersall@capecodhealth or

Identifier	Return Reference	Explanation
PRESCRIPTION ASSISTANCE PROGRAM		g Detailed Description Dow nload/View Attachment(638865 KB) File Name Kick Butts Tri-fold pdf DETERMINATION OF NEED OFFICE BASED OPIOD TREATMENT PROGRAM (OBOT) Program Type Commu nity Particıpation/Capacity Building Initiative, Direct Services, Grant/Donation/Foundatio n/Scholarship, Health Coverage Subsidies or Enrollment, Health Professional/Staff Training , Healthy Communities Partnership, Outreach to Underserved, Prevention Brief Description o r Objective The Duffy Health Center devised an integrated model to provide the evidenced- based practice of Office-Based Opioid Treatment (OBOT) in 2009, w ith the objective of prog ram expansion to members of the Community Health Center Netw ork (CHCN) by 2011 The Duffy Health Center (DHC), the Community Health Center of Cape Cod (CHCCC) and Outer Cape Health Services (OCHS) comprise the group of centers w hich focus on addressing the identified hi gh addiction rates on Cape Cod Each community health center has a specialty team of highl y trained physicians and nurse practitioners w hich monitor patients closely for adherence to their treatment plans to address this very complex issue Target Population Regions Ser ved Barnstable Health Indicator Access to Health Care, Mental Health, Other Alcohol and Substance Abuse, Other Education/Learning Issues, Other Homelessness, Other Stress Man agement, Other Uninsured/Underinsured, Substance Abuse Sex All Age Group All Adults Eth nic Group All Language English , Haitian Creole , Portuguese , Spanish Goals Statew ide P riority Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadv antage Populations, Promoting Wellness of Vulnerable Populations, Supporting Healthcare Re form 1 Goal Description Provide Case-Care Management Services to ensure patients have a h igh level of staff intervention Goal Status Patients are closely monitored to ensure adhe rence to program recovery protocols In FY11 the DHC panel averaged 121 patients, the CHCC C panel average 51 patients and OCHS panel averaged 35 patients Ongoing 2 Goal Descripti on Increase access to program services Goal Status OCHS joined the program in FY11, thus increasing access to services for people residing on the Low er/Outer Cape Access to Gosno ld Center is provided to all patients w ho need detoxification, rehab and Intensive Outpati ent Services (IOP) Ongoing 3 Goal Description Recruit and retain providers Goal Status All 3 centers actively recruited staff to maintain appropriate level of care Ongoing recr uitment is essential as a lack of capacity in any of the service areas including medical, behavioral health or case management creates barriers to treatment Partners Partner Name, Description, Web Address Community Health Center of Cape Cod http //w w w chcofcapecod org/ Duffy Health Center http //w w w duffyhealthcenter org/ Outer Cape Health Services http //w w w outercape org/ Contact Information Heidi Nelson, FACHE, CEO 94 Main Street, Hyannis, MA 02601, 508 771 7517 , hnelson@duffyhealthcenter org Detailed Description Not Specified

Identifier	Return Reference	Explanation
Determination of Need CHNA 27		Program Type Community Participation/Capacity Building Initiative, Grant/Donation/Foundat ion/Scholarship, Healthy Communities Partnership, Outreach to Underserved, Prevention Brie f Description or Objective Total funding of $401,000 has been designated to address issue s that eliminate health disparities, promote w ellness, and prevent/manage chronic disease for individuals w ho are elderly and/or persons w ith disabilities This population w as iden tified through a community health needs assessment by Cape Cod Healthcare and endorsed by the Community Health Netw ork Area 27 (Cape Cod and the Islands) This program w as specifie d as part of Cape Cod Hospital's Determination of Need requirement for the Clark Cancer Ce nter development and licensure FY11 is the second year of a five year program ($80,200 pe r year) Target Population Regions Served Barnstable Health Indicator Access to Health C are, Other Uninsured/Underinsured Sex All Age Group Adult-Elder Ethnic Group All Langu age All Goals Statew ide Priority Address Unmet Health Needs of the Uninsured, Chronic Di sease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations 1 Goal Description Issue an RFP supporting collaborative, measurable and evidenced-based regional programs for seniors and/or disabled that provides an impact on the most urgent needs of the identified target population Goal Status RFP aw ards w ere made in 2011 to fou r organizations w hich met this criterion The grant aw ards ranged from $15,000 to $30,000 and totaled $80,200 The Cape Cod Foundation is the fiscal agent for CHNA 27, and managed the RFP review process On Target Partners Partner Name, Description, Web Address CHNA 27 N/A The Cape Cod Foundation http //w w w capecodfoundation org/ Contact Information Carol Su mmersall, RN, Director of Community Benefits and Partnerships, Cape Cod Healthcare, 297 No rth Street, Suite 333 Hyannis, MA 02601, 508 862 7896 , csummersall@capecodhealth org Deta iled Description Not Specified H O P E INSURANCE OUTREACH AND ENROLLMENT Program Type Com munity Participation/Capacity Building Initiative, Direct Services, Grant/Donation/Foundat ion/Scholarship, Health Coverage Subsidies or Enrollment, Healthy Communities Partnership, Outreach to Underserved, Prevention Brief Description or Objective The H O P E program offers access to health care services through enrollment assistance to individuals and fam ilies The program coordinator offers assessment of affordability and income verification to determine the client's ability to obtain MassHealth, Commonw ealth Care, and other state insurance plans The coordinator also serves as a referral source to primary care physici ans, other health and human service organizations Educational opportunities exist for opt imizing the identification of services available to address the clients unmet needs Targe t Population Regions Served Barnstable Health Indicator Access to Health Care, Other Un insured/Underinsured Sex All Age Group All Ethnic Group All Language All Goals Statew i de Priority Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Di sadvantage Populations, Promoting Wellness of Vulnerable Populations, Supporting Healthcar e Reform 1 Goal Description Increase access to care through enrollment and re-enrollment Goal Status Enrollment benefits coordinator assisted individuals w ith process of determin ing their qualification for insurance programs, such as MassHealth Over 1,800 enrollments and re-enrollments occurred Ongoing 2 Goal Description Expand capacity to enroll client s Goal Status Multi-site services w ere provided to improve enrolment and renew als for cli ents Students, families and individuals w ere seen at the Barnstable School Based Health C enter and the Falmouth Service Center Ongoing 3 Goal Description Reduce health dispariti es through care coordination Goal Status Gaps in services for expectant mothers w ere elim inated through a collaborative effort w ith WIC Completed Partners Partner Name, Descripti on and Web Address Barnstable High School w w w barnstable k12 ma us/bhs/ Falmouth Service C enter w w w falmouthservicecenter org/ Health Imperatives - Cape Cod WIC w w w healthimperativ es org Contact Information Caronanne Procaccini, Interim Director, 115 Enterprise Road, Hy annis, MA 02601, 508 771 1727 , cap@caccı cc Detailed Description Not Specified ALCOHOL I T TAKES A COMMUNITY Program Type Community Participation/Capacity Building Initiative, Di rect Services, Grant/Donation/Foundation/Scholarship, Health Professional/Staff Training, Healthy Communities Partnership, Prevention Brief Description or Objective "It Takes a Co mmunity" is a collaborative program intended to broaden the know ledge base of hospital cli nical staff regarding the detoxification process The program includes addiction specialis ts from Gosnold Alcohol dependent patients at risk for w ithdraw al and increased incidence of Delirium Tremens w ere identified by a Falmouth

Identifier	Return Reference	Explanation
Determination of Need CHNA 27		Hospital addiction specialist Patients were referred to a Gosnold counselor for assessment, treatment and appropriate referral Services were organized to include medical intervention, clinical counseling, family support and specialty referral protocols Continuing education for nurses and physicians was provided to increase their knowledge of addiction and improve linkages to specialty programs, such as Gosnold Target Population Regions Served Barnstable Health Indicator Mental Health, Other Alcohol and Substance Abuse, Substance Abuse Sex All Age Group All Adults Ethnic Group All Language English, Haitian Creole, Portuguese, Spanish

Identifier	Return Reference	Explanation
GOALS		Statewide Priority Promoting Wellness of Vulnerable Populations 1 Goal Description Increase access to care for alcohol dependent individuals Goal Status Withdrawal consultations were completed on 115 patients, which exceeded the projected number of 40 patients Completed 2 Goal Description Reduce barriers for target population Goal Status 51 patients accepted a referral to an addiction specialty program Completed 3 Goal Description Implement education and intervention services Goal Status 175 clinicians attended training sessions aimed at increasing clinician's knowledge of the identification of addiction and the post-hospital treatment options for supporting the patient upon discharge Completed Partners Partner Name, Description and Web Address Gosnold on Cape Cod http //www gosnold org/ Contact Information Raymond V Tamasi, President/CEO, Gosnold on Cape Cod Corporate Office , 200 Ter Heun Dr , Falmouth, MA 02540, 508 540 6550, rtamasi@gosnold org Detailed Description Not Specified AIDS SUPPORT GROUP OF CAPE COD Program Type Direct Services, Grant/Donation/Foundation/Scholarship, Outreach to Underserved, Prevention, School/Health Center Partnership, Support Group Brief Description or Objective The AIDS Support Group of Cape Cod is a framework of services for vulnerable individuals who are mono-infected with the Hepatitis C virus The initiative utilizes a multifaceted approach designed to provide case management and support services to clients receiving interferon-based treatment, clients newly diagnosed with the hepatitis C virus and clients with end-stage liver disease co-infected with AIDS The core elements of the program are screening, syringe exchange, harm reduction, education, drug overdose prevention and referrals for treatment Target Population Regions Served Barnstable Health Indicator Access to Health Care, Other Alcohol and Substance Abuse, Other HIV/AIDS, Other Sexually Transmitted Diseases, Other Stress Management, Other Uninsured/Underinsured, Substance Abuse Sex All Age Group Adult Ethnic Group All Language All Goals Statewide Priority Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations 1 Goal Description Increase access to services for a vulnerable population Goal Status Medical Case Management was offered to all clients receiving interferon-based therapy This included medical care/social services coordination, adherence support, HIV/STD/HCV risk reduction counseling and other need-based services Completed 2 Goal Description Provide chronic disease management support Goal Status The ASGCC offered clients newly diagnosed with HVC infection a range of short-term support services with the goal of sustaining care maintenance to assist in health promotion and disease prevention Completed 3 Goal Description Manage risk and reduce harm through prevention and screening Goal Status Prevention programs & screenings were offered by the ASGCC - immediate referrals for positive test results for viral hepatitis C were made for appropriate treatment and counseling and to reduce risk of infections of others Completed Partners Partner Name, Description and Web Address Duffy Health Center www duffyhealthcenter org/ Falmouth Service Center www falmouthservicecenter org/ Habit OPCO habitopco com/ Infectious Disease Clinical Services/CCHC www capecodhealth org Contact Information Krysti n St Onge, Interim Executive Director, 428 South Street, Hyannis, MA 02601, 508 778 1954 , kstonge@asgcc org Detailed Description Not Specified ACCESS TO CARE FOR HOMELESS AND AT RISK ADULTS Program Type Direct Services, Grant/Donation/Foundation/Scholarship, Health Coverage Subsidies or Enrollment, Health Screening, Healthy Communities Partnership, Outreach to Underserved, Prevention, School/Health Center Partnership Brief Description or Objective The Duffy Health Center provides access to care through assistance with enrollment and re-enrollment to homeless adults and those at-risk for homelessness into MassHealth, Commonwealth Care, and other state insurance products Clients received ongoing access to care, including referrals to primary care physicians and other appropriate providers to improve chronic disease management and promote adult wellness Target Population Regions Served Barnstable Health Indicator Access to Health Care, Other Homelessness, Other Uninsured/Underinsured Sex All Age Group Adult Ethnic Group All Language All Goals Statewide Priority Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Supporting Healthcare Reform 1 Goal Description Increase access to care for hard-to-reach populations Goal Status The benefits coordinator facilitated 1,140 encounters which resulted in 346 enrollments and renewals into MassHealth, Commonwealth Care, and other insurance programs for hard-to - reach individuals Ongoing 2 Goal Description R

Identifier	Return Reference	Explanation
GOALS		educe barrıers to prımary health care through referral Goal Status Referrals for 134 clıe nts w ere made to prımary care provıders The benefıts coordınator ıs alw ays avaılable, eıt her by phone or ın-person to answ er any questıons for clients of the health center, result ıng ın few er health polıcy termınatıons Ongoıng 3 Goal Descrıptıon Improve system navıga tıon by ıncreasıng client aw areness Goal Status The benefıts coordınator encouraged clıen ts to be an actıve partıcıpant ın theır health care by w orkıng w ıth Duffy to manage the pr ocess Thıs approach resulted ın clients ımprovıng theır know ledge of how to self-navıgate the system Ongoıng

Identifier	Return Reference	Explanation
PARTNERS		Partner Name, Description & Web Address Cape Cod Hospital Emergency Department www capecodhealth org Veterans Affairs Various Contact Information Heidi Nelson, FACHE, CEO, 94 Main Street, Hyannis, MA 02601, 508 771 7517 , hnelson@duffyhealthcenter org Detailed Description Not Specified COMMUNITY-BASED HEALTH EDUCATION AND OUTREACH Program Type Community Education, Health Screening, Outreach to Underserved, Prevention, School/Health Center Partnership Brief Description or Objective Cape Cod Healthcare is committed to providing free health education and outreach in order to enhance and promote wellness, contribute to the prevention of illness and improve the management of chronic disease Health care professionals, including physicians and nurses, provide the most up-to-date health and disease management information to the community at large in order to increase their awareness of strategies which may improve their health status and well-being Target Population Regions Served Barnstable Health Indicator Access to Health Care, Other Arthritis, Other Cancer, Other Cancer - Breast, Other Cancer - Colo-rectal, Other Cancer - Other, Other Cancer - Prostate, Other Cancer - Skin, Other Cardiac Disease, Other Diabetes, Other Elder Care, Other Hypertension, Other Nutrition, Other Stroke, Other Uninsured/Underinsured Sex All Age Group All Ethnic Group All Language All Goals Statewide Priority Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations 1 Goal Description Provide health information and outreach programs to vulnerable populations and those with chronic illness Goal Status Over 1,000 people participated in educational and outreach programs which addressed topics aimed at managing disease and chronic illness, such as diabetes, hypertension and arthritis Ongoing 2 Goal Description Improve awareness of prevention and wellness through health promotion activities Goal Status Health care providers informed participants of the importance of wellness and prevention strategies, including early detection through screening Programs are free and are often held in community agencies that serve vulnerable populations Ongoing Partners Partner Name, Description and Web Address American Cancer Society kerri medeiros@cancer org Barnstable High School www barnstable k12 ma us/bhs/ Cape Cod Councils on Aging www allcapecod com ccic seniorcenters cfm Falmouth Public Library www falmouthpubliclibrary org/ Parish Nurses Various Contact Information Carol Summersall, RN, Director of Community Benefits and Partnerships Cape Cod Healthcare, 297 North Street, Suite 333, Hyannis, MA 02601, 508 862 7896, csummersall@capecodhealth org Detailed Description Not Specified SUPPORT GROUPS AND CLASSES Program Type Community Education, Direct Services, Outreach to Underserved, Prevention, Support Group Brief Description or Objective Support groups and classes are conducted by health care professionals on a regular basis These events were open to all members of the community regardless of their patient status or ties to a specific hospital Information and resources were made available to individuals, families and friends Target Population Regions Served Barnstable Health Indicator Access to Health Care, Injury and Violence, Mental Health, Other Alcohol and Substance Abuse, Other Arthritis, Other Bereavement, Other Cancer, Other Cancer - Breast, Other Cancer - Cervical, Other Cancer - Colo-rectal, Other Cancer - Lung, Other Cancer - Other, Other Cancer - Prostate, Other Cancer - Skin, Other Cardiac Disease, Other Diabetes, Other Elder Care, Other HIV/AIDS, Other Hypertension, Other Nutrition, Other Pregnancy, Other Sexually Transmitted Diseases, Other Smoking/Tobacco, Other Stroke, Other Uninsured/Underinsured, Overweight and Obesity Sex All Age Group All Ethnic Group All Language All

Identifier	Return Reference	Explanation
GOALS		Statewide Priority Promoting Wellness of Vulnerable Populations 1 Goal Description Increase access to services to reduce stress and improve both physical and mental health outcomes Goal Status Provided over 2,000 hours of support groups and classes at no charge to individuals, families and friends Included information and resources to assist participants with their specific disease or health related circumstance Ongoing Partners Partner Name, Description & Web Address Not Specified Contact Information Carol Summersall, RN, Director of Community Benefits and Partnerships, Cape Cod Healthcare, 297 North Street, Suite 333, Hyannis, MA, 02601, 508 862 7896, csummersall@capecodhealth org Detailed Description Not Specified WORKFORCE DEVELOPMENT Program Type Health Professional/Staff Training, Healthy Communities Partnership, Mentorship/Career Training/Internship, School/Health Center Partnership Brief Description or Objective Cape Cod Healthcare recognizes the importance of workforce development, and supports the opportunity for students from high school through graduate school to have a positive and professional experience through the provision of internships, shadowing and training with health care professionals and providers in several hospital departments Training and mentoring sessions were conducted to promote interest in health care employment opportunities Securing a steady supply of workers will mitigate future staff shortages in the workplace and provide necessary access Target Population Regions Served Barnstable Health Indicator Access to Health Care Sex All Age Group Adult, Child-Teen Ethnic Group All Language All Goals Statewide Priority Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations 1 Goal Description Increase access to health care through workforce development Goal Status Provided students training, mentoring and shadowing opportunities On target Partners Partner Name, Description & Web Address Barnstable High School www barnstable k12 ma us/bhs/ Boston College Boston College Bristol Community College bristolcc edu/ Cape Cod Community College www capecod edu/ Upper Cape Regional Technical School www uppercapetech com/ Contact Information Carol Summersall, RN, Regional Director of Community Benefits and Partnerships, Cape Cod Healthcare, 297 North Street, Suite 333 Hyannis, MA 02601, 508 862 7896, csummersall@capecodhealth org Detailed Description Not Specified HELPING HANDS PROGRAM Program Type Direct Services, Prevention Brief Description or Objective The Helping Hands Program offers medication review and optimization with a clinical pharmacist in the patient's home for high-risk patients being discharged with a chronic disease, five or more medications, multiple regimen changes, and when an increase fall risk has been identified Patients and their caregivers are provided coaching on self-management of their chronic disease, medication management and evaluation for fall risk and home safety Target Population Regions Served Barnstable Health Indicator Other Cancer, Other Cardiac Disease, Other Diabetes, Other Education/Learning Issues, Other Elder Care, Other Homebound, Other Hypertension, Other Pulmonary Disease/Tuberculosis, Other Safety - Home Sex All Age Group Adult, Adult-Elder Ethnic Group All Language All Goals Statewide Priority Promoting Wellness of Vulnerable Populations 1 Goal Description Provide chronic disease and medication management education Goal Status Provided 101 home visits, post-discharge, by a clinical pharmacist, at no charge, to assure patients and their caregivers were self-sufficient in managing their chronic disease state and their complex medication regime Ongoing 2 Goal Description Increase access to services through referrals for vulnerable population Goal Status Provided referrals at points of care to assure patients were receiving a continuum approach to services which addressed their specific plan of care including disease and medication management Ongoing Partners Partner Name, Description & Web Address Elder Services of Cape Cod and the Islands www escci org/ Physician Offices across Cape Cod Skilled Nursing Facilities - various Visiting Nurse Association of Cape Cod www vnacapecod org/ Contact Information Molly Nadeau, Director, Case Management, Cape Cod Hospital, 60 Park Street, Hyannis, MA 02601, 508 862 7408, , mnadeau@capecodhealth org Detailed Description Not Specified

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 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 III, LINE 6 CAPE COD HEALTHCARE, INC & AFFILIATES' VOLUNTEERS INCLUDE ITS TRUSTEES FORM 990, PART VI, LINE 7(A) THE ORGANIZATION HAS MEMBERS/INCORPORATORS WHO ELECT THE ORGANIZATION'S TRUSTEES FORM 990, PART VI, LINE 7(B) THE DECISIONS OF THE GOVERNING BODY THAT NEED APPROVAL BY ITS MEMBERS/INCORPORATORS INCLUDE APPROVAL OF CHANGES MADE TO THE CORPORATION'S BYLAWS AND APPROVAL WHEN THERE IS A DIVESTING OF ONE OF THE MAJOR AFFILIATES OF THE ORGANIZATION MAJOR AFFILIATES OF THE ORGANIZATION FORM 990, PART VI, LINE 11 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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16 - JOINT VENTURE POLICY		THE ORGANIZATION HAD A JOINT VENTURE POLICY IN PLACE AND APPROVED BY AN APPROPRIATE OFFICER, BUT WAS NOT FORMALLY ADOPTED BY THE FULL BOARD OR A COMMITTEE OF THE BOARD BY THE YEAR ENDED SEPTEMBER 30, 2011 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

Identifier	Return Reference	Explanation
FORM 990, PART VII	MICHAEL K LAUF'S TITLE	EXECUTIVE VP/COO UNTIL 12/10 PRESIDENT/CEO FROM 12/10 FORM 990, PART VII, 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

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	UNREALIZED GAINS/LOSSES ($7,707,212) NET ASSETS RELEASED FROM RESTRICTION (3,893,351) TRANSFERS OF NET ASSETS (33,255,573) TRANSFERS TO/FROM AFFILIATES 4,388,598 OTHER 558,228 ---------- (39,909,310)

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 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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

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

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CAPE COD HEALTHCARE INC 25 COMMUNICATION WAY HYANNIS, MA 02601 22-2600704	PARENT CORP	MA	501(C)(3)	13b	NA		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CAPE HEALTH INSURANCE COMPANY PO BOX 1051GT GRAND CAYMAN CJ	INSURANCE	CJ	N/A	C CORP	0	0	0 %
(2) CAPE COD MEDICAL OFFICE BUILDING INC 27 PARK STREET HYANNIS, MA02601 04-2423073	RENTAL SRVCE	MA	N/A	C CORP	15,000	38,408	100 000 %
(3) POOLED INCOME FUNDS (8)	SUPPORT	MA	NA	T			
(4) CHARITABLE LEAD TRUST (1)	SUPPORT	MA	NA	T			

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

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**	**No**
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**	**Yes**

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CAPE HEALTH INSURANCE COMPANY	Q	2,872,657	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

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TY 2010 Affiliate Listing

Name: CAPE COD HEALTHCARE INC & AFFILIATES

EIN: 90-0054984

Name	Address	EIN	Name control
CAPE COD HOSPITAL	25 COMMUNICATION WAY HYANNIS, MA 02601	04-2103600	CAPE
VISITING NURSE ASSN OF CAPE COD INC	25 COMMUNICATION WAY HYANNIS, MA 02601	04-2104159	CAPE
FALMOUTH HOSPITAL ASSOCIATION INC	25 COMMUNICATION WAY HYANNIS, MA 02601	04-2220716	CAPE
CAPE COD HUMAN SERVICES INC	25 COMMUNICATION WAY HYANNIS, MA 02601	04-2323506	CAPE
MEDICAL AFFILIATES OF CAPE COD INC	25 COMMUNICATION WAY HYANNIS, MA 02601	04-3187299	CAPE
CAPE COD HEALTHCARE FOUNDATION INC	25 COMMUNICATION WAY HYANNIS, MA 02601	04-3475950	CAPE
CAPE & ISLANDS HEALTH SERVICES II	25 COMMUNICATION WAY HYANNIS, MA 02601	04-3572408	CAPE
FALMOUTH ASSISTED LIVING INC	25 COMMUNICATION WAY HYANNIS, MA 02601	22-3379395	CAPE
JML CARE CENTER INC	25 COMMUNICATION WAY HYANNIS, MA 02601	04-2995795	CAPE

Cape Cod Healthcare, Inc. and Affiliates

Consolidated Financial Statements (with consolidating financial information)
September 30, 2011 and 2010

Cape Cod Healthcare, Inc. and Affiliates
Index
September 30, 2011 and 2010

pwc

Report of Independent Auditors

To the Board of Trustees of
Cape Cod Healthcare, Inc and Affiliates

In our opinion, based on our audits and the report of other auditors, the accompanying consolidated balance sheets and the related consolidated statements of operations, changes in net assets and cash flows present fairly, in all material respects, the financial position of Cape Cod Healthcare, Inc and Affiliates ("Healthcare") at September 30, 2011 and 2010, and the results of their operations, their changes in net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America These financial statements are the responsibility of Healthcare's management Our responsibility is to express an opinion on these financial statements based on our audits We did not audit the financial statements of JML Care Center, Inc ("JML"), an entity for which Cape Cod Healthcare, Inc is the sole member, which statements reflect total assets of $14 1 million and $13 6 million as of September 30, 2011 and 2010, respectively, and total revenues of $16 0 million and $15 2 million, respectively, for the years then ended Those statements were audited by other auditors whose report thereon has been furnished to us, and our opinion expressed herein, insofar as it relates to the amounts included for JML, is based solely on the report of the other auditors We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audits and the report of other auditors provide a reasonable basis for our opinion

PricewaterhouseCoopers LLP

January 13, 2012

PricewaterhouseCoopers LLP, 125 High Street, Boston, MA 02110
T: (617) 530 5000, F: (617) 530 5001, www.pwc.com/us

Cape Cod Healthcare, Inc. and Affiliates
Consolidated Balance Sheets
September 30, 2011 and 2010

	2011	2010
Assets		
Current assets		
Cash and cash equivalents	$ 41,287,572	$ 33,409,928
Short-term investments	17,190,501	14,996,948
Patient accounts receivable, less allowance for doubtful accounts of $18,347,000 in 2011 and $23,569,000 in 2010	63,139,375	55,017,411
Current portion of pledges receivable, net	7,268,247	6,690,849
Other receivables, net	7,518,599	6,457,712
Estimated settlements with third-party payors	1,031,731	6,416,745
Current portion of funds whose use is limited or restricted	7,820,340	7,946,269
Supplies	8,896,670	8,401,498
Prepaid expenses and other current assets	5,430,769	3,724,599
Total current assets	159,583,804	143,061,959
Long-term investments	169,715,265	149,575,101
Funds whose use is limited or restricted	48,317,282	56,272,175
Property and equipment, net	263,819,106	247,689,408
Deferred financing costs, net	5,411,205	5,606,367
Pledges receivable, net of current portion	5,690,915	5,941,776
Goodwill	7,980,353	5,851,231
Other assets	16,477,736	15,200,491
Total assets	$ 676,995,666	$ 629,198,508
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt and capital lease obligations	$ 8,831,697	$ 9,553,469
Accounts payable and accrued expenses	87,192,475	76,664,893
Estimated settlements with third-party payors	18,569,697	10,504,292
Borrowings under line of credit	3,450,000	6,900,000
Other current liabilities	670,495	335,587
Total current liabilities	118,714,364	103,958,241
Interest rate swaps	4,041,228	3,907,956
Other liabilities	25,053,075	22,453,820
Long-term debt and capital lease obligations, net of current portion	162,609,868	169,547,603
Total liabilities	310,418,535	299,867,620
Net assets		
Unrestricted	307,973,272	263,027,881
Temporarily restricted	32,680,529	39,739,821
Permanently restricted	25,923,330	26,563,186
Total net assets	366,577,131	329,330,888
Total liabilities and net assets	$ 676,995,666	$ 629,198,508

The accompanying notes are an integral part of these consolidated financial statements

Cape Cod Healthcare, Inc. and Affiliates
Consolidated Statements of Operations
Years Ended September 30, 2011 and 2010

	2011	2010
Revenue		
Net patient service revenue	$ 630,621,712	$ 602,281,784
Other revenue	16,128,447	12,276,054
Net assets released from restrictions used for operations	1,520,542	1,849,729
Total revenue	648,270,701	616,407,567
Expenses		
Salaries and wages	249,564,821	242,135,233
Physicians' salaries and fees	46,058,543	42,841,729
Employee benefits	90,161,989	78,391,705
Supplies and other	179,014,872	173,668,822
Depreciation and amortization	24,259,921	24,565,131
Interest	9,054,870	8,881,206
Provision for bad debts	14,725,672	21,846,201
Total expenses	612,840,688	592,330,027
Operating gain	35,430,013	24,077,540
Nonoperating gains (losses)		
Investment income	1,679,206	1,038,294
Realized gains (losses) on investments, net	802,361	(2,184,653)
Gifts and bequests	4,274,295	3,876,487
Fundraising expense	(1,060,710)	(1,019,498)
Realized loss from swap termination	-	(4,439,000)
Change in fair value of interest rate swaps	(133,272)	(1,185,723)
Other nonoperating losses	(407,500)	(666,921)
Total nonoperating gains (losses), net	5,154,380	(4,581,014)
Excess of revenue and gains over expenses and losses	40,584,393	19,496,526
Change in net unrealized (losses) gains on investments	(5,444,964)	8,997,350
Net assets released from restrictions used for purchase of property and equipment	9,623,220	5,209,068
Reclassification of realized loss from swap termination	-	4,439,000
Other	182,742	276,039
Increase in unrestricted net assets	$ 44,945,391	$ 38,417,983

The accompanying notes are an integral part of these consolidated financial statements

Cape Cod Healthcare, Inc. and Affiliates
Consolidated Statements of Changes in Net Assets
Years Ended September 30, 2011 and 2010

	2011	2010
Unrestricted net assets		
Excess of revenue and gains over expenses and losses	$ 40,584,393	$ 19,496,526
Change in net unrealized (losses) gains on investments	(5,444,964)	8,997,350
Net assets released from restrictions used for purchase of property and equipment	9,623,220	5,209,068
Reclassification of realized loss from swap termination	-	4,439,000
Other	182,742	276,039
Increase in unrestricted net assets	44,945,391	38,417,983
Temporarily restricted net assets		
Contributions	5,123,413	6,831,707
Investment income	85,662	145,173
Net realized and change in net unrealized (losses) gains on investments	(301,996)	809,584
Net assets released from restrictions	(11,143,762)	(7,058,797)
Change in value of split interest agreements	(824,059)	(56,936)
Other	1,450	(279,887)
(Decrease) increase in temporarily restricted net assets	(7,059,292)	390,844
Permanently restricted net assets		
Contributions	361,842	1,110,671
Change in value of beneficial interest in perpetual trusts	(968,950)	937,412
Change in value of split interest agreements	(32,748)	17,511
(Decrease) increase in permanently restricted net assets	(639,856)	2,065,594
Increase in net assets	37,246,243	40,874,421
Net assets		
Beginning of year	329,330,888	288,456,467
End of year	$ 366,577,131	$ 329,330,888

The accompanying notes are an integral part of these consolidated financial statements

Cape Cod Healthcare, Inc. and Affiliates
Consolidated Statements of Cash Flows
Years Ended September 30, 2011 and 2010

	2011	2010
Cash flows from operating activities		
Increase in net assets	$ 37,246,243	$ 40,874,421
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Change in fair value of interest rate swaps	133,272	(51,797)
Cash received from premium on bond	-	217,279
Loss on disposal of property and equipment	-	7,105,467
Receipt of non cash contributions	(192,960)	(704,057)
Loss on extinguishment	-	868,734
Depreciation and amortization	24,259,921	24,565,131
Restricted contributions received and investment income	(6,380,879)	(7,512,281)
Net realized and change in net unrealized gains (losses)	6,770,356	(5,880,497)
Provision for bad debts	14,725,672	21,846,201
Increase (decrease) in cash resulting from a change in		
Patient accounts receivable	(22,847,636)	(10,408,579)
Pledges and other receivables	(1,387,424)	(892,712)
Supplies	(495,172)	(869,143)
Prepaid expenses and other current assets	(730,470)	(432,226)
Other assets	(2,169,547)	(93,688)
Accounts payable and accrued expenses	10,537,465	(4,840,376)
Estimated settlements with third-party payors	13,450,419	6,959,997
Other liabilities	2,934,163	(2,206,266)
Net cash provided by operating activities	75,853,423	68,545,608
Cash flows from investing activities		
Acquisitions of businesses, net of cash acquired	(2,136,990)	-
Additions to property and equipment	(37,958,309)	(21,277,449)
Purchase of investments	(194,356,408)	(186,319,074)
Proceeds from sale of investments	173,442,718	124,835,738
Net cash used in investing activities	(61,008,989)	(82,760,785)
Cash flows from financing activities		
Use of proceeds to refinance debt	(5,800,000)	(62,400,000)
Proceeds from issuance of debt	5,800,000	64,842,000
Repayment of long-term debt and capital leases	(9,897,669)	(9,718,825)
Repayment of line of credit	(3,450,000)	-
Deferred financing costs	-	(385,505)
Restricted contributions received and investment income	6,380,879	7,239,003
Net cash used in financing activities	(6,966,790)	(423,327)
Net increase (decrease) in cash and cash equivalents	7,877,644	(14,638,504)
Cash and cash equivalents		
Beginning of year	33,409,928	48,048,432
End of year	$ 41,287,572	$ 33,409,928
Supplemental disclosure of noncash activities		
Assets acquired through capital leases	$ 2,239,936	$ 671,218
Purchases of property and equipment included in accounts payable	75,492	65,612
Cash paid for interest	9,741,552	7,653,522

The accompanying notes are an integral part of these consolidated financial statements

1. Organization

The consolidated financial statements include the accounts of Cape Cod Healthcare, Inc ("CCHC") and its controlled affiliates (collectively, "Healthcare") Transactions and balances between entities have been eliminated in consolidation The following is a summary of affiliated organizations which are controlled by Healthcare and included in the consolidated financial statements

Cape Cod Healthcare, Inc	A not-for-profit corporation that serves as the parent company of various entities providing health care services to the population of Cape Cod, Massachusetts
Cape Cod Hospital ("CCH")	A not-for-profit acute care hospital located in Hyannis, Massachusetts
Cape Cod Healthcare Foundation, Inc ("CCHC Foundation")	A not-for-profit corporation organized to provide development and fundraising support to Healthcare
Cape and Islands Health Services II, Inc ("Cape & Islands")	A not-for-profit corporation organized to provide various nonhospital health care services
Medical Affiliates of Cape Cod, Inc ("MACC")	A not-for-profit medical group practice
Visiting Nurse Association of Cape Cod, ("VNA of Cape Cod")	A not-for-profit provider of home health services
Cape Cod Human Services, Inc ("Human Services")	A not-for-profit provider of outpatient mental health services
Falmouth Hospital Association, Inc ("Falmouth Hospital")	A not-for-profit acute care hospital located in Falmouth, Massachusetts
Falmouth Assisted Living, Inc , d/b/a Heritage at Falmouth ("Assisted Living")	A not-for-profit corporation that owns an assisted living facility
JML Care Center, Inc ("JML Center")	A not-for-profit skilled nursing and rehabilitation facility
Cape Health Insurance Company ("CHICO")	A captive insurance company that provides medical professional and general liability insurance to Healthcare
Cape Cod Hospital Medical Office Building ("MOB")	A not-for-profit provider of leased and subleased space to Cape Cod Hospital and related affiliations

Assets of individual organizations within the consolidated group may not be available to satisfy the obligations of other members of the consolidated group

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting

Revenue Recognition

Healthcare has entered into payment agreements with Medicare, Medicaid, and various commercial insurance carriers, health maintenance organizations ("HMOs"), and preferred provider organizations The basis for payment to Healthcare under these agreements includes prospectively determined rates per discharge, per day, and per visit, discounts from established charges, cost (subject to limits), and fee screens Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors

Under the terms of various agreements, regulations and statutes, certain elements of third-party reimbursement are subject to negotiation, audit and/or final determination by the third-party payors As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

Variances between preliminary estimates of net patient service revenue and final third-party settlements are included in net patient service revenue in the year in which the settlement or change in estimate occurs During 2011 and 2010, changes in prior year estimates increased net patient service revenue by approximately $1,733,000 and $99,000, respectively

Free care services are partially reimbursed to acute care hospitals through the statewide Health Safety Net (HSN, formerly known as the Uncompensated Care Pool) established by the Massachusetts Health Care Reform Law (Chapter 58 of the Acts of 2006) A portion of the funding for the HSN is paid by hospitals through a statewide hospital assessment levied each year by the Massachusetts Legislature All acute care hospitals in the state are assessed their share of this total statewide hospital assessment amount based on each hospital's charges for private sector payors Hospitals are reimbursed for free care based on claims for eligible patients that are submitted to, and adjudicated, by the HSN Rates of payment are based on Medicare rates and payment policies

Healthcare has recorded its gross obligation to HSN as a deduction from net patient service revenue of $3,067,000 and $3,134,000 for the years ended September 30, 2011 and 2010, respectively, in the consolidated statements of operations Reimbursement for uncompensated care has been allocated to bad debts and free care based on hospital-specific experience The reimbursement allocated for bad debts is recorded as a reduction of the uncompensated care pool assessment, while the reimbursement allocated for charity care is recorded as net patient service revenue

Other Revenue

Other revenue consists principally of investment income, grant revenue, rental income and revenue from nonpatient-related services

Use of Estimates
The preparation of the accompanying consolidated financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements Estimates also affect the reported amounts of revenue and expenses during the reporting period Actual results could differ from those estimates Significant estimates are made in the areas of patient accounts receivable, investments, goodwill, interest rate swaps, accrued expenses and estimated settlements with third-party payors

Excess of Revenue and Gains over Expenses and Losses
The consolidated statements of operations include excess of revenue and gains over expenses and losses Changes in unrestricted net assets which are excluded from excess of revenue and gains over expenses and losses, consistent with industry practice, include the changes in unrealized gains and losses on investments, contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and net assets released from restriction used for purchase of property and equipment

Consolidated Statements of Operations
In the accompanying consolidated statements of operations, transactions deemed by management to be ongoing to the provision of health care services are reported as operating revenue and expenses Peripheral or incidental transactions are reported as nonoperating gains and losses

Endowment
In October 2008, Healthcare adopted guidance relating to Endowments of Not-for-Profit Organizations, which requires Healthcare to disclose certain information about its endowment including net asset classification, composition, spending policies, and related investment policies Healthcare has an endowment spending policy, as approved by the Board of Trustees, which aims to preserve the purchasing power of the endowment Under this policy, 4% of a three-year moving average of market values can be expended for operations The long-term performance objective of the endowment portfolio is to attain an average annual total return that exceeds Healthcare's spending rate plus inflation within acceptable levels of risk over a full market cycle To achieve its long-term rate of return objectives, Healthcare relies on a total return strategy in which investment returns are achieved through both capital appreciation and current yield

Temporarily and Permanently Restricted Net Assets
Temporarily restricted net assets are those whose use by Healthcare has been limited by donors to a specific time period or purpose Such funds are generally restricted for health care services and the purchase of property and equipment In accordance with Healthcare policies and the Uniform Prudent Management of Institutional Funds Act (UPMIFA) enacted by the Commonwealth of Massachusetts, Healthcare includes accumulated realized and unrealized net gains on investments of permanently restricted net assets, which are available for Board appropriation, within temporarily restricted net assets Temporarily restricted net assets also include approximately $13,000,000 and $12,600,000 at September 30, 2011 and 2010, respectively, related to unconditional promises to give with payments due in future periods (Note 12), and other funds whose use has been limited by donors Permanently restricted net assets at September 30, 2011 and 2010, include only the historical dollar amount of gifts which are required by donors to be held in perpetuity, the income from which is expendable to support indigent care, health care services, purchases of property and equipment, and Healthcare's beneficial interest in a perpetual trust The earnings from the perpetual trust are available for health care services and are recorded when earned

Healthcare has interpreted state law as requiring realized and unrealized gains of permanently restricted net assets to be retained in a temporarily restricted net asset classification until appropriated by the Board and expended State law allows the Board to appropriate so much of the net appreciation of permanently restricted net assets as is prudent considering Healthcare's long- and short-term needs, present and anticipated financial requirements, expected total return on investments, price-level trends, and general economic conditions Amounts appropriated during the years ended September 30, 2011 and 2010, amounted to approximately $686,000 and $568,000, respectively These amounts are included in net assets released from restrictions in the accompanying consolidated financial statements

Gifts
Unconditional promises to give cash and other assets to Healthcare are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the conditions are substantially met Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted gifts in the accompanying financial statements

Cash and Cash Equivalents
Cash and cash equivalents include investments in highly liquid debt instruments with an original maturity of three months or less at the date of purchase, excluding funds whose use is limited or restricted

Funds whose use is Limited or Restricted
Funds whose use is limited or restricted include funds held by trustees under bond indenture agreements and funds contributed by donors for specific purposes and permanent endowment funds

Derivative Instruments
All derivatives are recognized on the balance sheet at fair value Healthcare designates at inception whether the derivative contract is considered hedging or nonhedging in accordance with existing accounting guidance for derivative instruments and hedging activities For those instruments designated as hedges, Healthcare formally documents at inception all relationships between the hedging instruments and hedged items, as well as its risk management objectives and strategies for undertaking various accounting hedges Healthcare's derivatives are used to minimize the variability in cash flows of interest-bearing liabilities caused by changes in interest rates Changes in the fair value of derivatives designated for hedging activities that are highly effective are recorded as a component of other changes in net assets Hedge ineffectiveness, if any, is recorded in excess of revenue and gains over expenses and losses For those instruments not designated as hedges, changes in the fair value of derivatives are recorded in nonoperating gains (losses)

Patient Accounts Receivable
Healthcare receives payments for services rendered from federal and state agencies (under the Medicare and Medicaid programs), managed care payors, commercial insurance companies, and patients Patient accounts receivable are reported net of contractual allowances and reserves for denials, uncompensated care, and doubtful accounts The level of reserves is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental and private employer health care coverage and other collection indicators

Investments and Investment Income
Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value in the accompanying consolidated balance sheets Investments for which a market value is not readily determinable, including investments in collective trusts, limited liability companies, limited partnerships and private equity partnerships, are either recorded at cost or at their reported fair value based on information provided by the trust manager, and are reviewed by management for reasonableness and approved by the Investment Committee Investments held to satisfy current liabilities, generally understood to be those liabilities to be paid within one year, are classified as current and investments intended to be held greater than one year are classified as long term Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in the excess of revenue and gains over expenses and losses, unless the income is restricted by donor or law The change in unrealized gains and losses on investments is excluded from the excess of revenue and gains over expenses and losses Investment income on proceeds of borrowings that are held by a trustee, to the extent not capitalized, and investment income on funds whose use is limited for capital purchases are generally reported as other revenue or as a change in temporarily restricted net assets All other unrestricted investment income and unrestricted realized gains and losses on investments are reported as nonoperating gains (losses)

A write-down in the cost basis of investments is recorded when the decline in fair value of investments below cost has been judged to be other-than-temporary Depending on any donor-imposed restrictions on the investments, the amount of the write-down is reported as a realized loss in either temporarily restricted net assets or in excess of revenue and gains over expenses and losses as a component of income from investments, with no adjustment to the cost basis for subsequent recoveries of fair value

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheets and consolidated statements of operations and changes in net assets When applicable, fair value is based on quoted market prices

Supplies
Supplies are stated at the lower of cost (first-in, first-out method) or market

Property and Equipment
Property and equipment are recorded at cost, less accumulated depreciation Gifts of long-lived assets such as land, buildings, or equipment are reported at fair value at the date of the contribution as unrestricted support and are excluded from the excess of revenue and gains over expenses and losses, unless explicit donor stipulations specify how the assets are to be used Gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long those assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

Depreciation of property and equipment is computed using the straight-line method based on the estimated useful lives of the related assets ranging from three to forty years Equipment leased under capital leases and leasehold improvements are amortized using the straight-line method over the shorter of the lease term or the estimated useful life of the equipment Such amortization is included within depreciation expense

Goodwill
As of October 1, 2010, Healthcare adopted ASC 350, *Goodwill and Other Intangible Assets*, which requires goodwill to be tested annually for impairment, including a test for historical amounts In addition, under the new guidance, goodwill is no longer amortized Healthcare's goodwill primarily relates to the acquisitions of Cape Cod Cardiology, LLC in 2009 and Bayside Surgical Center in 2011 (Note 17) Goodwill is recorded when the fair value of the assets acquired is less than the fair value of the liabilities assumed plus consideration transferred, if any, as detailed under ASC 958, *Not-for-Profit Entities: Mergers and Acquisitions*, effective in 2011 Healthcare assesses goodwill at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes an impairment charge for the amount by which the carrying amount of goodwill exceeds its fair value There was no impairment charge recorded for the years ended September 30, 2011 and 2010

Asset Retirement Obligations
Asset retirement obligations reported in accounts payable and accrued expenses are legal obligations associated with the retirement of long-lived assets The liabilities are initially recorded at fair value and the related asset retirement costs are capitalized by increasing the carrying amount of the related assets by the same amount as the liability Asset retirement costs are subsequently depreciated over the useful lives of the related assets Subsequent to initial recognition, Healthcare records changes in the liability resulting from the passage of time and revisions to either the timing or the amount of the original estimate of undiscounted cash flows Healthcare reduces the liabilities when the related obligations are settled

Costs of Borrowing
Interest cost incurred on borrowed funds, net of interest income earned on such funds, during the period of construction of capital assets is capitalized as a component of the costs of acquiring those assets Net interest cost of approximately $211,000 was capitalized during the year ended September 30, 2010 There was no interest cost capitalized for the year ended September 30, 2011

Deferred Financing Costs
Deferred financing costs consist of legal, financing, and other related costs incurred in connection with the issuance of outstanding bonds Deferred financing costs are being amortized using the straight-line method, which approximates the effective-interest method, over the term of the bonds Original issue discount, which is recorded as a reduction of the long-term debt, is being amortized using the straight-line method, which approximates the effective-interest method, over the term of the related bonds

Professional Liability Costs
Healthcare is self-insured for certain professional liability claims (Note 15) Estimated losses and claims are accrued as incurred Healthcare has provided for the cost of claims paid during the current period, as well as estimates of the liability for claims incurred but not yet paid, in the accompanying consolidated financial statements The liability for professional liability losses and loss-adjustment expenses includes an amount, based on an independent actuarial study discounted at a rate of 4%, for losses determined from loss reports, individual cases, and based on past experience, adjusted for the risk of adverse deviation Such liabilities are necessarily based on estimates and, while management believes that the amount is adequate, the ultimate liability may be in excess of or less than the amounts provided As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

Income Taxes
CCHC and its affiliates, other than MOB and CHICO, have been recognized by the Internal Revenue Service as tax-exempt nonprofit organizations under Section 501(c)(3) of the Internal Revenue Code (the "Code"), and accordingly, are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code An income tax provision has not been provided on the operating results of the MOB due to current-period operating losses and the existence of net operating loss carryforwards

CHICO has received an undertaking from the Cayman Islands Government exempting it from taxes on income until June 8, 2024

Fair Value Measurements
Healthcare follows accounting guidance which defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements

The estimated fair value amounts reported in the accompanying consolidated financial statements and related notes have been determined by Healthcare using available market information and valuation methodologies described below However, considerable judgment is required in interpreting market data to develop the estimates of fair value Accordingly, the estimates presented herein may not be indicative of the amounts that Healthcare could realize in a current market exchange The use of different market assumptions or valuation methodologies may have a material effect on the estimated fair value amounts

Reclassifications
Certain amounts in the accompanying 2010 financial statements have been reclassified in order to be consistent with the 2011 presentation

3. Charity Care

Healthcare provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because Healthcare does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue The charity care policy is based on the poverty income guidelines established by the Massachusetts Division of Healthcare Finance and Policy If a patient is ineligible because his or her income exceeds the eligibility guidelines, any uncollectible accounts receivable balance is written off to bad debts During 2011 and 2010, Healthcare provided approximately $14,350,000 and $11,280,000 in charity care, respectively Such amounts were determined using charges forgone based on established rates During 2011 and 2010, Healthcare received approximately $5,764,000 and $4,440,000, respectively, from the HSNTF for reimbursement of charity care

4. Property and Equipment

Property and equipment at September 30, 2011 and 2010 consisted of the following

	2011	2010
Land	$ 19,663,086	$ 19,663,086
Land improvements	11,166,541	11,136,836
Buildings and improvements	276,923,403	268,628,366
Fixed equipment	47,570,876	44,047,195
Major movable equipment	191,242,093	179,143,813
Assets under capital leases	18,433,645	16,170,402
	564,999,644	538,789,698
Accumulated depreciation and amortization	(325,297,099)	(301,584,003)
Property and equipment, net	239,702,545	237,205,695
Construction in progress	24,116,561	10,483,713
	$ 263,819,106	$ 247,689,408

At September 30, 2011 and 2010, Healthcare had commitments totaling approximately $2,957,000 and $1,226,000, respectively, related to construction projects Depreciation expense for the years ended September 30, 2011 and 2010 was $23,237,000 and $23,554,000, respectively

5. Investments

Investments and investments limited as to use are reported at either fair value or at cost in accordance with the appropriate guidance for healthcare organizations At September 30, 2011 and 2010, the composition of these investments is as follows

	September 30, 2011 Carrying Value			
	Cost Basis	At Fair Value	At Cost	Total
Cash and temporary investments	$ 29,460,341	$ 29,453,433	$ -	$ 29,453,433
Mutual funds	112,295,512	110,275,153	-	110,275,153
U S government securities	13,087,764	13,459,301	-	13,459,301
Common and preferred stock	13,003	19,015	-	19,015
Private equity partnerships	671,400	-	671,400	671,400
Pooled income fund	443,963	461,466	-	461,466
Collective trusts	35,199,424	34,809,750	-	34,809,750
Limited liability companies and limited partnerships	38,259,664	-	38,259,664	38,259,664
	229,431,071	188,478,118	38,931,064	227,409,182
Beneficial interest lead trust	-	983,676	-	983,676
Beneficial interest held by third party	-	6,493,739	-	6,493,739
Perpetual trusts held by third party	-	8,156,791	-	8,156,791
Total	$ 229,431,071	$ 204,112,324	$ 38,931,064	$ 243,043,388

	September 30, 2010 Carrying Value			
	Cost Basis	At Fair Value	At Cost	Total
Cash and temporary investments	$ 78,498,100	$ 78,508,100	$ -	$ 78,508,100
Mutual funds	70,899,133	71,819,678	-	71,819,678
U S government securities	14,209,252	14,486,470	-	14,486,470
Common and preferred stock	261,545	268,059	-	268,059
Corporate and municipal bonds	248,151	248,151	-	248,151
Private equity partnerships	390,000	-	390,000	390,000
Pooled income fund	473,357	499,276	-	499,276
Collective trusts	22,402,401	23,636,814	-	23,636,814
Limited liability companies and limited partnerships	21,815,307	-	21,815,308	21,815,308
	209,197,246	189,466,548	22,205,308	211,671,856
Beneficial interest lead trust	-	1,435,770	-	1,435,770
Beneficial interest held by third party	-	7,068,646	-	7,068,646
Perpetual trusts held by third party	-	8,614,221	-	8,614,221
Total	$ 209,197,246	$ 206,585,185	$ 22,205,308	$ 228,790,493

For the limited liability companies and the limited partnerships reflected in the balance sheet at cost, the difference between the value reported by the investment managers and the cost for these investments was $1,451,000 and $419,000 as of September 30, 2011 and 2010, respectively

The fair value and gross unrealized depreciation of investments with a fair value less than cost, that are not deemed to be other-than-temporarily impaired was $0 at September 30, 2011 At September 30, 2010, the investments with a fair value less than cost were as follows

At September 30, 2010

	12 Months or Greater	
	Fair Value	Gross Unrealized Depreciation
Mutual funds	$ 6,562,499	$ (463,107)
Collective trusts	4,206,456	(293,544)
	$ 10,768,955	$ (756,651)

At September 30, 2011 and 2010, investments are reported in the accompanying consolidated balance sheets as follows

	2011	2010
Short-term investments	$ 17,190,501	$ 14,996,948
Funds whose use is limited or restricted		
Current portion	7,820,340	7,946,269
Noncurrent portion	48,317,282	56,272,175
Long-term investments	169,715,265	149,575,101
	$ 243,043,388	$ 228,790,493

For the years ended September 30, 2011 and 2010, investment income, gains, and losses consisted of the following

	2011	2010
Investment return recorded in unrestricted net assets		
Nonoperating gains and losses		
Investment income	$ 1,679,206	$ 1,038,294
Net realized gains (losses) on investments, net	1,240,538	(2,184,653)
	2,919,744	(1,146,359)
Other revenue, investment income	75,003	274,697
Other changes in net unrealized (losses) gains on investments	(5,444,964)	8,997,350
Total investment return recorded within unrestricted net assets	(2,450,217)	8,125,688
Investment return recorded in temporarily restricted net assets		
Investment income	85,662	145,173
Net realized and change in net unrealized (losses) gains on investments	(301,996)	809,584
Change in value of split interest agreements	16,997	(145,636)
Total investment return recorded within temporarily restricted net assets	(199,337)	809,121
Investment return recorded in permanently restricted net assets		
Change in value of beneficial interest in perpetual trusts	(968,950)	937,412
Total investment return recorded within permanently restricted net assets	(968,950)	937,412
Total investment return	$ (3,618,504)	$ 9,872,221

Securities with unrealized depreciation are reviewed each quarter to determine whether these investments are other-than-temporarily impaired Marketable investments with fair value below cost are considered to be other-than-temporarily-impaired and a realized loss is recorded if management has outsourced the ability to purchase and sell investments to Healthcare's fund manager All other investments are subject to further review, which considers factors including the anticipated holding period for the investment, extent and duration of below cost valuation, and the nature of the underlying holdings as applicable A similar writedown is recorded when the impairment on these investments has been judged to be other-than-temporary

Healthcare recorded gross realized losses of approximately $0 and $3,127,000 associated with certain marketable investments for which the fair value was below cost as of September 30, 2011 and September 30, 2010, respectively No other unrealized losses were considered to be other-than-temporary

Funds whose use is limited consist of the following

	September 30, 2011		September 30, 2010	
	Current Portion	Long-Term Portion	Current Portion	Long-Term Portion
Internally designated funds	$ 492,412	$ -	$ 149,521	$ -
Externally designated funds				
Funds whose use is limited	$ 7,327,928	$ 13,952,511	$ 7,796,748	$ 15,441,407
Temporarily restricted investments	-	8,876,929	-	14,553,033
Permanently restricted investments	-	18,994,103	-	19,209,089
Beneficial interest held by third party	-	6,493,739	-	7,068,646
	7,327,928	48,317,282	7,796,748	56,272,175
	$ 7,820,340	$ 48,317,282	$ 7,946,269	$ 56,272,175

As of September 30, 2011 and 2010, Healthcare has outstanding commitments of approximately $810,000 and $1,110,000, respectively, to fund certain private equity and real asset funds

6. Fair Value Measurements

Fair value is defined as the exchange price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between participants at the measurement date (also referred to as "exit price") Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability In determining fair value, the use of various valuation approaches, including market, income and cost approaches, is permitted

Fair Value Hierarchy

A fair value hierarchy has been established based on whether the inputs to valuation techniques are observable or unobservable Observable inputs reflect market data obtained from sources independent of the reporting entity and unobservable inputs reflect the entity's own assumptions about how market participants would value an asset or liability based on the best information available The fair value hierarchy requires the reporting entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value In addition, for hierarchy classification purposes, the reporting entity should not look through the form of an investment to the nature of the underlying securities held by an investee

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by Healthcare for financial instruments measured at fair value on a recurring basis The three levels of inputs are as follows

Level 1 – Valuations using quoted prices in active markets for identical assets or liabilities Valuations of these products do not require a significant degree of judgment

Level 2 – Valuations using observable inputs other than Level 1 prices such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, broker or dealer quotations, or other inputs that are observable or can be corroborated by observable market data for substantially the same term of the assets or liabilities

Level 3 – Valuations using unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value

Cash and Temporary Investments
Cash and temporary investments include short-term, highly liquid investments and the fair values are based on quoted market prices

Mutual Funds, U.S. Government Securities, Common and Preferred Stock, and Pooled Income Fund
The fair values of mutual funds, estimated fair values of U S government securities, the fair values of common and preferred stock, and the fair value of the pooled income fund are based on quoted market prices for identical assets in active markets

Collective Trusts
The estimated fair values of collective trusts are determined based upon the net asset value provided by the fund managers and assessed for reasonableness by management Such information is generally based on Healthcare's pro-rata interest in the net assets of the underlying investments

Beneficial Interest Lead Trust
Charitable lead trust assets are initially valued based on estimated future payments discounted to a single present value using current market rates at the date of the contribution, matched to the payment period of the agreement

Beneficial Interest Held by Third Party
Charitable remainder trust assets, where Healthcare does not serve as trustee, are initially valued using the current fair value of the underlying assets, using observable market inputs based on its beneficial interest in the trust, discounted to a single present value using current market rates at the date of the contribution

Perpetual Trusts Held by Third Party
The estimated fair values of Healthcare's perpetual trusts are determined based upon information provided by the trustees and assessed for reasonableness by management Such information is generally based on Healthcare's pro-rata interest in the net assets of the underlying investments, which approximates fair value

Interest Rate Swaps
The valuation of interest rate swaps is determined using widely accepted valuation techniques, including discounted cash flow analysis on the expected cash flows of each derivative This analysis reflects the contractual terms of the derivatives, including the period to maturity, and uses observable market based inputs, including interest rate curves and implied volatilities

The following tables summarize fair value measurements at September 30, 2011 and 2010 for financial assets and liabilities measured at fair value on a recurring basis

	Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value at September 30, 2011
Assets				
Investments				
Cash and temporary investments	$ 29,453,433	$ -	$ -	$ 29,453,433
Mutual funds	93,527,651	16,747,502	-	110,275,153
U S government securities	13,459,301	-	-	13,459,301
Common and preferred stock	19,015	-	-	19,015
Pooled income fund	461,466	-	-	461,466
Collective trusts	-	34,809,750	-	34,809,750
Total investments, fair value	136,920,866	51,557,252	-	188,478,118
Beneficial interest lead trust	-	-	983,676	983,676
Beneficial interest held by third party	-	-	6,493,739	6,493,739
Perpetual trusts held by third party	-	-	8,156,791	8,156,791
Total assets, fair value	$ 136,920,866	$ 51,557,252	$ 15,634,206	$ 204,112,324
Liabilities				
Interest rate swaps	$ -	$ 4,041,228	$ -	$ 4,041,228
Total liabilities, fair value	$ -	$ 4,041,228	$ -	$ 4,041,228

	Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value at September 30, 2010
Assets				
Investments				
Cash and temporary investments	$ 78,508,100	$ -	$ -	$ 78,508,100
Mutual funds	57,183,761	14,635,917	-	71,819,678
U S government securities	14,486,470	-	-	14,486,470
Common and preferred stock	268,059	-	-	268,059
Corporate and municipal bonds	248,151	-	-	248,151
Pooled income fund	499,276	-	-	499,276
Collective trusts	-	23,636,814	-	23,636,814
Total investments, fair value	151,193,817	38,272,731	-	189,466,548
Beneficial interest lead trust	-	-	1,435,770	1,435,770
Beneficial interest held by third party	-	-	7,068,646	7,068,646
Perpetual trusts held by third party	-	-	8,614,221	8,614,221
Total assets, fair value	$ 151,193,817	$ 38,272,731	$ 17,118,637	$ 206,585,185
Liabilities				
Interest rate swaps	$ -	$ 3,907,956	$ -	$ 3,907,956
Total liabilities, fair value	$ -	$ 3,907,956	$ -	$ 3,907,956

The following table is a rollforward of investments classified by Healthcare within Level 3 as defined previously for the year ended September 30, 2011 and 2010

	Investments	Split Interest Agreements	Total
Balance at September 30, 2009	$ 5,732,328	$ 16,145,505	$ 21,877,833
Reclasses to Level 2	(5,732,328)	-	(5,732,328)
Change in value of beneficial interest in perpetual trusts	-	937,412	937,412
Net payments, purchases and sales/settlements	-	35,720	35,720
Balance at September 30, 2010	-	17,118,637	17,118,637
Change in value of beneficial interest in perpetual trusts	-	(968,950)	(968,950)
Net payments, purchases and sales/settlements	-	(515,481)	(515,481)
Balance at September 30, 2011	$ -	$ 15,634,206	$ 15,634,206

There were no significant transfers into or out of levels 1 and 2 for the year ended September 30, 2011

The following table summarizes all investments recorded at net asset value ("NAV") at September 30, 2011, categorized based on the risk and return characteristics of the investments, and excluding level 1 investments based on their daily redemption feature

	Fair Value	Redemption Frequency	Redemption Notice Period
Collective trusts	$ 34,809,750	Daily - Monthly	10 Days
Equity mutual funds	8,101,000	Once a week	none
Bond mutual funds	8,646,502	Weekly	5 Days
	$ 51,557,252		

7. Employee Retirement Plans

Healthcare sponsors several defined contribution plans which generally cover employees who have completed the minimum service requirements defined by the plans The contributions vary by plan but generally approximate 2% of eligible wages Certain of the plans allow for employee contributions which are matched by Healthcare up to certain limits Pension expense under the defined contribution plans totaled approximately $8,642,000 in 2011 and $8,081,000 in 2010 and was recorded within employee benefits expense on the consolidated statements of operations

8. Lines of Credit

Healthcare has a line of credit available that provides for advances of up to $10,000,000 for working capital needs Amounts borrowed are due on demand and bear interest at the applicable LIBOR interest rate in effect at the time of the borrowing Borrowings under the line of credit are guaranteed by the following affiliated entities CCHC Foundation, CCH, Falmouth Hospital, JML Center, Human Services, and VNA of Cape Cod There was $3,450,000 and $6,900,000 outstanding under this line-of-credit agreement at September 30, 2011 and 2010, respectively The line is uncollateralized and expires on March 25, 2012

JML had a line of credit available from a bank that provided for advances of up to $1,200,000 for working capital needs through April 30, 2011 Amounts borrowed are due on demand and bear interest at the prime rate There were no amounts outstanding under the line of credit agreement at September 30, 2010 The line of credit was collateralized by investments of JML As of April 30, 2011 the line of credit was terminated

9. Long-term Debt, Capital Leases and Interest Rate Swaps

Long-term debt at September 30, 2011 and 2010 consists of the following

Issue	2011 Rate	2010 Rate	Final Maturity	2011	2010
Massachusetts Health and Educational Facilities Authority ("HEFA") Revenue Bonds					
Fixed Rate					
Cape Cod Healthcare Obligated Group—Series B	5 0-5 45%	5 0-5 45%	2024	$ 12,108,746	$ 12,738,746
Cape Cod Healthcare Obligated Group—Series C	3 0-5 25%	3 0-5 25%	2032	37,880,200	38,870,199
Cape Cod Healthcare Obligated Group—Series D	0 90%	2 72%	2036	61,020,000	62,400,000
Variable Rate					
Falmouth Assisted Living, Inc —Series A	1 17%	2 70%	2027	5,200,000	5,400,000
Cape Cod Healthcare Obligated Group —Series E	1 57%	1 58%	2023	32,594,578	35,393,969
Notes payable					
Cape Cod Hospital	5 99%	6 10%	2014	2,185,998	2,296,334
Cape Cod Hospital	n/a	6 50%	2018	-	6,200,000
Cape Cod Hospital	3 56%	n/a	2018	5,783,808	-
Falmouth Hospital	5 96%	5 96%	2029	4,934,106	5,079,991
Cape Cod Healthcare (variable rate)	3 27%	2 13%	2023	3,274,649	3,648,894
Human Services	n/a	8 50%	2011	-	111,497
Cape Cod Healthcare - HEFA Financing	3 38%	3 38%	2012	1,073,135	3,178,475
Capital Lease obligations	n/a	n/a		4,718,054	3,068,484
				170,773,274	178,386,589
Less unamortized premium (original issue discount), net				668,291	714,483
Less current portion				(8,831,697)	(9,553,469)
Total Long-term debt				$ 162,609,868	$ 169,547,603

On December 23, 2004, the Cape Cod Healthcare Obligated Group issued $65,000,000 of Massachusetts HEFA Series D Variable Rate Demand Revenue Bonds (the “Series D Bonds”) The Series D Bonds were collateralized by a bond insurance policy issued by Assured Guaranty Proceeds from the Series D Bonds were used to satisfy a number of capital improvements at CCH, including an inpatient bed tower and cardiac catheterization facilities

In connection with the issuance of the Series D Bonds, Healthcare entered into variable to fixed interest rate swaps ("Series D Swaps") in the notional amount of $65,000,000 Healthcare paid to the counterparties a fixed amount that was determined by fair market bid and received a variable amount reset monthly equal to 67% of one month LIBOR

On June 18, 2008, the Cape Cod Healthcare Obligated Group issued $36,710,000 of Massachusetts HEFA Series E Variable Rate Bonds (the "Series E Bonds") The bond proceeds, net of issuance costs of $262,000, were used to refund the majority of a bridge loan Healthcare issued in March 2008 totaling $38,925,000 On February 12, 2009, the Series E Bonds were increased by $2,215,000 in order to repay the bridge loan that was outstanding as of September 30, 2008 The Series E Bonds are collateralized by a pledge of gross receipts and mortgages on the property and equipment of the core hospital campuses

On December 28, 2009, Healthcare terminated its position in the Series D Swaps Healthcare realized a $4,439,000 nonoperating loss upon termination

On February 16, 2010, Healthcare converted the Series D Bonds from variable rate demand bonds to fixed rate bonds in the amount of $62,400,000 The fixed rate Series D Bonds continue to be collateralized by a bond insurance policy issued by Assured Guaranty Healthcare recorded a loss of approximately $869,000 for the year ended September 30, 2010 related to the write-off of unamortized deferred financing costs on the Series D variable rate demand bonds that were converted to a fixed rate

On July 20, 2011 Healthcare entered into a $6,200,000 bridge loan agreement to finance an ambulatory care center The bridge loan is a variable rate, LIBOR-based loan The bridge loan is collateralized by Healthcare's marketable securities As of September 30, 2011, there were no funds outstanding under the terms of this agreement Subsequent to year-end, on December 1, 2011, Healthcare borrowed $3,500,000 under the terms of the bridge loan

On August 29, 2011 Healthcare entered into a $11,000,000 term loan agreement, the proceeds from which were drawn in two tranches of $5,800,000 and $5,200,000 on September 2, 2011 and October 31, 2011 respectively The first draw was used to refinance a privately-held loan on land and the second was used to refinance the Falmouth Assisted Living Series A variable rate debt The first tranche is financed for seven years at a fixed rate of 3 56% The second tranche is financed at a fixed rate of 3 15% for seven years

The fair value of interest rate swap agreements at September 30, 2011 and 2010 is as follows

	2011 Fair Value	2010 Fair Value
Series A Swap	$ (3,974,110)	$ (3,773,095)
Series C Swap	(67,118)	(134,861)
	$ (4,041,228)	$ (3,907,956)

The effects of interest rate swap arrangements on the consolidated statements of operations and changes in net assets for 2011 and 2010 are as follows

	Location of Gain/(Loss) in Statements of Operations	Amount of Gain/(Loss) Recognized in Changes in Unrestricted Net Assets for Years Ended September 30, 2011	2010	Amount of Gain/(Loss) Recognized in Excess of Revenues Over Expenses for Years Ended September 30, 2011	2010
Series A Swap	Change in fair value of interest rate swaps	$ -	$ -	$ (201,015)	$ (1,206,528)
Series C Swap	Change in fair value of interest rate swaps	-	-	67,743	20,805
Series D Swaps	Realized loss from swap termination	-	-	-	(4,439,000)
Series D Swaps	Change in net unrealized gains and losses on investments	-	1,237,520	-	-
Series D Swaps	Reclassification of realized loss from swap termination	-	4,439,000	-	-
		$ -	$ 5,676,520	$ (133,272)	$ (5,624,723)

Healthcare and its swap counterparties are exposed to credit risk in the event of nonperformance or early termination of the agreements In accordance with the guidance on fair value measurements, Healthcare recorded a nonperformance risk adjustment which reduced the interest rate liability by approximately $359,000 and $289,000 in 2011 and 2010, respectively

Collateral
The following is a summary of collateral under the above agreements

Issue	Collateral
Revenue bonds	
Healthcare Obligated Group	Pledge of gross receipts and mortgages on the property and equipment of the core hospital campuses
Falmouth Assisted Living	Pledge of gross receipts and substantially all of the property and equipment of the assisted living facility ($4,126,000 net book value at September 30, 2011)
Notes payable	
Cape Cod Hospital	Mortgage on real estate and marketable securities ($2,200,000 fair value at September 30, 2011)
Falmouth Hospital	Mortgage on real estate
Human Services	Mortgage on real estate

Loan Covenants
Several of the loan agreements contain covenants and financial ratios which require compliance by the various organizations Certain of the agreements also provide for restrictions on, among other things, transfers, additional indebtedness, and dispositions of property, the most restrictive of which is the ratio of income available for debt service

The Obligated Group
The Series B, C, D and E Bonds are equally and ratably collateralized under the loan and trust agreements At September 30, 2011, the Cape Cod Healthcare Obligated Group consisted of CCHC, CCHC Foundation, CCH and Falmouth Hospital

Upon the issuance of the Cape Cod Healthcare Obligated Group Series C Bonds, CCH, CCHC, and CCHC Foundation became members of the Obligated Group under the Falmouth Hospital debt agreements As such, all obligations issued under the Cape Cod Healthcare Obligated Group debt agreements or the Falmouth Hospital debt agreements will be joint and several obligations of the Cape Cod Healthcare Obligated Group, and equally and ratably collateralized by interests in the gross receipts of the Cape Cod Healthcare Obligated Group and the property subject to the mortgages

Falmouth Assisted Living, Inc.
The Falmouth Assisted Living Series A Bonds (the "Assisted Living Series A Bonds") bear interest at a variable rate set by the remarketing agent weekly (the "Weekly Mode") Assisted Living may from time to time convert the interest rate on all or part of the Assisted Living Series A Bonds to a Flexible Mode (interest rate set by the remarketing agents for periods of up to 270 days as determined by the remarketing agent) or a Fixed Mode (interest rate set at a fixed rate as determined by the remarketing agent at the date of conversion)

The Assisted Living Series A Bonds can be converted to and from the Weekly and Flexible Modes at the option of Assisted Living Assisted Living Series A Bonds converted to a Fixed Rate Mode cannot be subsequently converted to the Weekly or Flexible Mode An irrevocable direct-pay letter of credit (the "Letter of Credit"), which was due to expire in March 2012, provides for the payment of amounts equal to the principal of, and up to 51 days' accrued interest on, the outstanding Assisted Living Series A Bonds while such bonds are in the Weekly or Flexible Mode Subsequent to year-end, Healthcare entered into a $5,200,000 privately placed agreement to refinance the Assisted Living Series A Bonds at a fixed rate of 3 15% for seven years Accordingly, the classification of the Assisted Living Series A Bonds on the consolidated balance sheet and the maturity table below has been updated to reflect this refinancing subsequent to year end

Future Maturities
Aggregate future maturities of long-term obligations, including capital lease obligations (Note 15), and unamortized net premium of $668,291, are as follows

2012	$ 8,831,697
2013	8,119,391
2014	8,470,100
2015	7,357,614
2016	7,550,545
Thereafter	131,112,218
	$ 171,441,565

Fair Value of Long-Term Debt
The fair value of Healthcare's long-term debt is estimated based on quoted market prices for the same or similar issues The estimated fair value of Healthcare's long-term debt was approximately $170,893,872 and $175,623,000 at September 30, 2011 and 2010, respectively

10. Funds Held by Trustee Under Bond Indenture Agreements

At September 30, 2011 and 2010, under the terms of the agreements with HEFA, investments are being held in escrow for debt service and to fund future property and equipment additions

These funds are invested primarily in certificates of deposit and U S government securities and are held in the following funds

	2011	2010
Debt service fund	$ 7,327,928	$ 7,796,748
Debt service reserve fund	12,120,215	10,014,356
Project and construction funds	1,832,296	5,427,051
	$ 21,280,439	$ 23,238,155

Healthcare has entered into agreements whereby two of its affiliates assigned their rights to the interest earned on certain of the debt service funds in exchange for a fixed cash payment The amount received was reported as deferred revenue of $146,000 and $160,000 at September 30, 2011 and 2010, respectively, and is being recognized as income over the lives of the related debt

11. Split Interest Agreements and Outside Trusts

Healthcare is obligated to make quarterly distributions to the beneficiaries of certain gift annuities split-interest arrangements) The estimated net present value of these obligations totaled $2,015,000 and $2,096,000 at September 30, 2011 and 2010, respectively, and are included in other liabilities in the accompanying consolidated balance sheets Upon the death of each of the beneficiaries, the related obligations of Healthcare terminate

Healthcare is the trustee of a pooled income fund This fund is divided into units, and contributions of donors' life income gifts are pooled and invested as a group Donors are assigned a specific number of units based on the proportion of the fair value of their contributions to the total fair value of the pooled income fund on the date of the donors' entry into the pool Each donor receives the actual income earned on those units until his/her death Upon the death of the donor, the donor's interest in the trust will revert to Healthcare and will be unrestricted The estimated net present value of these obligations totaled $277,000 and $301,000 at September 30, 2011 and 2010, respectively, and are included in other liabilities in the accompanying consolidated balance sheets

Healthcare holds beneficial interests in certain irrevocable charitable remainder trusts for which Healthcare does not serve as trustee Healthcare records its beneficial interest in those trusts as contribution revenue and other assets at the present value of the expected future cash inflows Such trusts are recorded at the date Healthcare has been notified of the trust's existence and sufficient information regarding the trust has been accumulated to form the basis for an asset Changes in the value of these assets related to the amortization of the discount or revisions in the income beneficiary's life expectancy are recorded as a change in value of split interest agreements within temporarily or permanently restricted net assets

Healthcare is also the beneficiary of certain perpetual trusts held and administered by others The present values of the estimated future cash receipts from the trusts are recognized as beneficial interests in those assets as investments and contribution revenues at the date Healthcare is notified of the establishment of the trust and sufficient information regarding the trust has been obtained by Healthcare Distributions from the trusts are recorded as investment income in the period they are received Changes in fair value of the trusts are recorded as a change in beneficial interest in perpetual trusts within permanently restricted net assets

12. Pledges Receivable

Pledges receivable represent unconditional promises to give These amounts are reported at their present value, discounted at rates ranging from 1 75% to 2% at September 30, 2011 and 1 13% to 2 25% at September 30, 2010, and are recorded net of an allowance for uncollectible amounts Pledges receivable at September 30, 2011 and 2010 are expected to be collected as follows

	2011	2010
Amounts due		
Within one year	$ 7,703,427	$ 7,110,849
In one to five years	5,878,214	5,606,941
In more than five years	225,000	750,000
	13,806,641	13,467,790
Present value discount	(412,299)	(415,165)
Allowance for uncollectible amounts	(435,180)	(420,000)
	$ 12,959,162	$ 12,632,625

13. Restricted Net Assets

Restricted net assets are available for the following purposes

	2011	2010
Temporarily restricted		
Healthcare services	$ 24,290,176	$ 23,430,191
Buildings	8,271,799	15,701,806
Purchase of equipment	118,554	607,824
	$ 32,680,529	$ 39,739,821
Permanently restricted		
Healthcare services	$ 25,923,330	$ 26,563,186

Endowment

Healthcare's endowment consists of approximately 40 individual donor restricted endowment funds for a variety of purposes plus split interest agreements, and other net assets The endowments are classified and reported based on the existence of donor imposed restrictions

Healthcare has interpreted UPMIFA as requiring the preservation of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, Healthcare classifies as permanently restricted net assets, (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by Healthcare in a manner consistent with the standard of prudence prescribed by UPMIFA In accordance with UPMIFA, Healthcare considers the following factors in making a determination to appropriate or accumulate endowment funds the duration and preservation of the fund, the purposes of the organization and the donor-restricted endowment fund, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the organization, and the investment policies of the organization

The following presents the endowment net asset composition by type of fund as of September 30, 2011 and 2010 and the changes in endowment assets for the years ended September 30, 2011 and 2010

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, at September 30, 2009	$ 6,886,403	$ 24,497,592	$ 31,383,995
Investment return			
Investment income	145,173	-	145,173
Net realized and unrealized appreciation	1,016,089	954,923	1,971,012
Total investment return	1,161,262	954,923	2,116,185
Gifts	-	1,110,671	1,110,671
Appropriation of endowment assets for expenditure	(567,742)	-	(567,742)
Endowment net assets, at September 30, 2010	7,479,923	26,563,186	34,043,109
Investment return			
Investment income	85,662	-	85,662
Net realized and unrealized depreciation	(164,401)	(1,001,698)	(1,166,099)
Total investment return	(78,739)	(1,001,698)	(1,080,437)
Gifts	-	361,842	361,842
Appropriation of endowment assets for expenditure	(685,875)	-	(685,875)
Endowment net assets, at September 30, 2011	$ 6,715,309	$ 25,923,330	$ 32,638,639

Endowment Funds with Deficits

From time to time, the fair value of net assets associated with individual donor-restricted endowment funds may fall below the value of the initial and subsequent donor gift amounts (deficit) When donor endowment deficits exist, they are classified as a reduction to unrestricted net assets This deficit was immaterial to the financial statements as of September 30, 2011 and 2010

14. Functional Expenses

Total operating expenses by function are as follows

	2011	2010
Healthcare services	$ 545,429,305	$ 526,936,792
General and administrative	67,411,383	65,393,235
	$ 612,840,688	$ 592,330,027

15. Commitments and Contingencies

Leases

Healthcare has entered into operating leases for certain office equipment and office space Certain leases provide for renewal options and some contain provisions requiring the affiliates to pay their proportionate share of operating costs in addition to base rent Rent expense under the operating leases amounted to approximately $6,083,000 and $4,832,000 in 2011 and 2010, respectively

At September 30, 2011, the aggregate future rental commitments under noncancelable leases were

	Capital Leases	Operating Leases
2012	$ 1,162,108	$ 5,268,033
2013	1,112,775	5,081,491
2014	1,043,315	2,797,967
2015	964,243	1,674,380
2016	778,113	1,186,442
Thereafter	1,754,614	574,161
Total lease payments	$ 6,815,168	$ 16,582,474
Less Amount representing interest	(2,097,114)	
Capital lease obligations at September 30, 2011	$ 4,718,054	

Malpractice Insurance
Effective June 1, 2004, Healthcare became self-insured for professional and general liability insurance coverage as funded through CHICO, a wholly-owned CCHC affiliate domiciled in the Cayman Islands CHICO provides the professional liability insurance coverage on a modified claims-made basis, and the general liability claims on an occurrence basis Liability limits are set annually at $2,000,000 per medical incident and $6,000,000 in the aggregate Effective for the policy year starting June 1, 2008, CHICO's maximum retention in any one policy year is $8,000,000, for all prior policy years maximum retention is $10,000,000 Since June 1, 2008, CHICO has maintained reinsurance for 100% of the losses above the underlying policy limits/retention, up to a maximum limitation of $25,000,000 per policy year For all policy years prior to June 1, 2008, CCHC maintained excess insurance coverage with a maximum limitation up to $25,000,000 per policy year Prior to June 1, 2004, CCHC and its affiliates purchased professional and comprehensive general liability insurance policies to cover, among other risks, medical malpractice claims Such policies covered claims either on an occurrence or a claims-made basis Under the claims-made policies, coverage is provided by CHICO when a claim is first reported during a policy term and its incident date is on or after the retroactive date

Workers' Compensation
Healthcare provides certain workers' compensation coverage on a self-insured basis The liability, including an estimate for claims incurred but not reported, at September 30, 2011 and 2010, of approximately $7,630,000 and $4,700,000, respectively, is included in accounts payable and accrued expenses

Health Insurance Plan
Healthcare became self-insured for its employee health insurance plan effective May 31, 2009 As a result of this change, Healthcare recorded a liability of $5,760,000 and $3,700,000 for claims incurred but not reported at September 30, 2011 and 2010, respectively, which is included in accounts payable and accrued expenses

Other Contingencies
CCHC and its affiliates are parties in various legal proceedings and potential claims arising in the ordinary course of its business In addition, the health care industry as a whole is subject to numerous laws and regulations of federal, state, and local governments Compliance with these laws and regulations is subject to government review and interpretation as well as regulatory actions, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenue from patient services Management believes that CCHC and its affiliates are in compliance with current laws and regulations and does not believe that these matters will have a material adverse effect on CCHC and its affiliates' consolidated financial statements

16. Concentration of Credit Risk

Financial instruments that potentially subject Healthcare to concentrations of credit risk are patient and other accounts receivable, cash and cash equivalents, derivatives, and investments CCHC and its affiliates are located in the Cape Cod area of Massachusetts The entities grant credit without collateral to their patients, many of whom are local residents and are insured under third-party payor agreements

Accounts receivable from patients and third-party payors at September 30, 2011 and 2010, were as follows

	2011	2010
BlueCross and BlueShield	7 %	7 %
Medicare	41	40
Medicaid	12	13
Other third-party payors	33	33
Patients	7	7
	100 %	100 %

A significant portion of the accounts receivable from other third-party payors (commercial insurance companies and HMOs) is derived from two Massachusetts managed care companies Although management expects amounts recorded as net accounts receivable at September 30, 2011, to be collectible, this concentration of credit risk is expected to continue in the near term

17. Acquisitions

On October 1, 2010, Cape Cod Health Network LLC, a physician organization in which Healthcare has a 50% ownership interest, was formed Healthcare records its investment in this organization under the equity method of accounting

On February 22, 2011 Healthcare opened a joint venture with a private group that provides radiation therapy services to its Upper Cape market Healthcare's investment in the joint venture was $2,650,000 as of September 30, 2011, which has been accounted for using the equity method of accounting In addition, per the terms of the joint venture agreement, Healthcare has guaranteed fifty percent of the joint venture's lease obligation As of September 30, 2011, the joint venture's total obligation is $5,000,000

Effective October 1, 2010, Falmouth Hospital acquired the business operations of Bayside Surgical Center, an ambulatory surgical center in North Falmouth, Massachusetts for $2,259,000 The ambulatory surgical center will operate as an outpatient department of Falmouth Hospital and the results of its operations will be recorded in the operations of Falmouth Hospital upon commencing operations in 2012 This transaction was accounted for using the acquisition method of accounting, which requires all the assets and liabilities of Bayside Surgical Center to be revalued at their fair value as of the acquisition date Falmouth Hospital recorded $2,085,000 of goodwill as a result of this purchase

18. Subsequent Events

Healthcare has assessed the impact of subsequent events through January 13, 2012, the date that the financial statements were issued, and has concluded that there were no events that require adjustment to the audited financial statements or disclosure in the footnotes to the audited financial statements, other than the items as described above

pwc

Report of Independent Auditors on
Accompanying Consolidating Information

To the Board of Trustees of
Cape Cod Healthcare, Inc and Affiliates

The report on our audits of the consolidated financial statements, in which we indicated the extent of our reliance on the report of other auditors, of Cape Cod Healthcare, Inc and Affiliates as of September 30, 2011 and 2010 and for the years then ended appears on page one of this document Those audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole The accompanying consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual affiliates Accordingly, we do not express an opinion on the financial position and results of operations of the individual affiliates However, the consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole

PricewaterhouseCoopers LLP

January 13, 2012

PricewaterhouseCoopers LLP, 125 High Street, Boston, MA 02110
T: (617) 530 5000, F: (617) 530 5001, www.pwc.com/us

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Balance Sheet
September 30, 2011

	Total	Eliminations and Reclassifications	CCHC	Healthcare Foundation	Cape Cod Hospital and Subsidiary	Falmouth Hospital Association	Cape and Islands	VNA of Cape Cod	Human Services	Falmouth Assisted Living	JML Care Center	Cape Cod Medical Office Building	Captive Insurance	Medical Affiliates
Assets														
Current assets														
Cash and cash equivalents	$ 41,287,572	$ -	$ 2,376,223	$ 860,629	$ 18,242,078	$ 10,448,075	$ 126,661	$ 3,445,960	$ 81,036	$ 1,827,591	$ 1,307,669	$ 9,008	$ 661,686	$ 1,900,956
Short-term investments	17,190,501	-	-	-	-	-	-	-	-	-	-	-	17,190,501	-
Patient accounts receivable, net	63,139,375	-	-	-	41,231,067	13,222,740	-	5,005,846	123,586	52,961	1,416,484	-	-	2,086,691
Current portion of pledges receivable, net	7,268,247	-	-	7,268,247	-	-	-	-	-	-	-	-	-	-
Other receivables, net	7,518,599	(3,225,930)	3,051,685	1,075,000	673,145	751,313	12,224	-	1,315	-	-	29,400	5,133,269	17,178
Estimated settlements with third-party payors	1,031,731	-	-	-	869,419	162,312	-	-	-	-	-	-	-	-
Current portion of investments whose use is limited or restricted														
Internally designated	130,210	-	-	-	-	-	-	-	130,210	-	-	-	-	-
Funds held by trustee under bond indenture agreements	7,690,130	-	-	-	6,599,518	728,408	-	-	-	362,204	-	-	-	-
Supplies	8,896,670	-	126,832	-	6,421,190	2,313,073	35,575	-	-	-	-	-	-	-
Prepaid expenses and other current assets	5,430,769	-	1,421,596	12,107	1,724,169	928,548	33,301	233,252	7,310	25,422	55,681	-	55,109	934,274
Due from affiliates	-	(13,368,891)	210,793	9,406,876	-	-	-	218,054	3,533,168	-	-	-	-	-
Total current assets	159,583,804	(16,594,821)	7,187,129	18,622,859	75,760,586	28,554,469	207,761	8,903,112	3,876,625	2,268,178	2,779,834	38,408	23,040,565	4,939,099
Long-term investments	169,715,265	(80,706,373)	79,634,535	983,676	81,615,858	70,475,973	-	9,433,009	-	5,070,775	3,207,812	-	-	-
Investments whose use is limited or restricted														
Funds held by trustee under bond indenture agreements, net of current portion	13,952,511	-	-	-	12,333,015	861,351	-	-	-	758,145	-	-	-	-
Temporarily restricted investments	8,876,929	(32,037,072)	8,847,630	1,961,711	15,096,279	13,532,937	-	1,400,042	-	-	75,402	-	-	-
Permanently restricted investments	10,837,312	(18,773,958)	10,181,678	-	9,964,178	4,508,612	-	2,199,601	-	-	2,757,201	-	-	-
Permanently restricted beneficial interest in perpetual trusts	14,650,530	-	8,156,791	-	6,493,739	-	-	-	-	-	-	-	-	-
Total assets whose use is limited or restricted	48,317,282	(50,811,030)	27,186,099	1,961,711	43,887,211	18,902,900	-	3,599,643	-	758,145	2,832,603	-	-	-
Property and equipment, net	263,819,106	-	12,198,819	165,294	182,335,157	57,000,884	166,895	1,949,875	146,834	4,126,260	5,191,003	15,000	-	523,085
Other assets														
Due from affiliates	-	(37,060,162)	225,000	-	18,394,983	15,555,823	-	-	-	52,188	101,536	-	-	2,730,632
Deferred financing costs, net	5,411,205	-	-	-	4,689,661	520,555	-	-	-	200,989	-	-	-	-
Pledges receivable, net of current portion	5,690,915	-	-	5,690,915	-	-	-	-	-	-	-	-	-	-
Goodwill	7,980,353	-	-	-	5,843,363	2,085,484	-	-	-	-	-	-	-	51,506
Other assets	16,477,736	(2,865,327)	19,063,653	-	231,717	14,499	-	-	-	-	11,695	-	-	21,499
Total other assets	35,560,209	(39,925,489)	19,288,653	5,690,915	29,159,724	18,176,361	-	-	-	253,177	113,231	-	-	2,803,637
Total assets	$ 676,995,666	$ (188,037,713)	$ 145,495,235	$ 27,424,455	$ 412,758,536	$ 193,110,587	$ 374,656	$ 23,885,639	$ 4,023,459	$ 12,476,535	$ 14,124,483	$ 53,408	$ 23,040,565	$ 8,265,821

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Balance Sheet
September 30, 2011

	Total	Eliminations and Reclassifications	CCHC	Healthcare Foundation	Cape Cod Hospital and Subsidiary	Falmouth Hospital Association	Cape and Islands	VNA of Cape Cod	Human Services	Falmouth Assisted Living	JML Care Center	Cape Cod Medical Office Building	Captive Insurance	Medical Affiliates
Liabilities and Net Assets														
Current liabilities														
Current portion of long-term debt and capital lease obligations	$ 8,831,697	$ -	$ 374,245	$ -	$ 7,197,839	$ 1,059,613	$ -	$ -	$ -	$ 200,000	$ -	$ -	$ -	$ -
Accounts payable and accrued expenses	87,192,475	(1,837,407)	21,204,185	242,582	42,324,657	14,851,442	595,349	4,257,124	210,666	375,519	1,210,298	4,811	44,949	3,708,300
Estimated settlements with third-party payors	18,569,697	-	-	-	11,269,602	6,643,570	-	656,525	-	-	-	-	-	-
Due to affiliates	-	(15,495,745)	1,746,417	9,819,606	-	-	70,946	-	3,812,793	377	-	45,606	-	-
Borrowings under lines of credit	3,450,000	-	3,450,000	-	-	-	-	-	-	-	-	-	-	-
Other current liabilities	670,495	-	286,807	-	350,164	24,202	-	9,322	-	-	-	-	-	-
Total current liabilities	118,714,364	(17,333,152)	27,061,654	10,062,188	61,142,262	22,578,827	666,295	4,922,971	4,023,459	575,896	1,210,298	50,417	44,949	3,708,300
Other liabilities														
Due to affiliates	-	(34,933,308)	-	-	9,751,254	20,646,837	-	-	-	-	-	-	-	4,535,217
Interest rate swaps	4,041,228	-	-	-	3,974,110	67,118	-	-	-	-	-	-	-	-
Other liabilities	25,053,075	(1,388,523)	3,108,034	-	146,394	-	-	-	-	311,554	-	-	22,875,616	-
Total other liabilities	29,094,303	(36,321,831)	3,108,034	-	13,871,758	20,713,955	-	-	-	311,554	-	-	22,875,616	4,535,217
Long-term debt and capital lease obligations, net of current portion	162,609,868	-	2,900,403	-	135,800,563	18,908,902	-	-	-	5,000,000	-	-	-	-
Total liabilities	310,418,535	(53,654,983)	33,070,091	10,062,188	210,814,583	62,201,684	666,295	4,922,971	4,023,459	5,887,450	1,210,298	50,417	22,920,565	8,243,517
Net assets														
Unrestricted	307,973,272	(83,571,700)	75,578,874	821,210	170,390,186	112,867,354	(291,639)	15,363,025	-	6,589,085	10,081,582	2,991	120,000	22,304
Temporarily restricted	32,680,529	(32,037,072)	18,255,097	16,358,272	15,095,851	13,532,937	-	1,400,042	-	-	75,402	-	-	-
Permanently restricted	25,923,330	(18,773,958)	18,591,173	182,785	16,457,916	4,508,612	-	2,199,601	-	-	2,757,201	-	-	-
Total net assets	366,577,131	(134,382,730)	112,425,144	17,362,267	201,943,953	130,908,903	(291,639)	18,962,668	-	6,589,085	12,914,185	2,991	120,000	22,304
Total liabilities and net assets	$ 676,995,666	$ (188,037,713)	$ 145,495,235	$ 27,424,455	$ 412,758,536	$ 193,110,587	$ 374,656	$ 23,885,639	$ 4,023,459	$ 12,476,535	$ 14,124,483	$ 53,408	$ 23,040,565	$ 8,265,821

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Statement of Operations
September 30, 2011

	Total	Eliminations and Reclassifications	CCHC	Healthcare Foundation	Cape Cod Hospital and Subsidiary	Falmouth Hospital Association	Cape and Islands	VNA of Cape Cod	Human Services	Falmouth Assisted Living	JML Care Center	Cape Cod Medical Office Building	Captive Insurance	Medical Affiliates
Revenue														
Net patient service revenue	$ 630,621,712	$ -	$ -	$ -	$ 400,492,616	$ 139,385,308	$ -	$ 44,497,845	$ 1,722,098	$ 3,823,705	$ 15,706,631	$ -	$ -	$ 24,993,509
Other revenue	16,128,447	(43,671,607)	32,077,494	-	8,862,366	6,229,448	9,761,844	1,352,787	84,648	388,995	117,981	15,000	-	909,491
Net assets released from restrictions used for operations	1,520,542	-	-	-	206,444	485,822	-	661,662	23,391	-	143,223	-	-	-
Total revenue	648,270,701	(43,671,607)	32,077,494	-	409,561,426	146,100,578	9,761,844	46,512,294	1,830,137	4,212,700	15,967,835	15,000	-	25,903,000
Expenses														
Salaries and wages	249,564,821	-	16,369,227	-	130,511,067	51,007,928	4,520,682	28,678,407	1,480,306	1,341,526	9,057,073	-	-	6,598,605
Physicians' salaries and fees	46,058,543	-	204,634	-	25,063,654	8,773,400	51,996	30,970	181,356	-	-	-	-	11,752,533
Employee benefits	90,161,989	-	3,911,483	-	48,581,273	18,305,933	3,631,974	8,764,904	319,051	476,156	2,136,587	-	-	4,034,628
Supplies and other	179,014,872	(43,671,607)	10,208,754	-	141,331,396	47,055,233	1,526,055	7,467,667	917,470	803,152	3,627,369	24,058	-	9,725,325
Depreciation and amortization	24,259,921	-	1,213,374	-	16,561,945	4,825,353	31,137	715,042	23,508	314,585	447,517	-	-	127,460
Interest	9,054,870	-	217	-	7,930,117	1,049,375	-	-	8,467	66,694	-	-	-	-
Provision for bad debts	14,725,672	-	-	-	10,799,660	3,121,182	-	130,642	21,767	-	125,000	-	-	527,421
Total expenses	612,840,688	(43,671,607)	31,907,689	-	380,779,112	134,138,404	9,761,844	45,787,632	2,951,925	3,002,113	15,393,546	24,058	-	32,765,972
Operating income (loss)	35,430,013	-	169,805	-	28,782,314	11,962,174	-	724,662	(1,121,788)	1,210,587	574,289	(9,058)	-	(6,862,972)
Nonoperating gains (losses)														
Investment income	1,679,206	(635,750)	638,261	34,086	971,611	502,098	-	99,336	-	43,112	26,452	-	-	-
Realized gains (losses) on investments, net	802,361	(629,988)	193,657	(1,808)	720,320	552,242	-	(25,678)	1,715	(13,194)	5,095	-	-	-
Gifts and bequests	4,274,295	(3,306,223)	-	4,274,295	2,006,029	919,653	-	380,541	-	-	-	-	-	-
Fundraising expense	(1,060,710)	-	-	(1,060,710)	-	-	-	-	-	-	-	-	-	-
Change in fair value of interest rate swaps	(133,272)	-	-	-	(201,015)	67,743	-	-	-	-	-	-	-	-
Other nonoperating gains (losses)	(407,500)	1,008,215	(291,957)	-	(809,030)	(301,066)	-	(46,189)	-	(17,769)	50,296	-	-	-
Total nonoperating gains (losses), net	5,154,380	(3,563,746)	539,961	3,245,863	2,687,915	1,740,670	-	408,010	1,715	12,149	81,843	-	-	-
Excess (deficit) of revenue and gains over expenses and losses	40,584,393	(3,563,746)	709,766	3,245,863	31,470,229	13,702,844	-	1,132,672	(1,120,073)	1,222,736	656,132	(9,058)	-	(6,862,972)
Change in net unrealized gains and losses on investments	(5,444,964)	2,755,160	(2,756,650)	-	(2,815,887)	(2,012,764)	-	(281,146)	-	(123,188)	(210,489)	-	-	-
Net assets released from restrictions used for purchase of property and equipment	9,623,220	-	2,500,000	-	5,655,646	1,467,574	-	-	-	-	-	-	-	-
Transfer to (from) affiliates	-	-	-	-	(5,062,021)	(2,921,024)	-	-	1,120,073	-	-	-	-	6,862,972
Other	182,742	(2,517,995)	22,621,223	(19,794,007)	(14,620)	-	-	(122,029)	-	-	10,170	-	-	-
Increase (decrease) in unrestricted net assets	$ 44,945,391	$ (3,326,581)	$ 23,074,339	$ (16,548,144)	$ 29,233,347	$ 10,236,630	$ -	$ 729,497	$ -	$ 1,099,548	$ 455,813	$ (9,058)	$ -	$ -

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Balance Sheet - Cape Cod Healthcare Obligated Group
September 30, 2011

	Total	Other Entities and Eliminations	Total Obligated Group	Eliminations and Reclassifications	CCHC	Healthcare Foundation	Cape Cod Hospital and Subsidiary	Falmouth Hospital Association
Assets								
Current assets								
Cash and cash equivalents	$ 41,287,572	$ 9,360,567	$ 31,927,005	$ -	$ 2,376,223	$ 860,629	$ 18,242,078	$ 10,448,075
Short-term investments	17,190,501	17,190,501	-	-	-	-	-	-
Patient accounts receivable	63,139,375	8,685,568	54,453,807	-	-	-	41,231,067	13,222,740
Current portion of pledges receivable, net	7,268,247	-	7,268,247	-	-	7,268,247	-	-
Other receivables, net	7,518,599	1,967,456	5,551,143	-	3,051,685	1,075,000	673,145	751,313
Estimated settlements with third-party payors	1,031,731	-	1,031,731	-	-	-	869,419	162,312
Current portion of investments whose use is limited or restricted								
Internally designated	130,210	130,210	-	-	-	-	-	-
Funds held by trustee under bond indenture agreements	7,690,130	362,204	7,327,926	-	-	-	6,599,518	728,408
Supplies	8,896,670	35,575	8,861,095	-	126,832	-	6,421,190	2,313,073
Prepaid expenses and other current assets	5,430,769	1,344,349	4,086,420	-	1,421,596	12,107	1,724,169	928,548
Due from affiliates	-	-	-	(9,617,669)	210,793	9,406,876	-	-
Total current assets	159,583,804	39,076,430	120,507,374	(9,617,669)	7,187,129	18,622,859	75,760,586	28,554,469
Long-term investments	169,715,265	-	169,715,265	(62,994,777)	79,634,535	983,676	81,615,858	70,475,973
Investments whose use is limited or restricted								
Funds held by trustee under bond indenture agreements, net of current portion	13,952,511	758,145	13,194,366	-	-	-	12,333,015	861,351
Temporarily restricted investments	8,876,929	-	8,876,929	(30,561,628)	8,847,630	1,961,711	15,096,279	13,532,937
Permanently restricted investments	10,837,312	-	10,837,312	(13,817,156)	10,181,678	-	9,964,178	4,508,612
Permanently restricted beneficial interest in perpetual trusts	14,650,530	-	14,650,530	-	8,156,791	-	6,493,739	-
Total assets whose use is limited or restricted	48,317,282	758,145	47,559,137	(44,378,784)	27,186,099	1,961,711	43,887,211	18,902,900
Property and equipment, net	263,819,106	12,118,952	251,700,154	-	12,198,819	165,294	182,335,157	57,000,884
Other assets								
Due from affiliates	-	(17,842,107)	17,842,107	(16,333,699)	225,000	-	18,394,983	15,555,823
Deferred financing costs, net	5,411,205	200,989	5,210,216	-	-	-	4,689,661	520,555
Pledges receivable, net of current portion	5,690,915	-	5,690,915	-	-	5,690,915	-	-
Goodwill	7,980,353	51,506	7,928,847	-	-	-	5,843,363	2,085,484
Other assets	16,477,736	(86,806)	16,564,542	(2,745,327)	19,063,653	-	231,717	14,499
Total other assets	35,560,209	(17,676,418)	53,236,627	(19,079,026)	19,288,653	5,690,915	29,159,724	18,176,361
Total assets	$ 676,995,666	$ 34,277,109	$ 642,718,557	$ (136,070,256)	$ 145,495,235	$ 27,424,455	$ 412,758,536	$ 193,110,587

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Balance Sheet - Cape Cod Healthcare Obligated Group
September 30, 2011

	Total	Other Entities and Eliminations	Total Obligated Group	Eliminations and Reclassifications	CCHC	Healthcare Foundation	Cape Cod Hospital and Subsidiary	Falmouth Hospital Association
Liabilities and Net Assets								
Current liabilities								
Current portion of long-term debt and capital lease obligations	$ 8,831,697	$ 200,000	$ 8,631,697	$ -	$ 374,245	$ -	$ 7,197,839	$ 1,059,613
Accounts payable and accrued expenses	87,192,475	8,569,609	78,622,866	-	21,204,185	242,582	42,324,657	14,851,442
Estimated settlements with third-party payors	18,569,697	656,525	17,913,172	-	-	-	11,269,602	6,643,570
Due to affiliates	-	-	-	(11,566,023)	1,746,417	9,819,606	-	-
Borrowings under lines of credit	3,450,000	-	3,450,000	-	3,450,000	-	-	-
Other current liabilities	670,495	9,322	661,173	-	286,807	-	350,164	24,202
Total current liabilities	118,714,364	9,435,456	109,278,908	(11,566,023)	27,061,654	10,062,188	61,142,262	22,578,827
Other liabilities								
Due to affiliates	-	(16,012,746)	16,012,746	(14,385,345)	-	-	9,751,254	20,646,837
Interest rate swaps	4,041,228	-	4,041,228	-	-	-	3,974,110	67,118
Other liabilities	25,053,075	21,798,647	3,254,428	-	3,108,034	-	146,394	-
Total other liabilities	29,094,303	5,785,901	23,308,402	(14,385,345)	3,108,034	-	13,871,758	20,713,955
Long-term debt and capital lease obligations, net of current portion	162,609,868	5,000,000	157,609,868	-	2,900,403	-	135,800,563	18,908,902
Total liabilities	310,418,535	20,221,357	290,197,178	(25,951,368)	33,070,091	10,062,188	210,814,583	62,201,684
Net assets								
Unrestricted	307,973,272	14,055,752	293,917,520	(65,740,104)	75,578,874	821,210	170,390,186	112,867,354
Temporarily restricted	32,680,529	-	32,680,529	(30,561,628)	18,255,097	16,358,272	15,095,851	13,532,937
Permanently restricted	25,923,330	-	25,923,330	(13,817,156)	18,591,173	182,785	16,457,916	4,508,612
Total net assets	366,577,131	14,055,752	352,521,379	(110,118,888)	112,425,144	17,362,267	201,943,953	130,908,903
Total liabilities and net assets	$ 676,995,666	$ 34,277,109	$ 642,718,557	$ (136,070,256)	$ 145,495,235	$ 27,424,455	$ 412,758,536	$ 193,110,587

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Statement of Operations - Cape Cod Healthcare Obligated Group
September 30, 2011

	Total	Other Entities and Eliminations	Total Obligated Group	Eliminations and Reclassifications	CCHC	Healthcare Foundation	Cape Cod Hospital and Subsidiary	Falmouth Hospital Association
Revenue								
Net patient service revenue	$ 630,621,712	$ 90,743,788	$ 539,877,924	$ -	$ -	$ -	$ 400,492,616	$ 139,385,308
Other revenue	16,128,447	(325,966)	16,454,413	(30,714,895)	32,077,494	-	8,862,366	6,229,448
Net assets released from restrictions used for operations	1,520,542	828,276	692,266	-	-	-	206,444	485,822
Total revenue	648,270,701	91,246,098	557,024,603	(30,714,895)	32,077,494	-	409,561,426	146,100,578
Expenses								
Salaries and wages	249,564,821	51,676,599	197,888,222	-	16,369,227	-	130,511,067	51,007,928
Physicians' salaries and fees	46,058,543	12,016,855	34,041,688	-	204,634	-	25,063,654	8,773,400
Employee benefits	90,161,989	19,363,300	70,798,689	-	3,911,483	-	48,581,273	18,305,933
Supplies and other	179,014,872	11,134,384	167,880,488	(30,714,895)	10,208,754	-	141,331,396	47,055,233
Depreciation and amortization	24,259,921	1,659,249	22,600,672	-	1,213,374	-	16,561,945	4,825,353
Interest	9,054,870	75,161	8,979,709	-	217	-	7,930,117	1,049,375
Provision for bad debts	14,725,672	804,830	13,920,842	-	-	-	10,799,660	3,121,182
Total expenses	612,840,688	96,730,378	516,110,310	(30,714,895)	31,907,689	-	380,779,112	134,138,404
Operating income (loss)	35,430,013	(5,484,280)	40,914,293	-	169,805	-	28,782,314	11,962,174
Nonoperating gains (losses)								
Investment income	1,679,206	26,750	1,652,456	(493,600)	638,261	34,086	971,611	502,098
Realized gains (losses) on investments, net	802,361	1,716	800,645	(663,766)	193,657	(1,808)	720,320	552,242
Gifts and bequests	4,274,295	-	4,274,295	(2,925,682)	-	4,274,295	2,006,029	919,653
Fundraising expense	(1,060,710)	-	(1,060,710)	-	-	(1,060,710)	-	-
Change in fair value of interest rate swaps	(133,272)	-	(133,272)	-	-	-	(201,015)	67,743
Other nonoperating gains (losses)	(407,500)	(26,270)	(381,230)	1,020,823	(291,957)	-	(809,030)	(301,066)
Total nonoperating gains (losses), net	5,154,380	2,196	5,152,184	(3,062,225)	539,961	3,245,863	2,687,915	1,740,670
Excess (deficit) of revenue and gains over expenses and losses	40,584,393	(5,482,084)	46,066,477	(3,062,225)	709,766	3,245,863	31,470,229	13,702,844
Change in net unrealized gains and losses on investments	(5,444,964)	2,131	(5,447,095)	2,138,206	(2,756,650)	-	(2,815,887)	(2,012,764)
Net assets released from restrictions used for purchase of property and equipment	9,623,220	-	9,623,220	-	2,500,000	-	5,655,646	1,467,574
Transfer to (from) affiliates	-	7,983,045	(7,983,045)	-	-	-	(5,062,021)	(2,921,024)
Other	182,742	(2,629,854)	2,812,596	-	22,621,223	(19,794,007)	(14,620)	-
Increase (decrease) in unrestricted net assets	$ 44,945,391	$ (126,762)	$ 45,072,153	$ (924,019)	$ 23,074,339	$ (16,548,144)	$ 29,233,347	$ 10,236,630

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT BIRMINGHAM TRUSTEE	2 0	X						0	0	0
ELEANOR CLAUS CLERK UNTIL 5/11/TRUSTEE	2 0	X		X				0	0	0
HOWARD CROW JR TRUSTEE	2 0	X						0	0	0
MICHAEL FISHBEIN MD TRUSTEE - MACC	2 0	X						0	0	0
PHILIP MCLOUGHLIN TRUSTEE	2 0	X						0	0	0
GROVER BAXLEY MD TRUSTEE - MACC	2 0	X						131,408	0	0
PATRICK MURRAY MD TRUSTEE UNTIL 1/11	2 0	X						0	0	0
NATE RUDMAN MD TRUSTEE	2 0	X						0	0	0
SUMNER B TILTON JR TRUSTEE/TREASURER FROM 5/11	2 0	X		X				0	0	0
JOEL CROWELL TRUSTEE/CLERK FROM 5/11	2 0	X		X				0	0	0
PAUL DEMEO MD TRUSTEE	2 0	X						27,225	0	0
SUZANNE GLYNN ESQ TRUSTEE	2 0	X						0	0	0
KEVIN BRESNAHAM MD TRUSTEE FROM 1/11	2 0	X						0	0	0
DEWITT DAVENPORT TRUSTEE	2 0	X						0	0	0
THOMAS WROE JR CHAIRMAN	2 0			X				0	0	0
RICHARD F SALLUZZO MD PRESIDENT/CEO UNTIL 12/10	4 0 0			X				0	1,204,875	104,433
MICHAEL K LAUF SEE SCHEDULE O FOR TITLE	4 0 0			X				0	552,726	82,428
WILLIAM ZAMMER INTERIM TRSR/VICE CHAIRMAN	2 0			X				0	0	0
MICHAEL L CONNORS SENIOR VP FINANCE/CFO	4 0 0			X				0	416,646	77,921
CHRISTOPHER O'CONNOR V P OF DEV AS OF 1/19/10	4 0 0				X			0	290,880	24,135
DIANNE KOLB CHIEF OPERATING OFFICER - VNA	4 0 0				X			0	233,535	27,304
SUSAN M WING COO - FALMOUTH HOSPITAL	4 0 0				X			0	293,741	30,894
MICHAEL G JONES V P OF LEGAL AFFAIRS	4 0 0				X			0	372,739	61,874
CHARLES R HULSE EXECUTIVE DIRECTOR - MACC	4 0 0				X			0	218,900	27,289
DAVID RYAN VP OF HUMAN RESOURCES	4 0 0				X			0	235,742	47,921

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERYL CROWLEY VP INFO SYS/CIO	40.0				X			0	275,230	34,974
RICHARD B ZELMAN MD PHYSICIAN	40.0					X		1,268,819	0	34,974
DANIEL J CANADAY MD PHYSICIAN	40.0					X		612,957	0	34,974
GARY L SHAPIRO MD PHYSICIAN	40.0					X		562,727	0	38,474
XIANG-YANG D GUO MD PHYSICIAN	40.0					X		542,228	0	37,474
ROBERT R MCANAW MD PHYSICIAN	40.0					X		536,063	0	34,235
JEFFREY S DYKENS CONTROLLER	40.0						X	0	242,066	34,236
STEPHEN L ABBOTT FORMER PRESIDENT/CEO	40.0						X	0	645,256	0
LINDA HABEEB MD FORMER MEDICAL DIRECTOR - MACC	40.0						X	235,939	0	35,866