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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013

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) | Room/suite
25 COMMUNICATION WAY
Suite

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

D Employer identification number
90-0054984

E Telephone number
(508) 771-1800

G Gross receipts $ 724,619,368

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	5,116
6	Total number of volunteers (estimate if necessary)	**6**	809
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,569,112
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	187,290

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,524,136	17,223,613
9	Program service revenue (Part VIII, line 2g)	706,902,256	698,271,349
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,828,575	6,961,356
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,216,066	2,111,122
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	728,471,033	724,567,440
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)	389,777,300	409,611,935
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,517,383		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	279,654,809	269,695,585
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	669,432,109	679,307,520
19	Revenue less expenses Subtract line 18 from line 12	59,038,924	45,259,920

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	715,315,958	777,546,154
21	Total liabilities (Part X, line 26)	265,826,850	273,721,096
22	Net assets or fund balances Subtract line 21 from line 20	449,489,108	503,825,058

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2014-08-14

MICHAEL L CONNORS SR 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				
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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 634,947,051 including grants of $) (Revenue $ 698,271,249)

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** ▶ 634,947,051

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	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	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, 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 United States? *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 hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	473		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5,116		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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** 17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ 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 made these available Check all that apply

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								5,553,484	5,508,972	994,932

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶566

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BWPO MEDICINE , PO BOX 414105 BOSTON MA 02241	Physician Services	2,520,919
CAPE COD EMERGENCY ASSOC , C/O DePaola Begg Ass 220 West Ma HYANNIS MA 02601	PHYSICIAN SERVICES	1,693,534
MEDICUS HOSPITALISTS SERVICES LLC , PO BOX 414105 ROULSTON ROAD NH 02087	Physician Services	1,652,132
CAPE COD ANESTHESIA ASSOC , 110 Main Street - Unit B HYANNIS MA 02601	PHYSICIAN SERVICES	1,545,831
HEALTHCARE PROVIDER SERVICES , DBA RI Blood Center PO Box 9399 PROVIDENCE RI 02940	Blood Services	1,425,608
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶62		

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	2,875			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,383,203			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,837,535			
	g	Noncash contributions included in lines 1a-1f $		1,947,919			
	h	**Total.** Add lines 1a-1f			17,223,613		
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	900099		666,392,245	666,392,245	
	b	LABORATORY SERVICES	621500		12,002,260	9,162,931	2,839,329
	c	QUALITY EARNED PAYMENTS	900099		6,830,485	6,830,485	
	d	PROGRAM RELATED RENTAL INCOME	900099		2,893,017	2,716,717	176,300
	e	MEANINGFUL USE	900099		5,763,540	5,763,540	
	f	All other program service revenue			4,389,802	3,836,319	553,483
	g	**Total.** Add lines 2a–2f			698,271,349		
	3	Investment income (including dividends, interest, and other similar amounts)			680,260		680,260
	4	Income from investment of tax-exempt bond proceeds			0		
	5	Royalties			0		
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)			0		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	6,281,096				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	6,281,096				
	d	Net gain or (loss)			6,281,096		6,281,096
Other Revenue	8a	Gross income from fundraising events (not including $ 2,875 of contributions reported on line 1c) See Part IV, line 18	a 193,615				
	b	Less direct expenses	b 51,928				
	c	Net income or (loss) from fundraising events			141,687		141,687
	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		1,436,140		1,436,140
	b	MEDICAL RECORDS	900099		183,010		183,010
	c	EMPLOYEE PHARMACY	900099		350,285		350,285
	d	All other revenue					
	e	**Total.** Add lines 11a–11d			1,969,435		
	12	**Total revenue.** See Instructions			724,567,440	694,702,237	3,569,112	9,072,478

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	815,389	815,389		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	544,283	544,283		
7 Other salaries and wages	316,957,611	294,127,555	22,330,160	499,896
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,948,770	8,268,118	667,992	12,660
9 Other employee benefits	62,544,670	58,188,435	4,281,921	74,314
10 Payroll taxes	19,801,212	18,355,708	1,418,294	27,210
11 Fees for services (non-employees)				
a Management	3,570,769	3,284,750	286,019	
b Legal	57,313		57,313	
c Accounting	786,260		786,260	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,968,000	2,951,231		16,769
12 Advertising and promotion	343,327	337,029	3,409	2,889
13 Office expenses	2,948,876	2,776,405	161,432	11,039
14 Information technology	7,009,672	6,450,394	544,636	14,642
15 Royalties . .	0			
16 Occupancy	12,912,672	12,014,985	893,427	4,260
17 Travel	3,188,596	3,088,163	91,835	8,598
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	356,171	211,814	17,279	127,078
20 Interest	7,210,687	6,633,654	577,033	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	24,606,191	22,781,383	1,823,630	1,178
23 Insurance	4,530,700	4,219,666	310,530	504
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	82,399,572	82,399,572	0	0
b PURCHASED SERVICES	35,660,546	33,352,158	2,300,490	7,898
c HOME OFFICE COST	28,353,382	24,470,664	3,882,718	0
d BAD DEBTS	18,754,848	18,425,990	328,858	0
e All other expenses	34,038,003	31,249,705	2,079,850	708,448
25 **Total functional expenses.** Add lines 1 through 24e	679,307,520	634,947,051	42,843,086	1,517,383
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		12,228,319	1	10,221,189
	2	Savings and temporary cash investments		28,514,700	2	30,111,315
	3	Pledges and grants receivable, net		8,888,600	3	14,386,280
	4	Accounts receivable, net		71,655,629	4	73,140,358
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		4,506,692	7	5,572,180
	8	Inventories for sale or use		8,404,515	8	9,381,662
	9	Prepaid expenses and deferred charges		4,397,926	9	6,397,099
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 603,736,719			
	b	Less accumulated depreciation	10b 333,807,929	262,212,415	10c	269,928,790
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		284,135,415	12	329,538,422
	13	Investments—program-related See Part IV, line 11		21,500	13	521,500
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		30,350,247	15	28,347,359
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		715,315,958	16	777,546,154
Liabilities	17	Accounts payable and accrued expenses		70,012,723	17	62,867,476
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	426,495
	20	Tax-exempt bond liabilities		158,532,330	20	177,437,324
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		37,281,797	25	32,989,801
	26	**Total liabilities.** Add lines 17 through 25		265,826,850	26	273,721,096
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		384,581,163	27	423,316,971
	28	Temporarily restricted net assets		36,877,477	28	51,783,242
	29	Permanently restricted net assets		28,030,468	29	28,724,845
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		449,489,108	33	503,825,058
	34	Total liabilities and net assets/fund balances		715,315,958	34	777,546,154

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	724,567,440
2	Total expenses (must equal Part IX, column (A), line 25)	2	679,307,520
3	Revenue less expenses Subtract line 2 from line 1	3	45,259,920
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	449,489,108
5	Net unrealized gains (losses) on investments	5	3,509,966
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,566,064
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	503,825,058

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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

2012

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 - Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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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

2012

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 35c (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 function 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?	Yes		1
j	Total Add 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?			

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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	35,475,473	32,638,639	34,043,109	31,383,995	31,217,343
b	Contributions	60,508	435,091	361,842	1,110,670	760,805
c	Net investment earnings, gains, and losses	1,238,094	3,092,757	-1,080,437	2,116,186	148,865
d	Grants or scholarships					
e	Other expenditures for facilities and programs	713,089	691,014	685,875	567,742	743,018
f	Administrative expenses					
g	End of year balance	36,060,986	35,475,473	32,638,639	34,043,109	31,383,995

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,608,283		25,608,283
b Buildings		324,453,074	133,531,905	190,921,169
c Leasehold improvements		5,357,865	3,985,009	1,372,856
d Equipment		239,771,101	194,286,336	45,484,765
e Other		8,546,396	2,004,679	6,541,717
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				269,928,790

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	238,754,088	F
(B) AGREEMENT / INDENTURE	27,679,634	F
(C) TEMP RESTRICTED INVESTMENTS	34,325,271	F
(D) PERM RESTRICTED INVESTMENTS	28,774,432	F
(E) SHORT TERM INVESTMENTS - FDN	4,997	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	329,538,422	

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) must 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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO AFFILIATES	12,834,607
EST SETTLEMENTS W 3RD PARTIES	17,121,517
OTHER CURRENT LIABILITIES	62,374
OTHER LONG-TERM LIABILITIES	2,971,303
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	32,989,801

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

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

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
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
SCHEDULE D, 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

2012

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 (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
	Central America and the Caribbean	1		Program Services	CAPTIVE INSURANCE	1,993,671
3a	Sub-total	1				1,993,671
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	1				1,993,671

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. Part II can be duplicated 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. Part III can be duplicated 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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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

(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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SUMMER GALA (event type)	(b) Event #2 (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	196,490			196,490
	2 Less Contributions	2,875			2,875
	3 Gross income (line 1 minus line 2)	193,615			193,615
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,000			3,000
	7 Food and beverages	23,813			23,813
	8 Entertainment	23,813			23,813
	9 Other direct expenses	1,302			1,302
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(51,928)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				141,687

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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226043614

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

2012

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,435,516	4,791,125	5,644,392	0 850 %
b Medicaid (from Worksheet 3, column a)			54,878,090	43,201,478	11,676,612	1 770 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			19,629,741	13,135,714	6,494,027	0 980 %
d **Total** Financial Assistance and Means-Tested Government Programs			84,943,347	61,128,317	23,815,031	3 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,355,986	0	2,355,986	0 360 %
f Health professions education (from Worksheet 5)			783,989	178,334	605,655	0 090 %
g Subsidized health services (from Worksheet 6)			87,364,278	70,465,792	16,898,486	2 560 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,363,933	0	1,363,933	0 210 %
j **Total.** Other Benefits			91,868,186	70,644,126	21,224,060	3 220 %
k **Total.** Add lines 7d and 7j			176,811,533	131,772,443	45,039,091	6 820 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			27,732		27,732	
7	Community health improvement advocacy						
8	Workforce development			952,570		952,570	0 140 %
9	Other						
10	**Total**			980,302		980,302	0 140 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	18,754,848		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	8,734,018		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	255,773,707
6	Enter Medicare allowable costs of care relating to payments on line 5	6	246,643,468
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	9,130,239
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
2

	Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	CAPE COD HOSPITAL 27 PARK STREET HYANNIS, MA 02601 www capecodhealth org/locations/cape-cod	X	X					X			A
2	FALMOUTH HOSPITAL ASSOCIATION INC 100 TER HEUN DRIVE FALMOUTH, MA 02540 www capecodhealth org/locations/falmouth	X	X					X			A

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or facility reporting group _____

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The 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 the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 11			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report 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 CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide 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 CHNA			
g	☑ Prioritization of health needs in its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
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)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- **d** ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year?
58

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

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
PART I, LINE 3C	N/A	PART I, LINE 6A N/A
PART I, LINE 7, COLUMN F	THE AMOUNT OF BAD DEBT SUBTRACTED FOR PURPOSES OF CALCULATING THE	PERCENTAGE IN LINE 7, COLUMN F WAS $ 18,754,848

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 PART II, LINE 6 COALITION BUILDING Cape Cod Healthcare plays an active role in community coalitions, various regional task force efforts, and health and human service organizations across Barnstable County including leadership participation with Barnstable County Human Services Advisory Council, Behavioral Health Provider Coalition of Cape Cod & the Islands, the Cape Cod Community Health Area Network (CHNA 27) Steering Committee, Cape & Islands Maternal Depression Task Force, My Life, My Health Coalition, Substance Abuse in Pregnancy Task Force, and the Women's Health Task Force PART II, LINE 8 WORKFORCE DEVELOPMENT Cape Cod Healthcare's 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 with public health insurance coverage Through rigorous efforts highly qualified physicians and physician extenders are recruited and retained to meet the health care needs of residents of Cape Cod PART III, LINE 3 The organization is reporting $8,734,018 of bad debt expense that meets its financial assistance policy This amount is related to bad debt from both hospitals during FY 13 of uninsured patients who were seen in the ER and received medically necessary services
PART III, LINE 4	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 IF A PATIENT IS INELIGIBLE FOR CHARITY CARE BECAUSE HIS OR HER INCOME EXCEEDS THE ELIGIBILITY GUIDELINES, ANY UNCOLLECTIBLE ACCOUNTS RECEIVABLE BALANCE IS WRITTEN OFF TO BAD DEBT AS REPORTED IN PART III, LINE 2

Identifier	ReturnReference	Explanation
PART III, LINE 9(B)		Hospital Financial Assistance Programs Patients who are eligible for enrollment in a state public assistance program, like the Massachusetts MassHealth or Health Safety Net programs, are deemed enrolled in a financial assistance program For all patients that are enrolled in these state public assistance programs, the hospital may only bill those patients for the specific co-payment, co-insurance, or deductible that is outlined in the applicable state regulations and which may further be indicated on the state Medicaid Management Information System The hospital will seek a specified payment for those patients that do not qualify for enrollment in a Massachusetts state public assistance program, such as out-of-state residents, but who may otherwise meet the general financial eligibility categories of a state public assistance program For these patients, the payment amount will be set at The hospital, when requested by the patient and based on an internal review of each patients financial status, may offer a patient an additional discount on an unpaid bill Any such review shall be part of a separate hospital financial assistance program that is applied on a uniform basis to patients, and which takes into consideration the patients documented financial situation and the patients inability to make a payment after reasonable collection actions Any discount that is provided by the hospital is consistent with federal and state requirements, and does not influence a patient to receive services from the hospital Populations Exempt from Collection Activities There are several situations where a patient can be exempted from further billing and collection procedures once the determination is made that the patient is exempt pursuant to State regulations a) Patients enrolled in a public health insurance program, including but not limited to, MassHealth, Emergency Aid to the Elderly, Disabled and Children, Healthy Start, Childrens Medical Security Plan, or designated a "Low Income Patient" by the Office of Medicaid, subject to the following exceptions (i) The hospital may seek to bill and collect the co-payments and deductibles that are set forth by each specific program (ii) The hospital may also initiate billing and collection efforts for a patient who alleges that he or she is a participant in a financial assistance program that covers the costs of the hospital services, but fails to provide proof of such participation Upon receipt of satisfactory proof that a patient is a participant in a financial assistance program, (including receipt or verification of the signed application) the hospital shall cease its billing and collection activities (iii) The hospital will not continue collection action on any Low Income Patient for services rendered by the hospital during the period for which he or she has been determined to be a Low Income Patient by the Office of Medicaid However, the hospital may continue collection action on a Low Income Patient for services rendered prior to the Low Income Patient determination, provided that the current Low Income Patient status has been terminated, expired, or not otherwise identified on the States Virtual Gateway or Recipient Eligibility Verification System Once a Low Income Patient is determined eligible and enrolled in the Health Safety Net, MassHealth, or certain Commonwealth Care programs, the hospital will cease its billing and collection efforts for services provided prior to the beginning of their eligibility (iv) The hospitals may seek collection action against any of the patients participating in the programs listed above for non-covered services that the patient has agreed to be responsible for, provided that the hospital obtained the patients prior written consent to be billed for the service
PART V, LINE 3	Cape Cod Hospital and Falmouth Hospital followed proposed and pending IRS	regulations and MA Attorney General Guidelines to conduct the most recent community health needs assessment of populations living in the service area of Barnstable County Input from persons who represent the community was collected from the over 80 community organizations that participated in the community health assessment through focus groups, key informant interviews and community input forums In 2012, five focus groups were held in three locations across the service area Preliminary health status data for Barnstable County and priorities set by previous community health needs assessments were reviewed to determine focus group topics and discussion guides Focus group discussions focused on the issues of youth, mental health, substance abuse, vulnerable populations, barriers to access of health care services and emerging public health needs Participants were recruited to focus groups based on their areas of expertise concerning the topics and the population that they represented which included the medically underserved, low-income, minority and vulnerable populations In addition to focus groups, key informant interviews were conducted with individuals involved in non-profit organizations, public health, law enforcement, health care and social services The discussion guide prepared for the focus groups was utilized for the interview in order to maintain uniformity in qualitative responses In 2013, two community input forums were hosted to present the identified significant community health needs, receive feedback from community leaders and health experts, and provide an opportunity for input on the prioritization of identified needs via a post-forum electronic survey Representatives from the following community organizations participated in focus groups, key informant interviews and community input forums AIDS Support Group of Cape Cod American Cancer Society Barnstable County Human Rights Commission Barnstable County Human Services Barnstable County Public Health Nurse Barnstable School System Big Brothers Big Sisters of Cape Cod and the Islands Bourne Council on Aging Boys & Girls Club of Cape Cod Cape & Islands Emergency Medical Services System Cape & Islands United Way Cape and Islands Suicide Prevention Coalition Cape Cod Center for Women Cape Cod Community College Cape Cod Council of Churches Cape Disability Network Cape Cod District Attorney's Office Cape Cod Foundation Cape Cod Healthcare Diabetes Center Cape Cod Healthcare Infectious Disease Services Cape Cod Healthcare Regional Cancer Network Cape Cod Healthy Families Cape Cod Immigrant Center Cape Cod Justice for Youth Collaborative Cape Cod Justice for Youth Board Cape Cod Medical Reserve Corps Cape Cod Neighborhood Support Coalition Cape Cod WIC Cape& Islands Gay Straight Youth Alliance CCH Patient and Family Advisory Committee Champ Homes Child and Family Services Children's Study Home COAST (COA's Serving Together) Community Health Center of Cape Cod County Network of Cape Cod Duffy Health Center Elder Services of Cape Cod and the Islands Emerald Physicians Falmouth Housing Authority Falmouth Human Services Falmouth Police Department Falmouth Prevention Partnership Falmouth Service Center Freedom from Addiction Network Gosnold on Cape Cod Health Imperatives Health Imperatives - Hyannis Family Planning Helping Our Women HOPE Dementia and Alzheimer's Services of Cape Cod Hope Health Hyannis Youth and Community Center Kennedy Donovan Center Lower Cape Outreach Council Lyme Awareness of Cape Cod MA Department of Mental Health - Cape Cod Mashpee Council on Aging Mashpee Housing Authority Maternal Depression Task Force National Multiple Sclerosis Society Oral Health Excellence Collaborative Parish Nurse Ministries of Cape Cod Provincetown Council on Aging Reaching Elders with Additional Community Help (REACH) Samaritans on Cape Cod and Islands Sandwich Council on Aging Sandwich Housing Authority Serving the Health Information Needs of Others (SHINE) South Bay Mental Health Specialty Network for the Uninsured St John's Episcopal Project Truro Council on Aging Veterans Outreach Council Visiting Nurse Association of Cape Cod Women and Adolescent Health at Community Health Center of Cape Cod YMCA of Cape Cod Youth Suicide Prevention Project

Identifier	ReturnReference	Explanation
PART V, LINE 4	THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED JOINTLY BY CAPE COD	HOSPITAL AND FALMOUTH HOSPITAL PART V, LINE 5 http //www capecodhealth org/about/caring-for-our-community/community-bene fits PART V, LINE 7 There were needs identified through the most recently conducted community health needs assessment that fall outside of the core competencies of Cape Cod Hospital and Falmouth Hospital The identified needs included a lack of transportation, homelessness, unemployment, domestic violence and sexual assault These needs, while quite important to the community, are outside the scope of significant health needs which the Hospitals can reasonably address Cape Cod Hospital and Falmouth Hospital rely on other organizations to address these challenges Outlined below are the specific organizations identified in the community that are working to address these important issues Transportation Barriers While transportation was identified as a barrier to obtaining health care services, solving systemic transportation issues requires the skills of organizations such as the Cape Cod Regional Transit Authority (CCRTA) and the Cape Cod Commission who are leading regional efforts to improve transportation in our region Homelessness Cape Cod Hospital and Falmouth Hospital are committed to serving homeless individuals/families in need of acute, primary, specialty, or behavioral health services Organizations such as Housing Assistance Corporation, Duffy Health Center, Lower Cape Outreach Council, Regional Network to End Homelessness, and regional/town housing authorities lead key efforts to help eliminate housing barriers in the service area Employment Status Experiencing unemployment or vulnerability related to job status was identified as a need The skills needed to solve systemic employment issues are better aligned with organizations such as Career Opportunities, and Job Training and Employment Corporation These agencies will lead efforts to remove barriers to sustainable employment Domestic Violence and Sexual Assault As frontline community health providers, the staff at Cape Cod Hospital and Falmouth Hospital plays a vital role in responding to the emergency health needs of victims of domestic violence and sexual assault, in partnership with public safety officials and community-based service providers The Hospitals rely on the expertise of agencies such as the Cape Cod Center for Women, Children's Cove, and Independence House to provide community leadership on issues related to the education, intervention and prevention of domestic violence and sexual assault PART V, LINE 20D The maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care is 110% of the medicare fee schedule This applies to both Cape Cod hospital and Falmouth Hospital IN ADDITION TO THE FACILITIES LISTED IN SECTION C, THE LICENSE OF FALMOUTH HOSPITAL INCLUDES THE FOLLOWING FIVE SATELLITE LOCATIONS - FALMOUTH HOSPITAL DIAGNOSTIC IMAGING AT STONEMAN OUTPATIENT CENTER - BOURNE HEALTH CENTER - FALMOUTH HOSPITAL OUTPATIENT SERVICES - FALMOUTH HOSPITAL IMAGING AT COMMUNITY HEALTH CENTER OF CAPE COD - FALMOUTH OUTPATIENT SURGERY CENTER THE LICENSE OF CAPE COD HOSPITAL INCLUDES THE FOLLOWING TEN SATELLITE LOCATIONS - CAPE COD HOSPITAL MOBILE MRI AT FONTAINE MEDICAL CENTER - OPPENHEIM MEDICAL BUILDING - CAPE COD HOSPITAL IMAGING SERVICES AT FONTAINE MEDICAL CENTER - PRIMARY CARE INTERNISTS - CAPE COD HOSPITAL REHABILITATION CENTER AT 130 NORTH STREET, HYANNIS AND CAPE COD HOSPITAL REHABILITATION SERVICES AT FONTAINE MEDICAL CENTER - CAPE COD HOSPITAL OB/GYN CLINIC - THE CLARK CENTER-CAPE COD HEALTHCARE CANCER SERVICES - CAPE COD HOSPITAL PAIN CENTER - WILKENS MEDICAL COMPLEX
PART VI, LINE 2	NEEDS ASSESSMENT	The 2014 - 2016 Cape Cod Hospital and Falmouth Hospital Community Health Needs Assessment Report and Implementation Plan was released and made widely available to the public on September 27th, 2013 In an effort to assess the health care needs of their shared service area of Barnstable County, Cape Cod Hospital and Falmouth Hospital collected significant community input and data from national, state, regional and local sources Special attention was given to vulnerable populations, statewide priorities were considered and the community assets available to meet needs were identified and assessed An implementation plan related to the significant health needs of Barnstable County residents was developed with outlined goals, objectives, initiatives, resources and potential collaborators The objectives of the community health needs assessment were to gather statistically valid information and accurate comparisons to state and national benchmarks of health and quality of life measures for residents of Barnstable County and to integrate research findings into community benefit and hospital planning activities that address significant community needs and vulnerable populations Over 80 community organizations participated in the community health assessment through focus groups, key information interviews and community input forums Data was collected through a household telephone survey of 464 residents of Barnstable County using a survey instrument adapted from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System Primary data collected through community input and the household telephone survey was heavily augmented with secondary data from national, state, and regional sources The most current Barnstable County health data available was collected, analyzed, synthesized and compared to MA and US data as available Data collection efforts focused on demographic characteristics, behavioral risk factors associated with health status, disease incidence and prevalence rates, access to care, health status indicators, morbidity/mortality rates and hospital utilization The significant health needs identified through data collection and community input were distinguished and prioritized based on the frequency, urgency, scope, severity and magnitude of the identified issues The significant health needs and associated target and vulnerable populations are the foundation for Community Benefits and hospital planning and program implementation spanning Fiscal Years 2014 - 2016 Key data sets featured in the community health needs assessment will be updated annually Community Benefits and hospital planning activities will be further defined, updated and evaluated through ongoing and annual program evaluation and identification of emerging trends and needs The following sources were utilized in the most recent community health needs assessments - Cape Cod Hospital and Falmouth Hospital Utilization Data - Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavioral Surveillance System (YRBSS), National Center for Health Statistics, National Program of Cancer Registries, CDC Wonder Database, Healthy People 2020 -Falmouth Prevention Partnership Community Profile on Youth Substance Abuse in Falmouth 2009 -Massachusetts Department of Elementary and Secondary Education - Massachusetts Department of Labor and Workforce Development - Massachusetts Department of Public Health Bureau of Substance Abuse Services, MassCHIP (Massachusetts Community Health Information Profile) - Tri-County Collaborative for Oral Health Excellence - U S Census Bureau US Census 2000, US Census 2010, American Community Survey -US Department of Veteran Affairs -Key Informant Interviews -Focus groups -Community forums -Telephone survey of Barnstable County residents - County Health and Human Services department and Local Health Agencies Cape Cod Hospital, Falmouth Hospital and Cape Cod Healthcare conduct formal community health needs assessments every three years On an ongoing basis, community health needs and emerging trends are regularly assessed through annual community benefits planning and program evaluation, strategic planning, community input and participation in community health coalitions and projects across the service area Cape Cod Healthcare plays an active role in community coalitions, various regional task force efforts, and health and human service organizations across Barnstable County including leadership participation with Barnstable County Human Services Advisory Council, Behavioral Health Provider Coalition of Cape Cod & the Islands, the Cape Cod Community Health Area Network (CHNA 27) Steering Committee, Cape & Islands Maternal Depression Task Force, My Life, My Health Coalition, Substance Abuse in Pregnancy Task Force, and the Women's Health Task Force PART VI, LINE 3 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
PART VI, LINE 4	COMMUNITY INFORMATION	Cape Cod Hospital, Falmouth Hospital and their parent organization, Cape Cod Healthcare, together share the service area of Barnstable County which comprises the geographically isolated region of Cape Cod, approximately 70 miles from Boston, MA Barnstable County is comprised of 15 towns with a year-round population of 215,888 It is estimated that more than five million visitors come to the area each year, primarily in the summer and fall seasons Cape Cod Hospital and Falmouth Hospital provide acute care and outpatient services to all communities of Barnstable County The largest town in the service area is the Town of Barnstable which has over 45,000 year-round residents The smallest town is Truro, which has 2,000 year-round residents Current and historical demographic data from the US Census department clearly demonstrates a population skewed towards older adults This population significantly increases the demand for and consumption of healthcare services Overall, the population of Barnstable County is old and getting older Seniors, over the age of 65, now represent 25% of the total population In addition, middle-aged residents known as "baby boomers" (born between 1946 and 1964) represent another 25% of the Cape population The County median age grew to 49 9 years in 2010 - a 12% increase from 2000 Comparatively, Barnstable County's median age is more than a decade older than the Massachusetts (MA) and the United States (US) median age averages From 2000-2010, the number of residents in Barnstable County over the age of 65 grew by 5% The most notable change occurred among residents over the age of 85, for which there was growth of 29% Seniors relying on Social Security income is significantly higher in Barnstable County at 41% compared to 28% for the state and 28% nationally As baby boomers age into retirement over the next decade, demands on the healthcare system will increase even further Concurrently, younger residents have migrated out of the service area and birth rates have declined Barnstable County's overall population declined by 3% from 2000 to 2010, primarily due to an 18% decrease in population of residents aged 0-44 Annual birth counts in Barnstable County demonstrated a slow but continuous decline between 2000 (1,992) and 2010 (1,711) However, due to earlier birth trends and relocations by families to the Cape during the 1990's, there has been a net positive increase in residents aged 15-24 over the past two decades Residents of the Cape cross all economic boundaries, from affluent to economically challenged, vulnerable populations Recent data estimates from the American Community Survey 2007-2011 indicate that the percentage of families living in poverty has increased by 1%, and the percentage of individuals living in poverty has increased by 2% since 2000 The most notable increase occurred in children under 18 years old living in poverty, which grew from 6% in 2000 to 12% in 2011 Despite growing rates of poverty among some segments, the median household income for Barnstable County increased overall by 32% from $45,933 in 2000 to $60,525 based on a five-year estimate from 2007-2011 The median household income for Barnstable County is somewhat greater than the United States ($52,762) but still less than Massachusetts ($65,981) The "Cape" is home to a broad mix of retirees, working people and the unemployed Military veterans comprise 14% of the Cape population, versus 8% state-wide There is a lack of racial and ethnic diversity in Barnstable County The general race and ethnicity breakdown remains essentially unchanged Barnstable County is still predominately white, comprising 95% of the total population in 2010, compared to 96% in 2000 There have been some incremental increases in minority representations, such as Hispanic and Asian populations Linguistic challenges have increased over the past decade with more new residents for whom English is not a primary language
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	Cape Cod Healthcare conducts a Community Health Needs Assessment every three years to determine the significant health care needs of the residents of Barnstable County The objective of the assessment is to gather statistically valid information and accurate comparisons to state and national benchmarks of health and quality of life measures for residents of Barnstable County The target populations, significant health needs and available resources to address those health needs are integrated into community benefit and hospital planning activities including direct clinical programs, health education, wellness promotion, financial support and community engagement activities The following is a list of FY13 target populations - Chronically ill residents afflicted with cancer, cardiovascular-related disease, diabetes and oral health issues - Community members that are underserved, uninsured, underinsured and those with health disparities - Community members afflicted with mental health and substance abuse related issues - Senior population ages 65 and older, especially those who are at risk and in isolated geographic areas - Residents with emerging health issues including youth and young adults ages 15 - 24 years old Cape Cod Healthcare and the Cape Cod Healthcare Community Benefits department supported the following programs in FY13 Financial Counseling & Assistance The Financial Assistance and Counseling Program at Cape Cod Hospital and Falmouth Hospital provide comprehensive services to community members seeking public insurance enrollment and re-verification of enrollment for public insurance coverage Financial counselors are dedicated to improving access to care through eligibility screening, assessed affordability and financial counseling Physician Recruitment Cape Cod Healthcare's 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 with public health insurance coverage Through rigorous efforts highly qualified physicians and physician extenders are recruited and retained to meet the health care needs of residents of Cape Cod Cape Cod Hospital and Falmouth Hospital also assist in bringing private practice physicians into the community to ensure adequate primary care and specialty services REACH (Reaching Elders with Additional Community Help) Cape & Islands Emergency Medical Services System (CIEMSS) REACH operates through an annual Community Benefits grant to support regional efforts to identify and assist high-risk seniors who are often isolated and face difficulty navigating available services in our region 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, the Visiting Nurses Association, Emergency Medical Services and other community partners, issues such as health, safety, cognitive status, social functioning and risk of suicide are assessed and appropriate plans are developed to achieve optimal daily living status for identified seniors ages 60 years and older on Cape Cod Seniors are primarily identified by EMS providers and other aging service professionals as having 'unmet needs' REACH also coordinates coalitions and trainings for community service providers targeting emerging issues and trends that specifically impact senior health and well-being including chronic disease self-management, healthy-aging activities and transportation Community Based Interpreter Services Cape Cod Healthcare Community Benefits provides annual support to improve access to primary and specialty care for individuals that face barriers to care due to language through the Community Based Interpreter Services program The program dispatches free medical language interpreters to community-based physician practices to assist 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 Specialty Network for the Uninsured Cape Cod Healthcare Community Benefits provides annual support to increase access to specialty care for the uninsured through the Specialty Network for the Uninsured (SNU) The program was established and is managed in collaboration with local community health centers to provide appointments to specialists who provide free or significantly reduced sliding-scale fee structure for office visits, procedures and continued care of uninsured individuals The program also coordinates on-site specialty clinics providing cardiology, orthopedic and diabetic eye-exam services by volunteer physicians Prescription Assistance Program The Prescription Assistance Program is an initiative of Cape Cod Hospital and Falmouth Hospital emergency, behavioral health and pharmacy departments as a Community Benefit to help uninsured, under-insured and financially disadvantaged patients who have no other viable means to pay for medications upon discharge from hospital facilities Transportation Assistance Program In an effort to assist low-income and vulnerable populations, Cape Cod Hospital and Falmouth Hospital provide transportation upon discharge from emergency and behavioral health departments, to those patients without resources, for transportation Determination of Need Support of Community Health Area Network (CHNA) 27 Total funding of $401,000 has been designated to address 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 endorsed by the Community Health Network Area 27 (Cape Cod and the Islands) This program was specified as part of Cape Cod Hospital's Determination of Need requirement for the Clark Cancer Center development and licensure Community Action Committee of Cape Cod and the Islands Health Insurance Enrollment Program with Linkages to Health Aging Education Project Cape Cod Healthcare Community Benefits provided a grant to support Community Action Committee of Cape Cod and the Islands effort to increase health care insurance enrollment amongst immigrant and low-income families across Barnstable County This program provides bi-lingual health care enrollment and re-enrollment services, linkages to primary care providers, consumer education workshops and counseling and outreach to seniors and caregivers in the Brazilian community on Cape Cod to build healthy aging skill sets and knowledge

Identifier	ReturnReference	Explanation
DUFFY HEALTH CENTER SUPPORTING ACCESS TO CARE FOR HOMELESS AND AT RISK	ADULTS	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 older adult wellness In addition to benefit enrollment funding, CCHC Community Benefits provided support to Duffy Health Center for provider recruitment to expand access to care for vulnerable populations Support Groups and Classes at Cape Cod Hospital and Falmouth Hospital Support groups and classes are conducted on a regular basis and open to all members of the community regardless of their patient status or ties to Cape Cod Hospital or Falmouth Hospital Classes are hosted at the hospitals and in the community to provide access to all populations Information and resources are available to individuals, families and friends and many include in-person meetings and contact to offer support and reassurance through their specific disease/health care situation Workforce Development Initiatives 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 internships, job shadowing and training with the health care providers in several hospital departments By training and mentoring students for future employment we hope to successfully engage individuals so they select health care as a viable and admirable vocation, thus decreasing the potential risk for predicted future shortages in the workplace Helping Hands In-Home Support for High Risk Patients Nurse case management and medication review by a pharmacist is offered in the patient's home for high-risk patients being discharged from Cape Cod Hospital and Falmouth Hospital with a chronic disease, complex medication regimen, or when high risk of fall 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 Big Brother Big Sister of Cape Cod and the Islands Healthy Mentoring for Youth In an effort to increase good health role models for high-risk youth, Cape Cod Healthcare Community Benefits supported Big Brothers Big Sisters of Cape Cod & the Islands in a new initiative to create mentoring match relationships for children with specific, identified health needs/risks including obesity, diabetes, eating disorders and substance abuse Program efforts included the implementation of a marketing and outreach campaign to recruit mentors with backgrounds in health, wellness and fitness and establish an annual calendar of activities for mentors and mentees that focused on health-based activities Oral Health Excellence Collaborative SMILE Project Cape Cod Healthcare Community Benefits provided grant support to the Oral Health Excellence Collaborative (OHEC) for efforts to educate low-income seniors about their oral health, hygiene routines and dental care resources Program activities included placing volunteer oral health educators at each of the 15 Council on Aging offices across Cape Cod, providing one on one oral health surveys and education sessions with seniors, and removing barriers to dental care through strengthening education, information, coordination and referral between residents and oral health providers Hope Dementia & Alzheimer's Services on Cape Cod & the Islands Compassionate Alzheimer's Respite, Education and Support (CARES) Program Barnstable County's demographic profile identifies an aging population including 25% of year round residents over the age of 65 years and a growing population of residents over the age of 85 Aligned with growing utilization of health care services, our aging community has also demonstrated a significant need and dependence on caregivers In an effort to support caregivers in our region, a Cape Cod Healthcare Community Benefits grant was made to HOPE Dementia & Alzheimer's Services to provide support and outreach through the expansion of support groups, telephone helpline and education for families and individuals suffering Alzheimer's disease and related dementias (ADRD) Harbor Community Health Center Supporting Access to Care for Immigrant and Low-Income Individuals In an effort to increase access to health care for vulnerable populations, Cape Cod Healthcare provided a Community Benefits grant to support the Harbor Community Health Center-Hyannis health care enrollment and re-enrollment services offered to low-income and immigrant populations in the mid and upper regions of Cape Cod Community Health Center of Cape Cod Supporting Access and Outreach Efforts Cape Cod Healthcare provided a Community Benefits grant to the Community Health Center of Cape Cod (CHCC) to support efforts to assist patients with insurance enrollment, identification of new off-site venues to provide insurance enrollment services, and increase outreach activities to special populations residing in the Upper Cape, including the Brazilian immigrant community, youth, elder and the Wampanoag tribal members Outer Cape Health Services Supporting the Health Communities Program In an effort to increase health care access for vulnerable populations, Cape Cod Healthcare Community Benefits provided grant support to Outer Cape Health Services to support health care insurance enrollment and outreach services to residents of the lower and outer regions of Cape Cod Helping Our Women Medical Transportation for the Chronically Ill from the Outer Cape In an effort to reduce barriers to health care for residents from the most geographically isolated region, the Outer Cape, CCHC Community Benefits provided a grant in FY13 to Helping Our Women Helping Our Women provides safe, reliable and free transportation to medical, diagnostic testing and follow-up appointments for women with chronic, life threatening or disabling conditions who reside from Eastham to Provincetown Gosnold on Cape Cod Innovations in Treating Young Adult Opiate Addiction In an effort to address growing rates of opiate use and abuse by youth and young adults, Cape Cod Healthcare Community Benefits department provided a FY13 grant to Gosnold on Cape Cod to pilot innovative strategies to support youth in recovery of opiate addiction Cape Cod Hoarding Task Force Addressing the Mental Health of Aging Populations The Cape Cod Hoarding Task Force is a newly established coalition of public health and community organizations formed to address the growing issue of hoarding and related mental health and physical wellness impact amongst elderly residents in our regional Cape Cod Healthcare Community Benefits provided a grant in FY13 to assist the Cape Cod Hoarding Task Force increase public awareness and coordination of services to assist residents facing hoarding and health issues
PART VI, LINE 6	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 PART VI, LINE 7 ALL STATES WHERE ORGANIZATION FILES A COMMUNITY BENEFITS 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 Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
58

Name and address	Type of Facility (describe)
Visiting Nurse Association of Cape Cod 255 Independence Drive Hyannis, MA 02601	home health
CAPE COD HEALTHCARE CORP 88 LEWIS BAY RD HYANNIS, MA 02601	home health
Dermatology and Skin Surgery of Cape Cod 35 Gonsalves Rd Suite A Hyannis, MA 02601	home health
Fontaine Medical Center 525 Long Pond Drive HARWICH, MA 02645	home health
BOURNE INTERNAL MEDICINE 1 Trowbridge Road Suite 100 BOURNE, MA 02532	home health
Harris Scott MD 1 Trowbridge Road Bourne, MA 02532	home health
Bramblebush Medical Group 21 Bramblebush Park FALMOUTH, MA 02540	home health
Koehler & Feuer 130 North Street HYANNIS, MA 02601	home health
Seaside Pediatrics 150 Ansel Hallet Road West Yarmouth, MA 02673	home health
Manning Jr William J MD 700 Attucks Lane Suite 1A HYANNIS, MA 02601	home health
Elmer David B MD 60 Park Street HYANNIS, MA 02601	home health
Fontaine - Walk-In 525 Long Pond Drive Harwich, MA 02645	home health
Hass Family Medicine 130 North Street Hyannis, MA 02601	home health
Guo X Y David MD PhD 37 Edgerton Drive North Falmouth, MA 02556	home health
BAYSIDE INTERNAL MEDICINE 2 Jan Sebastian Way Sandwich, MA 02563	home health
Shapiro Gary MD One Lynxholm Court Hyannis, MA 02601	home health
Cape Cod Family Medicine 5 Industrial Drive Rte 28 Suite 2 Mashpee, MA 02649	home health
Ferley - Neurology 40 Quinlan Way 2nd Fl Suite 206 HYANNIS, MA 02601	home health
Charles V Casale MD 37 Edgerton Drive North Falmouth, MA 02556	home health
Theodore A Calianos II MD 5 Industrial Drive Suite 107 MASHPEE, MA 02649	home health
Surgical Associates of Falmouth 90 Ter Heun Drive 3rd Fl Falmouth, MA 02540	home health
Yarmouth Internists 257 Station Avenue SOUTH YARMOUTH, MA 02664	home health
Chatham Medical Group 1629 Main Street Chatham, MA 02633	home health
Endocrine Center of Cape Cod 40 Quinlan Way 2nd Fl Suite 206 Hyannis, MA 02601	home health
Malaquias Stephen MD 257 Station Avenue South Yarmouth, MA 02664	home health
Rymzo Walter T Jr MD 171 Main Street HYANNIS, MA 02601	home health
Clark Practice 40 Quinlan Way 2nd Fl Suite 206 Hyannis, MA 02601	home health
Fal Primary CareSpecialty Care Practice 90 Ter Heun Drive Suite 2300 Falmouth, MA 02540	home health
Neurosurgeons of Cape Cod 46 North Street Hyannis, MA 02601	home health
Cape Cod Pediatrics 55 Route 130 Forestdale, MA 02644	home health

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

How many non-hospital health care facilities did the organization operate during the tax year?
58

Name and address	Type of Facility (describe)
Nauset Family Practice 81 Old Colony Way STE D ORLEANS, MA 02653	home health
Barnett Practice 348 Gifford Street Falmouth, MA 02540	home health
O'Connor Practice 107 County Road North Falmouth, MA 02556	home health
Devin McManus Medical Practice 10 BrambleBush Drive FALMOUTH, MA 02540	home health
Baxley Practice 51A Ocean Avenue Cataumet, MA 02534	home health
Crago Practice 315 Palmer Avenue Falmouth, MA 02540	home health
Cape Health Insurance Company - FOREIGN C/O CCHC 25 COMMUNICATION WAY HYANNIS, MA 02601	home health
Healthcare Foundation One Financial Place 297 North Stre Hyannis, MA 02601	home health
Healthcare Foundation Homeport 348C Gifford Street FALMOUTH, MA 02540	home health
JML Care Center 184 Ter Heun Drive falmouth, MA 02540	home health
Cape & Islands Health Services II 14 Yellow Brick Road HYANNIS, MA 02601	home health
Cape & Islands Health Services II 5 Industrial Drive Suite 102 MASHPEE, MA 02649	home health
Cape & Islands Health Services II 200 Jones Road FALMOUTH, MA 02540	home health
Cape & Islands Health Services II 525 Long Pond Drive HARWICH, MA 02645	home health
Cape & Islands Health Services II 81 Old Colony Way ORLEANS, MA 02653	home health
Cape & Islands Health Services II 2 Jan Sebastian Way Route 130 SANDWICH, MA 02563	home health
Cape & Islands Health Services II 860 Route 134 Unit 2 South Dennis, MA 02660	home health
Cape & Islands Health Services II 1 Trowbridge Road Bourne, MA 02532	home health
Cape & Islands Health Services II 68B Route 6A SANDWICH, MA 02563	home health
Cape & Islands Health Services II 1629 MAIN STREET CHATHAM, MA 02633	home health
Cape & Islands Health Services II 35 Gonsalves Rd HYANNIS, MA 02601	home health
Cape & Islands Health Services II 30 Shankpainter Road PROVINCETOWN, MA 02657	home health
Heritage at Falmouth 140 Ter Heun Drive FALMOUTH, MA 02540	home health
Cape Cod Human Services 460 West Main Street HYANNIS, MA 02601	home health
Cape Cod Human Services 525 Long Pond Drive HARWICH, MA 02645	home health
Cape Cod Medical Office Building Inc 20 Gleason Street HYANNIS, MA 02601	home health
Orleans Medical 204 Main Street Orleans, MA 02653	home health
CC Dermatology Practice 134 Ansel Hallett Road W Yarmouth, MA 02673	home health

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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

2012

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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed 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?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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**	Yes	
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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
FORM 990, PART VII		Grover Baxley, MD, DOUGLAS MANN, MD, KEVIN BRESNAHAN, MD, AND WILLIAM AGEL, MD wERE compensated in THEIR capacity as physicianS, not as trusteeS TITLES LINDA HABEEB MD FORMER POSITION HELD - EXECUTIVE DIRECTOR - MACC CURRENT FY 13 POSITION HELD - PHYSICIAN JEFFREY S DYKENS FORMER POSITION HELD - INTERIM CFO CURRENT FY 13 POSITION HELD - VP OF FINANCE SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS RICHARD SALUZZO, MD, FORMER PRESIDENT/CEO, RECEIVED SEVERANCE PAYMENTS OF $700,800 DURING CALENDAR YEAR 2012 THE SEVERANCE ARRANGEMENT PROVIDES FOR 32 PAYMENTS EQUAL TO 1/12 OF THE BASE SALARY IN EFFECT ON THE DATE HIS EMPLOYMENT TERMINATED THERE WERE 12 PAYMENTS MADE IN CALENDAR YEAR 2012 THE ARRANGEMENT ALSO PROVIDES FOR PARTICIPATION OF HIS AND HIS DEPENDENTS IN THE COMPANY'S GROUP MEDICAL AND DENTAL PLANS FOR THIRTY-SIX MONTHS Jason Adams, COO from 10/11 - 5/12, received severance payments of $237,692 The arrangement provides for nineteen separation payments paid on a bi-weekly basis The arrangement also provides for participation of his and his dependents in the company's group medical and dental plans during the separation payments period SCHEDULE J, PART I, 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 2012 WERE AS FOLLOWS - MICHAEL K LAUF - $30,514 - RICHARD SALLUZZO, MD - $154,874 - MICHAEL L CONNORS - $19,856 - MICHAEL G JONES - $18,480 - SUSAN WING - $44,738 - JEFFREY S DYKENS - $14,358 - DAVID RYAN - $15,841 SCHEDULE J, PART I, LINE 7 Discretionary bonuses are awarded annually based upon both the performance of the organization and the individual Bonuses are reflected in Schedule J, Part II, Column B(ii)
SCHEDULE J, PART II		THE INDIVIDUALS REPORTED IN SCHEDULE J, PART II REPORTED 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)	274,055	53,585	9,968	30,750	28,967	397,325	0
DIANNE C KOLB	(I)	0	0	0	0	0	0	0
	(II)	206,734	41,926	5,334	36,244	20,988	311,226	0
SUSAN M WING	(I)	0	0	0	0	0	0	0
	(II)	197,997	40,000	47,510	25,630	3,065	314,202	44,738
MICHAEL G JONES	(I)	0	0	0	0	0	0	0
	(II)	314,862	77,000	25,587	40,124	29,854	487,427	18,480
MICHAEL K LAUF	(I)	0	0	0	0	0	0	0
	(II)	674,560	245,000	45,334	156,220	34,657	1,155,771	30,514
GROVER BAXLEY MD	(I)	294,576	0	2,772	8,842	711	306,901	0
	(II)				0	0	0	0
MICHAEL L CONNORS	(I)	0	0	0	0	0	0	0
	(II)	371,195	92,000	28,723	35,494	33,493	560,905	19,856
RICHARD B ZELMAN MD	(I)	1,130,739	275,000	44,114	9,900	28,637	1,488,390	0
	(II)				0	0	0	0
DAVID RYAN	(I)				0	0	0	0
	(II)	208,377	39,760	20,967	25,044	36,879	331,027	15,841
JEANNE FALLON	(I)	0	0	0	0	0	0	0
	(II)	226,181	46,001	584	26,385	19,139	318,290	0
ROBERT KLEINBAUER	(I)	0			0	0	0	0
	(II)	220,965	40,750	1,806	21,426	24,108	309,055	0
LINDA HABEEB MD	(I)	249,930	13,068	420	4,830	24,290	292,538	0
	(II)				0	0	0	0
JEFFREY S DYKENS	(I)	0	0	0	0	0	0	0
	(II)	222,051	35,968	21,453	24,750	32,937	337,159	14,358
WILLIAM AGEL MD	(I)	409,115	20,261	966	10,000	28,637	468,979	0
	(II)				0	0	0	0
EMILY TIERNEY MD	(I)	448,550	473,771	378	692	10,407	933,798	0
	(II)				0	0	0	0
PAUL HOULE MD	(I)	435,682	334,691	436	17,000	19,736	807,545	0
	(II)				0	0	0	0
ACHILLE PAPAVASILIOU MD	(I)	432,088	296,822	291	17,000	22,192	768,393	0
	(II)				0	0	0	0
ROBERT R MCANAW MD	(I)	327,156	316,452	1,806	9,900	22,738	678,052	0
	(II)				0	0	0	0
RICHARD F SALLUZZO MD	(I)				0	0	0	0
	(II)	0	0	855,504	0	2,449	857,953	154,874
Patrick Kane	(I)				0	0	0	0
	(II)	304,777	74,500	1,806	21,230	37,889	440,202	0

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				
JASON M ADAMS	(I)	0			0	0	0	0
	(II)	188,925		247,227	0	11,698	447,850	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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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	04-2456011	57586erm5	02-16-2010	63,314,516	REISSUE OF SER D (2004)		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
C	MDFA REVENUE BONDS SERIES 2012A	04-3431814		02-24-2012	25,800,000	REFUND SER B / PART OF SER C		X		X		X
D	MDFA REVENUE BONDS SERIES 2013	04-3431814	57584VAH8	07-11-2013	50,831,729	REFUND 2001 SERIES C / CAP IMP		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,224,516	12,176,667	2,580,000	831,279
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	63,314,516	36,710,000	25,800,000	50,831,729
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	914,516	266,112	336,100	805,701
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	0	15,387,433
11	Other spent proceeds	62,400,000	36,443,888	25,463,900	20,735,223
12	Other unspent proceeds	0	0	0	13,903,372
13	Year of substantial completion				

		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		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		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						X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						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 of bond-financed property?		X						X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 00000%		0%		0%		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 00000%		%		%		%	
6	Total of lines 4 and 5	0 00000%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 00000%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X						X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X			X	X		X	
b	Exception to rebate?		X	X			X		X
c	No rebate due?		X	X			X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
PART IV, LINE 2(C)	0	MHEFA SERIES E - THE DATE THE REBATE COMPUTATION WAS LAST PERFORMED WAS 12/18/2008

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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total			▶ $			0						

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 assistance	(d) Type of assistance	(e) Purpose 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	124,758	MACC EMPLOYEE		No
(2) DR DALE WELDON	SPOUSE OF OFFICER	60,891	HOSPITAL EMPLOYEE		No
(3) OLIVER ZUTHER	SON-IN-LAW OF TRUSTEE	86,319	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 organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2012

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 noncash 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	32	1,299,469	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	X	1	648,450	FMV
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?	30a		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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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 SCHEDULE M, PART I, LINE 32(A) ON OCCASION THE ORGANIZATION UTILIZES A BROKER TO DISPOSE OF NONCASH CONTRIBUTIONS (OTHER THAN PUBLICLY TRADED SECURITIES)

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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

2012

Open to Public Inspection

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

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 M AINTAINING 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 ME DICAL TECHNOLOGIES, HUMAN RESOURCES AND CLINICAL SERVICES ABOVE ALL, WE WILL HELP IDENTIF Y AND RESPOND TO THE NEEDS OF OUR COMMUNITY CAPE COD HEALTHCARE, INC , THROUGH ITS COMMUN ITY BENEFITS INITIATIVE, IS COMMITTED TO ENHANCING THE QUALITY OF AND ACCESS TO COMPREHENS IVE 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 UNDERSERV ED POPULATIONS WE WILL TAKE A LEADERSHIP ROLE IN COLLABORATIVE EFFORTS JOINING OUR RESOUR CES, TALENT, AND COMMITMENT WITH THAT OF OTHER PROVIDERS, ORGANIZATIONS AND COMMUNITY MEMB ERS THE COMMUNITY BENEFITS MISSION STATEMENT WAS AFFIRMED BY THE CCHC COMMUNITY HEALTH CO MMITTEE AND THE BOARD OF TRUSTEES IN 2000 AND REMAINS IN EFFECT TARGET POPULATIONS 1 NAM E OF THE TARGET POPULATION INDIVIDUALS MANAGING OR AT RISK OF CHRONIC AND/OR INFECTIOUS D ISEASES SUCH AS CANCER, CARDIOVASCULAR DISEASE, DIABETES, HIV/AIDS, HEPATITIS C OR DENTAL DISEASE BASIS FOR SELECTION ALIGNED WITH STATEWIDE HEALTH PRIORITIES AND NATIONAL STATIS TICS, RESIDENTS MANAGING CHRONIC ILLNESS ARE AT THE GREATEST RISK OF DECLINED HEALTH AND D EATH CANCER, CARDIOVASCULAR-RELATED DISEASE, DIABETES, INFECTIOUS DISEASES AND ORAL HEALT H ISSUES ARE HIGHLY REPRESENTED AMONG RESIDENTS OF BARNSTABLE COUNTY AS EVIDENCED THROUGH A RECENTLY COMPLETED COMMUNITY HEALTH NEEDS ASSESSMENT THIS POPULATION IS SERVED THROUGH A NETWORK OF HEALTH CARE AND SOCIAL SERVICES PROVIDERS IN OUR REGION BUT UNMET NEEDS STILL EXIST 2 NAME OF THE TARGET POPULATION RESIDENTS FACING BARRIERS TO ACCESS TO CARE DUE TO LANGUAGE, COST, OR AGE, INCLUDING THOSE WHO ARE UNINSURED OR UNDER-INSURED BASIS FOR S ELECTION NEARLY 93% OF RESIDENTS IN BARNSTABLE COUNTY HAVE HEALTH INSURANCE COVERAGE BUT SIGNIFICANT ISSUES RELATED TO ACCESS TO CARE STILL EXIST THE COMMUNITY HEALTH NEEDS ASSES SMENT IDENTIFIED AVAILABILITY OF CERTAIN PROVIDERS, OUT-OF-POCKET COSTS, A LACK OF KNOWLED GE OF AVAILABLE SERVICES AND LINGUISTIC CHALLENGES 3 NAME OF THE TARGET POPULATION COMM UNITY MEMBERS AFFLICTED WITH MENTAL HEALTH ISSUES BASIS FOR SELECTION ACCESS TO ADEQUATE MENTAL HEALTH CARE IS AN AREA OF CONCERN IN BARNSTABLE COUNTY, AS EVIDENCED BY AN INCREAS E IN SUICIDE RATES, AND THE HIGH NUMBER OF PATIENTS PRESENTING WITH MENTAL HEALTH DISORDER S IN HOSPITAL EMERGENCY CENTERS POPULATIONS STRUGGLING WITH MENTAL HEALTH ISSUES ARE SERV ED THROUGH A NETWORK OF HEALTH CARE AND SOCIAL SERVICE PROVIDERS IN OUR REGION BUT UNMET N EEDS INCLUDING A SHORTAGE OF AVAILABLE PSY CHIATRIC PROVIDERS AND CHALLENGES NAVIGATING AVA ILABLE SERVICES STILL EXIST 4 NAME OF THE TARGET POPULATION COMMUNITY MEMBERS STRUGGLING WITH SUBSTANCE ABUSE BASIS FOR SELECTION SUBSTANCE ABUSE TREATMENT ADMISSIONS ARE ON TH E RISE IN BARNSTABLE COUNTY OVERALL RATES OF SUBSTANCE ABUSE ADMISSIONS ARE HIGHER IN BAR NSTABLE COUNTY THAN MA, SPECIFICALLY FOR ALCOHOL AS A PRIMARY SUBSTANCE IN ADDITION, TREA TMENT ADMISSIONS FOR OPIATES AS A PRIMARY SUBSTANCE OF USE GREW FROM 11% IN 2007 TO 28% IN 2011 ALTHOUGH RESIDENTS WITH SUBSTANCE ABUSE ISSUES ARE SERVED THROUGH A NETWORK OF HEAL TH CARE AND TREATMENT PROVIDERS IN OUR REGION, UNMET NEEDS SUCH AS AVAILABILITY OF DETOX A ND TREATMENT OPTIONS AND NAVIGATION OF SERVICES STILL EXIST 5 NAME OF TARGET POPULATION SENIOR POPULATION AGES 65 AND OLDER BASIS FOR SELECTION ACCORDING TO THE 2010 U S CENS US, THE POPULATION OF INDIVIDUALS AGE 65 AND OLDER REPRESENT OVER 25% OF THE YEAR ROUND PO PULATION IN BARNSTABLE COUNTY WITH A SIGNIFICANT INCREASE OF RESIDENTS OVER THE AGE OF 85 BETWEEN 2000 AND 2010 NEARLY 40% OF ALL HOUSEHOLDS REPORT A RESIDENT OVER THE AGE OF 65 HIGH UTILIZATION OF THE HEALTH CARE SYSTEM, ACCESS TO CARE AND NAVIGATION OF RESOURCES HAV E BEEN PRESENTED AS CRITICAL ISSUES IN OUR REGION THIS POPULATION IS SERVED THROUGH A NET WORK OF HEALTH CARE AND SOCIAL SERVICE PROVIDERS BUT UNMET NEEDS STILL EXIST 6 NAME OF T ARGET POPULATION YOUTH AND YOUNG ADULTS AGES 15- 24 YEARS OLD BASIS FOR SELECTION YOUNG ADULTS AND YOUTH, AGES 15 - 24 YEARS OLD, WERE IDENTIFIED THROUGH THE COMMUNITY HEALTH NE EDS ASSESSMENT AS A SPECIFIC POPULATION AT RISK DUE TO INCREASING RATES OF SUBSTANCE ABUSE TREATMENT ADMISSIONS, SEXUALLY TRANSMITTED DISEASES AND MOTOR VEHICLE ACCIDENTS THIS POP ULATION IS SERVED THROUGH A NETWORK OF HEALTH CARE AND SOCIAL SERVICE PROVIDERS BUT UNMET NEEDS STILL EXIST HOSPITAL/HMO WEB PAGE PUBLICIZING TARGET POP HTTP://WWW CAPECODHEALTH ORG/COMMUNITY KEY ACCOMPLISHMENTS OF REPORTING YEAR IN FY 2013, THE CAPE COD HEALTHCARE (C CHC) COMMUNITY BENEFITS DEPARTMENT BUILT UPON EXIS

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FORM 990, PART I, LINE 1 AND PART III, LINE 1		TING ACTIVITIES AND IMPLEMENTED NEW STRATEGIC HOSPITAL BASED PROGRAMS, COMMUNITY SUPPORT I NITIATIVES AND COMMUNITY-CLINICAL COLLABORATIONS ALL ACTIVITIES DIRECTLY IMPACTED KEY VUL NERABLE AND TARGET POPULATIONS IN BARNSTABLE COUNTY HOSPITAL-BASED PROGRAMS FOCUSED ON IN CREASING ACCESS TO CARE, SUPPORTING CHRONIC AND INFECTIOUS DISEASE MANAGEMENT AND PREVENTI ON, PROVISION OF MENTAL HEALTH SERVICES, BUILDING COLLABORATIONS TO ADDRESS SUBSTANCE ABUS E AND EDUCATION AND OUTREACH TO VULNERABLE POPULATIONS IN AN EFFORT TO INCREASE ACCESS TO CARE, TELEPHONE-BASED AND ONLINE PHYSICIAN ACCESS TOOLS WERE DEVELOPED, AND HOSPITAL-BASE D FINANCIAL COUNSELORS PROVIDED ON-SITE HEALTH INSURANCE ENROLLMENT ASSISTANCE TO RESIDENT S WHO WERE UNINSURED OR UNDER-INSURED CANCER SURVIVORSHIP ACTIVITIES AND SUPPORT GROUPS W ERE HOSTED AT EACH HOSPITAL BREASTFEEDING CLASSES AND NEW PARENT SUPPORT GROUPS WERE OFFE RED TO FAMILIES GRANT-FUNDED INFECTIOUS AND SEXUALLY TRANSMITTED DISEASE SCREENINGS AND O UTREACH PROGRAMS WERE MANAGED BY HOSPITAL-BASED INFECTIOUS DISEASE STAFF FOR THE REGION IN-HOME VISITS BY PHARMACISTS AND CARE MANAGERS PROVIDED ADDITIONAL SUPPORT TO INDIVIDUALS MANAGING CHRONIC DISEASE AND THEIR FAMILIES CLINICIANS AND COMMUNITY MEMBERS JOINED FORCE S AND WORKED TOGETHER THROUGH TASK FORCES ESTABLISHED TO IMPACT CRITICAL ISSUES SUCH AS SU BSTANCE ABUSE DURING PREGNANCY, MATERNAL DEPRESSION, AND BEHAVIORAL HEALTH IN OUR REGION PLANNING AND PARTNERSHIP DEVELOPMENT WITH KEY STAKEHOLDERS SUCH AS TREATMENT PROVIDERS, ED UCATORS, LAW ENFORCEMENT PARTNERS, HEALTH AND HUMAN SERVICE ORGANIZATIONS, LOCAL FUNDERS A ND COUNTY OFFICIALS WAS LAUNCHED TO DEVELOP A REGIONAL SUBSTANCE ABUSE PREVENTION AND EDUC ATION EFFORT FINANCIAL SUPPORT AND COLLABORATION WITH THE FOUR FEDERALLY QUALIFIED COMMUN ITY HEALTH CENTERS OPERATING IN BARNSTABLE COUNTY FOCUSED EFFORTS ON BUILDING PATHWAYS TO ACCESS TO CARE THROUGH HEALTH CARE ENROLLMENT SERVICES CCHC CONTINUED THAT COMMITMENT THR OUGH THE FUNDING OF COMMUNITY-BASED INTERPRETER SERVICES FOR MEDICAL OFFICES AND SUSTAININ G A NETWORK OF SPECIALISTS WHO PROVIDED SIGNIFICANTLY REDUCED OR FREE CARE TO UNINSURED IN DIVIDUALS IN OUR COMMUNITY

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OVER 20 NON-PROFIT ORGANIZATIONS RECEIVED SUPPORT FROM CCHC THROUGH DIRECT		GRANT FUNDING AND A COMPETITIVE RFP GRANTS PROGRAM OPEN TO ALL COMMUNITY ORGANIZATIONS WIT H PROGRAMS ALIGNED WITH COMMUNITY BENEFITS PRIORITIES SOME PROGRAMS WERE SUSTAINED THROUG H THIS SUPPORT, INCLUDING SUPPORT GROUPS FOR CARE-GIVERS, TRANSPORTATION PROGRAMS FOR CHRO NICALLY ILL RESIDENTS OF GEOGRAPHICALLY ISOLATED AREAS OF CAPE COD AND MENTORING PROGRAMS FOR YOUTH IN NEED OF POSITIVE HEALTH ROLE MODELS, JUST TO NAME A FEW OTHER PROGRAMS WERE LAUNCHED OR EXPANDED THROUGH CCHC'S SUPPORT INCLUDING A ALZHEIMER'S DISEASE ADULT DAY PROG RAM ON THE OUTER CAPE, LEADER TRAINING FOR CHRONIC DISEASE SELF MANAGEMENT CLASSES, SUBSTA NCE ABUSE PREVENTION CAMPAIGNS AND A WEBSITE FOR INDIVIDUALS AND FAMILIES SEEKING ASSISTAN CE IN THE NAVIGATION OF MENTAL HEALTH SERVICES IN OUR REGION COMMUNITY BENEFITS STAFF ALS O PLAYED AN ACTIVE ROLE IN COMMUNITY COALITIONS, VARIOUS REGIONAL TASK FORCE EFFORTS, AND HEALTH AND HUMAN SERVICE ORGANIZATIONS ACROSS BARNSTABLE COUNTY INCLUDING LEADERSHIP PARTI CIPATION WITH THE CAPE COD COMMUNITY HEALTH AREA NETWORK (CHNA 27) STEERING COMMITTEE, BAR NSTABLE COUNTY HUMAN SERVICES ADVISORY COUNCIL, CAPE COD BEHAVIORAL HEALTH STEERING COMMIT TEE AND SUBSTANCE ABUSE IN PREGNANCY TASK FORCE LASTLY, A KEY ACCOMPLISHMENT IN 2013 WAS THE COMPLETION OF THE CAPE COD HOSPITAL AND FALMOUTH HOSPITAL 2014 - 2016 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION PLAN THE ASSESSMENT AND PLANNING INCLUDED THE PARTICIPATION OF MORE THAN 80 COMMUNITY ORGANIZATIONS REPRESENTING A WIDE RANGE OF VULNER ABLE POPULATIONS, PRIMARY RESEARCH VIA A TELEPHONE SURVEY OF BARNSTABLE COUNTY RESIDENTS A ND EXTENSIVE DATA COLLECTION FROM NATIONAL, STATE AND REGIONAL SOURCES THE CHNA REPORT AN D PLAN WAS MADE WIDELY AVAILABLE TO THE PUBLIC AND INCLUDES -DATA ON THE HEALTH STATUS OF BARNSTABLE COUNTY RESIDENTS WITH ACCURATE COMPARISONS TO STATE AND NATIONAL BENCHMARKS -I DENTIFIED SIGNIFICANT HEALTH NEEDS AND VULNERABLE POPULATIONS -COMMUNITY BENEFITS PROGRAMS , HOSPITAL PLANNING ACTIVITIES AND COMMUNITY ASSETS AVAILABLE TO ADDRESS SIGNIFICANT HEALT H NEEDS PLANS FOR NEXT REPORTING YEAR A PLAN IS DEVELOPED EACH YEAR TO ALIGN CAPE COD HOSP ITAL, FALMOUTH HOSPITAL AND CAPE COD HEALTHCARE'S COMMUNITY BENEFITS ACTIVITIES TO THE IDE NTIFIED SIGNIFICANT HEALTH NEEDS AND TARGET POPULATIONS IN BARNSTABLE COUNTY AN ELEVEN-ME MBER COMMUNITY HEALTH COMMITTEE, A SUBCOMMITTEE OF THE BOARD OF TRUSTEES OF CAPE COD HEALT HCARE, PROVIDES OVERSIGHT AND INPUT TO ANNUAL PLANNING AND IMPLEMENTATION OF KEY INITIATIV ES COMMUNITY BENEFITS STAFF ENSURES THAT ANNUAL PLANS, PRIORITIES, GOALS AND ACTIVITIES C OMPLY WITH MASS ATTORNEY GENERAL (AG) GUIDELINES, MEDICARE GUIDELINES AND IRS REQUIREMENTS GOALS FOR FY2014 I INVEST IN INITIATIVES, CLINICAL PROGRAMMING, AND COMMUNITY EDUCATIO N AND OUTREACH AIMED AT THE MANAGEMENT AND PREVENTION OF CHRONIC AND INFECTIOUS DISEASE I I SUPPORT REGIONAL HEALTH EFFORTS THROUGH DIRECT GRANT FUNDING AND A COMPETITIVE RFP GRAN TS PROGRAM OPEN TO ALL COMMUNITY ORGANIZATIONS WITH PROGRAMS ALIGNED WITH COMMUNITY BENEFI TS PRIORITIES III IMPROVE ACCESS TO PRIMARY AND SPECIALTY CARE FOR CAPE COD'S UNDERSERVE D AND VULNERABLE POPULATIONS THROUGH PARTNERSHIPS AND SUPPORT OF COMMUNITY HEALTH CENTERS, INTERPRETER SERVICES, AND HEALTH CARE ENROLLMENT EFFORTS IV PROMOTE EDUCATION, COORDINA TION, AND NAVIGATION OF SERVICES TARGETED AT INDIVIDUALS AND FAMILIES FACING MENTAL HEALTH ISSUES V ENGAGE IN COLLABORATIVE EFFORTS TO SUPPORT COMMUNITY-BASED SUBSTANCE ABUSE PRE VENTION AND EDUCATION EFFORTS VI SUPPORT INNOVATIVE AND PREVENTATIVE HEALTH INITIATIVES FOR THE COMMUNITY WITH A SPECIFIC FOCUS ON YOUTH AND SENIORS VII ENGAGE PHY SICIANS, NURS ES AND CLINICAL STAFF THROUGHOUT CCHC TO INFORM AND ADVISE COMMUNITY BENEFITS PLANNING AND PROGRAM DEVELOPMENT VIII MAINTAIN AND DEVELOP COMMUNITY LEADERSHIP OPPORTUNITIES TO IMP ROVE THE HEALTH STATUS OF THE RESIDENTS OF BARNSTABLE COUNTY INCLUDING PARTICIPATION WITH THE COMMUNITY HEALTH AREA NETWORK (CHNA 27) STEERING COMMITTEE, THE CAPE COD BEHAVIORAL HE ALTH STEERING COMMITTEE, THE BARNSTABLE COUNTY HUMAN SERVICES ADVISORY COUNCIL, AND THE BA RNSTABLE COUNTY REGIONAL SUBSTANCE ABUSE COUNCIL COMMUNITY BENEFITS LEADERSHIP/TEAM GIVEN THE GEOGRAPHIC ISOLATION AND CHANGING DEMOGRAPHICS OF BARNSTABLE COUNTY, CAPE COD HEALTHC ARE, CAPE COD HOSPITAL AND FALMOUTH HOSPITAL, ALONG WITH OUR AFFLIATES, PLAY AN IMPORTANT ROLE AS SAFETY NET PROVIDERS TO THE RESIDENTS OF OUR REGION A FUNDAMENTAL TENANT OF CAPE COD HEALTHCARE'S MISSION IS TO PROVIDE EXCELLENT CARE TO MEMBERS OF OUR COMMUNITY THE DEV ELOPMENT OF VARIED COMMUNITY COLLABORATIONS, INCLUDING THE COMMUNITY BENEFITS PROGRAM, IS LED BY MICHAEL K LAUF, CHIEF EXECUTIVE OFFICER AND THERESA M AHERN, SENIOR VICE PRESIDEN T, STRATEGY AND GOVERNMENTAL AFFAIRS MANAGEMENT OF THE PROGRAM IS THE RESPONSIBILITY OF L ISA GUYON, DIRECTOR OF COMMUNITY BENEFITS THE COMMUNITY HEALTH COMMITTEE PROVIDES STRATEG IC OVERSIGHT TO THE COMMUNITY BENEFITS PROGRAM AS

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OVER 20 NON-PROFIT ORGANIZATIONS RECEIVED SUPPORT FROM CCHC THROUGH DIRECT		A DESIGNATED SUBCOMMITTEE OF THE BOARD OF TRUSTEES THE COMMITTEE IS COMPRISED OF MEMBERS WHO WORK IN PUBLIC HEALTH ORGANIZATIONS, COMMUNITY-BASED ORGANIZATIONS, COMMUNITY ADVOCACY GROUPS AND COUNTY GOVERNMENT, AS WELL AS TWO CURRENT MEMBERS OF THE CCHC BOARD OF TRUSTEE S THE COMMITTEE DEVELOPS AND RECOMMENDS POLICIES TO THE BOARD REGARDING COMMUNITY BENEFIT S PROGRAMS, SETS PRIORITIES, AWARDS PRIORITY GRANT FUNDING, AND ADVISES ON COMMUNITY HEALT H ISSUES AND INITIATIVES FY 13 COMMUNITY HEALTH COMMITTEE MEMBERS ELEANOR CLAUS (CHAIR) CCHC BOARD MEMBER KINLIN GROVER REAL ESTATE 927 ROUTE 6A, Y ARMOUTHPORT, MA 02675 508 362 3 000 X203 ECLAUS@KINLINGROVER COM REPRESENTING CCHC BOARD OF TRUSTEES ELIZABETH ALBERT BAR NSTABLE COUNTY HUMAN SERVICES P O BOX 427, BARNSTABLE, MA 02630 508 375 6626 BALBERT@BARN STABLECOUNTY ORG REPRESENTING COMMUNITY AT LARGE & MID-CAPE KAREN CARDEIRA FALMOUTH HUMAN SERVICES 65 TOWN HALL SQUARE, FALMOUTH, MA 02540 508 548 0533 KCARDEIRA@FALMOUTHHUMANSERV ICES ORG REPRESENTING COMMUNITY AT LARGE & UPPER CAPE MARY DEVLIN PUBLIC HEALTH AND WELLN ESS DIVISION, VISITING NURSE ASSOCIATION OF CAPE COD 255 INDEPENDENCE DRIVE, HY ANNIS, MA 0 2601 508 957 7619 MDEVLIN@VNACAPECOD ORG REPRESENTING PROVINCETOWN TO PLY MOUTH WITH EMPHA SIS ON CHRONIC DISEASE AND HEALTHY AGING OF THE SENIOR POPULATION GEORGIA CARVALHO CAPE CO D COMMUNITY COLLEGE 2240 IY ANNOUGH ROAD, WEST BARNSTABLE, MA 02668 508 362 2131 EXT 4492 GCARVALHO@CAPECOD EDU REPRESENTING EDUCATION AND Y OUNG ADULTS KAREN GARDNER COMMUNITY HEA LTH CENTER OF CAPE COD 107 COMMERCIAL ST , MASHPEE, MA 02649 508 477 7090 KGARDNER@CHCOFCA PECOD ORG REPRESENTING COMMUNITY HEALTH CENTER NETWORK & UPPER CAPE SUZANNE FAY GLYNN, ES Q CCHC BOARD MEMBER GLYNN LAW OFFICES 49 LOCUST STREET, FALMOUTH, MA 02540 508 548 8282 L JARVIS@GLY NNLAWOFFICES COM REPRESENTING CCHC BOARD OF TRUSTEES CARMEN LEBRON CAPE COD IMM IGRANT CENTER 624 OSTERVILLE WEST BARNSTABLE ROAD, UNIT E1 MARSTONS MILLS, MA 02648 508 42 8 0517 CLEBRON@CAPECOD EDU REPRESENTING COMMUNITY AT LARGE WITH FOCUS ON IMMIGRANT POPULA TIONS, HEALTH DISPARITIES AND EMERGING HEALTH NEEDS HADLEY LUDDY BIG BROTHER BIG SISTERS 1 934 FALMOUTH ROAD, CENTERVILLE, MA 02601 508-775-5150 HLUDDY@BBBSCCI ORG REPRESENTING Y OU TH AND Y OUNG ADULTS BRIAN O'MALLEY, MD 30 SHANK PAINTER ROAD, PROVINCETOWN, MA 02657 508-4 87-3505 BOMALLEY@CAPECODHEALTH ORG REPRESENTING COMMUNITY AT LARGE & OUTER CAPE CHRIS HOT TLE PROVINCETOWN COUNCIL ON AGING 26 ALDEN STREET, PROVINCETOWN, MA 02657 508-487-7080 CHO TTLE@PROVINCETOWN-MA GOV REPRESENTING SENIOR POPULATIONS & OUTER CAPE CAPE COD HEALTHCARE MEMBER THERESA M AHERN SENIOR VICE PRESIDENT, STRATEGY AND GOVERNMENTAL AFFAIRS CAPE CO D HEALTHCARE 88 LEWIS BAY ROAD HY ANNIS, MA 02601 508-862-5077 TAHERN@CAPECODHEALTH ORG COM MUNITY BENEFITS TEAM MEETINGS THE COMMUNITY HEALTH COMMITTEE MEETING DATES FOR FY 2013 WER E DECEMBER 6, 2012 4 00-5 00 PM APRIL 9, 2013 8 30-10 00 AM JULY 18, 2013 4 00-5 30 PM NO VEMBER 19, 2013 9 00 - 11 00 AM

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COMMUNITY PARTNERS		A BABY CENTER AIDS SUPPORT GROUP OF CAPE COD AMERICAN CANCER SOCIETY BARNSTABLE COUNTY HUM AN SERVICES BARNSTABLE SCHOOL SYSTEM BIG BROTHERS BIG SISTERS OF CAPE COD & THE ISLANDS BO YS AND GIRLS CLUB OF CAPE COD CALMER CHOICE CAPE AND ISLANDS EMS SYSTEMS, INC CAPE AND ISL ANDS UNITED WAY CAPE COD CHAMBER OF COMMERCE CAPE COD CHILD DEVELOPMENT CAPE COD FOUNDATIO N CAPE COD HOARDING TASK FORCE CAPE COD HUNGER NETWORK CHILDREN'S COVE COMMUNITY ACTION CO MMITTEE OF CAPE COD & ISLANDS COMMUNITY HEALTH CENTER OF CAPE COD COAST COUNCIL'S ON AGING SERVING TOGETHER DUFFY HEALTH CENTER ELDER SERVICES OF CAPE COD & THE ISLANDS HARBOR COMM UNITY HEALTH CENTER - HY ANNIS HELPING OUR WOMEN HOPE HEALTH DEMENTIA & ALZHEIMER'S SERVICE S GOSNOLD ON CAPE COD MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH MY HEALTH, MY LIFE CAPE C OD COALITION NATIONAL ALLIANCE ON MENTAL ILLNESS CAPE COD ORAL HEALTH EXCELLENCE COLLABORA TIVE OUTER CAPE HEALTH SERVICES PARKINSON SUPPORT NETWORK OF CAPE COD REACH- REACHING ELDE RS WITH ADDITIONAL COMMUNITY HELP SAMARITANS OF CAPE COD & THE ISLANDS SIGHT LOSS SERVICES SPECIALTY NETWORK FOR THE UNINSURED THE BOYS AND GIRLS CLUB WE CAN Y MCA CAPE COD COMMUNIT Y HEALTH NEEDS ASSESSMENT DATE LAST ASSESSMENT COMPLETED AND CURRENT STATUS THE 2014 - 201 6 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMP LEMENTATION PLAN WAS RELEASED AND MADE WIDELY AVAILABLE TO THE PUBLIC ON SEPTEMBER 27TH, 2 013 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL FOLLOWED THE PROPOSED AND PENDING IRS REGULAT IONS AND MA ATTORNEY GENERAL GUIDELINES TO CONDUCT THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT OF POPULATIONS LIVING IN THE SERVICE AREA OF BARNSTABLE COUNTY SIGNIFICANT COM MUNITY INPUT WAS DOCUMENTED AND DATA WAS COLLECTED FROM NATIONAL, STATE, REGIONAL AND LOCA L SOURCES TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS OF BARNSTABLE COUNTY SPECIAL ATTENTION WAS GIVEN TO VULNERABLE POPULATIONS, STATEWIDE PRIORITIES WERE CONSIDERED AND THE COMMUNI TY ASSETS AVAILABLE TO MEET NEEDS WERE IDENTIFIED AND ASSESSED AN IMPLEMENTATION PLAN REL ATED TO THE SIGNIFICANT HEALTH NEEDS OF BARNSTABLE COUNTY RESIDENTS WAS DEVELOPED WITH OUT LINED GOALS, OBJECTIVES, INITIATIVES, RESOURCES AND POTENTIAL COLLABORATORS THE OBJECTIVE S OF THE COMMUNITY HEALTH NEEDS ASSESSMENT WERE TO GATHER STATISTICALLY VALID INFORMATION AND ACCURATE COMPARISONS TO STATE AND NATIONAL BENCHMARKS OF HEALTH AND QUALITY OF LIFE ME ASURES FOR RESIDENTS OF BARNSTABLE COUNTY AND TO INTEGRATE RESEARCH FINDINGS INTO COMMUNIT Y BENEFIT AND HOSPITAL PLANNING ACTIVITIES THAT ADDRESS SIGNIFICANT COMMUNITY NEEDS AND VU LNERABLE POPULATIONS OVER 80 COMMUNITY ORGANIZATIONS PARTICIPATED IN THE COMMUNITY HEALTH ASSESSMENT THROUGH FOCUS GROUPS, KEY INFORMATION INTERVIEWS AND COMMUNITY INPUT FORUMS D ATA WAS COLLECTED THROUGH A HOUSEHOLD TELEPHONE SURVEY OF RESIDENTS OF BARNSTABLE COUNTY U SING A SURVEY INSTRUMENT ADAPTED FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S BEH AVIORAL RISK FACTOR SURVEILLANCE SYSTEM PRIMARY DATA COLLECTED THROUGH COMMUNITY INPUT AN D THE HOUSEHOLD TELEPHONE SURVEY WAS HEAVILY AUGMENTED WITH SECONDARY DATA FROM NATIONAL, STATE, AND REGIONAL SOURCES THE MOST CURRENT BARNSTABLE COUNTY HEALTH DATA AVAILABLE WAS COLLECTED, ANALYZED, SYNTHESIZED AND COMPARED TO MA AND US DATA AS AVAILABLE DATA COLLECT ION EFFORTS FOCUSED ON DEMOGRAPHIC CHARACTERISTICS, BEHAVIORAL RISK FACTORS ASSOCIATED WIT H HEALTH STATUS, DISEASE INCIDENCE AND PREVALENCE RATES, ACCESS TO CARE, HEALTH STATUS IND ICATORS, MORBIDITY/MORTALITY RATES AND HOSPITAL UTILIZATION THE SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH DATA COLLECTION AND COMMUNITY INPUT WERE DISTINGUISHED AND PRIORITIZED BASED ON THE FREQUENCY, URGENCY, SCOPE, SEVERITY AND MAGNITUDE OF THE IDENTIFIED ISSUES T HE SIGNIFICANT HEALTH NEEDS AND ASSOCIATED TARGET AND VULNERABLE POPULATIONS ARE THE FOUND ATION FOR COMMUNITY BENEFITS AND HOSPITAL PLANNING AND PROGRAM IMPLEMENTATION SPANNING FIS CAL YEARS 2014 - 2016 KEY DATA SETS FEATURED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT WIL L BE UPDATED ANNUALLY COMMUNITY BENEFITS AND HOSPITAL PLANNING ACTIVITIES WILL BE FURTHER DEFINED, UPDATED AND EVALUATED THROUGH ONGOING AND ANNUAL PROGRAM EVALUATION AND IDENTIFI CATION OF EMERGING TRENDS AND NEEDS THE FOLLOWING SOURCES WERE UTILIZED IN THE MOST RECEN T COMMUNITY HEALTH NEEDS ASSESSMENTS - CAPE COD HOSPITAL AND FALMOUTH HOSPITAL UTILIZATIO N DATA - CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE S YSTEM (BRFSS), YOUTH RISK BEHAVIORAL SURVEILLANCE SYSTEM (YRBSS), NATIONAL CENTER FOR HEAL TH STATISTICS, NATIONAL PROGRAM OF CANCER REGISTRIES, CDC WONDER DATABASE, HEALTHY PEOPLE 2020 - FALMOUTH PREVENTION PARTNERSHIP COMMUNITY PROFILE ON YOUTH SUBSTANCE ABUSE IN FALMO UTH 2009 - MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION - MASSACHUSETTS DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT - MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH BUREAU OF SUBSTANCE ABUSE SERVICES, MASSCHIP (MAS

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COMMUNITY PARTNERS		SACHUSETTS COMMUNITY HEALTH INFORMATION PROFILE) - TRI-COUNTY COLLABORATIVE FOR ORAL HEALT H EXCELLENCE - U S CENSUS BUREAU US CENSUS 2000, US CENSUS 2010, AMERICAN COMMUNITY SURV EY - US DEPARTMENT OF VETERAN AFFAIRS - KEY INFORMANT INTERVIEWS - FOCUS GROUPS - COMMUNIT Y FORUMS - TELEPHONE SURVEY OF BARNSTABLE COUNTY RESIDENTS - COUNTY HEALTH AND HUMAN SERVI CES DEPARTMENT AND LOCAL HEALTH AGENCIES - FOCUS GROUPS - COMMUNITY FORUMS - TELEPHONE SUR VEY OF BARNSTABLE COUNTY RESIDENTS - COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT AND LOCAL HEALTH AGENCIES CONSULTANTS/OTHER ORGANIZATIONS AIDS SUPPORT GROUP OF CAPE COD AMERICAN C ANCER SOCIETY BARNSTABLE COUNTY HUMAN RIGHTS COMMISSION BARNSTABLE COUNTY HUMAN SERVICES B ARNSTABLE COUNTY PUBLIC HEALTH NURSE BARNSTABLE SCHOOL SYSTEM BIG BROTHERS BIG SISTERS OF CAPE COD AND THE ISLANDS BOURNE COUNCIL ON AGING BOYS & GIRLS CLUB OF CAPE COD CAPE & ISLA NDS EMERGENCY MEDICAL SERVICES SYSTEM CAPE & ISLANDS UNITED WAY CAPE AND ISLANDS SUICIDE P REVENTION COALITION CAPE COD CENTER FOR WOMEN CAPE COD COMMUNITY COLLEGE CAPE COD COUNCIL OF CHURCHES CAPE DISABILITY NETWORK CAPE COD DISTRICT ATTORNEY'S OFFICE CAPE COD FOUNDATIO N CAPE COD HEALTHCARE DIABETES CENTER CAPE COD HEALTHCARE INFECTIOUS DISEASE SERVICES CAPE COD HEALTHCARE REGIONAL CANCER NETWORK CAPE COD HEALTHY FAMILIES CAPE COD IMMIGRANT CENTE R CAPE COD JUSTICE FOR Y OUTH COLLABORATIVE CAPE COD JUSTICE FOR Y OUTH BOARD CAPE COD MEDIC AL RESERVE CORPS CAPE COD NEIGHBORHOOD SUPPORT COALITION CAPE COD WIC CAPE& ISLANDS GAY ST RAIGHT Y OUTH ALLIANCE CCH PATIENT AND FAMILY ADVISORY COMMITTEE CHAMP HOMES CHILD AND FAMI LY SERVICES CHILDREN'S STUDY HOME COAST (COA'S SERVING TOGETHER) COMMUNITY HEALTH CENTER O F CAPE COD COUNTY NETWORK OF CAPE COD DUFFY HEALTH CENTER ELDER SERVICES OF CAPE COD AND T HE ISLANDS EMERALD PHY SICIANS FALMOUTH HOUSING AUTHORITY FALMOUTH HUMAN SERVICES FALMOUTH POLICE DEPARTMENT FALMOUTH PREVENTION PARTNERSHIP FALMOUTH SERVICE CENTER FREEDOM FROM ADD ICTION NETWORK GOSNOLD ON CAPE COD HEALTH IMPERATIVES HEALTH IMPERATIVES - HY ANNIS FAMILY PLANNING HELPING OUR WOMEN HOPE DEMENTIA AND ALZHEIMER'S SERVICES OF CAPE COD HOPE HEALTH HY ANNIS Y OUTH AND COMMUNITY CENTER KENNEDY DONOVAN CENTER LOWER CAPE OUTREACH COUNCIL LY ME AWARENESS OF CAPE COD MA DEPARTMENT OF MENTAL HEALTH - CAPE COD MASHPEE COUNCIL ON AGING MASHPEE HOUSING AUTHORITY MATERNAL DEPRESSION TASK FORCE NATIONAL MULTIPLE SCLEROSIS SOCIE TY ORAL HEALTH EXCELLENCE COLLABORATIVE PARISH NURSE MINISTRIES OF CAPE COD PROVINCETOWN C OUNCIL ON AGING REACHING ELDERS WITH ADDITIONAL COMMUNITY HELP (REACH) SAMARITANS ON CAPE COD AND ISLANDS SANDWICH COUNCIL ON AGING SANDWICH HOUSING AUTHORITY SERVING THE HEALTH IN FORMATION NEEDS OF OTHERS (SHINE) SOUTH BAY MENTAL HEALTH SPECIALTY NETWORK FOR THE UNINSU RED ST JOHN'S EPISCOPAL PROJECT TRURO COUNCIL ON AGING VETERANS OUTREACH COUNCIL VISITING NURSE ASSOCIATION OF CAPE COD WOMEN AND ADOLESCENT HEALTH AT COMMUNITY HEALTH CENTER OF C APE COD Y MCA OF CAPE COD Y OUTH SUICIDE PREVENTION PROJECT

Identifier	Return Reference	Explanation
DATA SOURCES		COMMUNITY FOCUS GROUPS, HOSPITAL, CONSUMER GROUP, INTERVIEWS, MASSCHIP, PUBLIC HEALTH PERS ONNEL, SURVEYS, CHINA COMMUNITY BENEFITS PROGRAMS FINANCIAL COUNSELING & ASSISTANCE PROGRAM TYPE COMMUNITY EDUCATION,COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,DIRECT SER VICES,HEALTH COVERAGE SUBSIDIES OR ENROLLMENT,OUTREACH TO UNDERSERVED STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OF OBJECTIVE T HE FINANCIAL ASSISTANCE AND COUNSELING PROGRAM AT CAPE COD HOSPITAL AND FALMOUTH HOSPITAL PROVIDE COMPREHENSIVE SERVICES TO COMMUNITY MEMBERS SEEKING PUBLIC INSURANCE ENROLLMENT AN D RE-VERIFICATION OF ENROLLMENT FOR PUBLIC INSURANCE COVERAGE FINANCIAL COUNSELORS ARE DE DICATED TO IMPROVING ACCESS TO CARE THROUGH ELIGIBILITY SCREENING, ASSESSED AFFORDABILITY AND FINANCIAL COUNSELING TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDIC ATOR ACCESS TO HEALTH CARE, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION INCREASE ACCESS TO CARE THROUGH ENROLLM ENT ASSISTANCE AND FINANCIAL COUNSELING GOAL STATUS OVER 2,950 APPLICATIONS FOR HEALTH I NSURANCE COVERAGE WERE SUBMITTED THROUGH FINANCIAL COUNSELING AND ASSISTANCE EFFORTS AT CA PE COD HOSPITAL AND FALMOUTH HOSPITAL 2 GOAL DESCRIPTION IMPROVE COMMUNITY AWARENESS OF STATE AND FEDERAL INSURANCE PROGRAMS GOAL STATUS PROVIDED OUTREACH AND EDUCATION TO COMM UNITY ORGANIZATIONS AND HOSPITAL DEPARTMENTS TO BUILD AWARENESS OF INSURANCE OPTIONS AND T HE ENROLLMENT PROCESS PROGRAM EFFORTS ONGOING IN FY14 PARTNERS PARTNER NAME, DESCRIPTION AND WEB ADDRESS COMMUNITY ACTION COMMITTEE OF CAPE COD AND ISLANDS HTTP://WWW CACCI CC/ T HE FALMOUTH SERVICE CENTER WWW FALMOUTHSERVICECENTER ORG FALMOUTH HUMAN SERVICES WWW FALMO UTHHUMANSERVICES ORG VICTIM'S COMPENSATION OFFICE, MA ATTORNEY GENERAL'S OFFICE WWW MASS G OV BRAMBLEBUSH PEDIATRICS WWW BRANMBLEBUSHPEDIATRICS COM THE FAMILY PANTRY WWW THEFAMILYPA NTRY COM WE CAN WWW WECANCENTER ORG COMMUNITY HEALTH CENTER OF CAPE COD WWW CHCOFCAPECOD O RG CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 8 8 LEWIS BAY ROAD, HYANNIS, MA 02601 PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED REACHING ELDERS WITH ADDITIONAL COMMUNITY HELP [REACH] CAPE & ISLANDS EMERGENCY MEDICAL SERVICES SYSTEM (CIEMSS) PROGRAM TYPE COMMUNITY PARTICIPATION/ CAPACITY BUILDING INITIATIVE,DIRECT SERVICES,GRANT/DONATION/FOUNDATION/SCHOLARSHIP,HEALTH PROFESSIONAL/STAFF TRAINING,HEALTH SCREENING,OUTREACH TO UNDERSERVED,PREVENTION STATEWIDE PRIORITY CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VU LNERABLE POPULATIONS, REDUCING HEALTH DISPARITY BRIEF DESCRIPTION OR OBJECTIVE REACH OPER ATES THROUGH AN ANNUAL COMMUNITY BENEFITS GRANT TO SUPPORT REGIONAL EFFORTS TO IDENTIFY AN D ASSIST HIGH RISK-SENIORS WHO ARE OFTEN ISOLATED AND FACE DIFFICULTY NAVIGATING AVAILABLE SERVICES IN OUR REGION REACH COORDINATES SERVICES FOR SENIORS IN THEIR HOMES THROUGH THE PROVISION OF REFERRALS TO APPROPRIATE ORGANIZATIONS BY WORKING IN CONJUNCTION WITH COUNC ILS ON AGING, ELDER SERVICES, THE VISITING NURSES ASSOCIATION, EMERGENCY MEDICAL SERVICES AND OTHER COMMUNITY PARTNERS, ISSUES SUCH AS HEALTH, SAFETY, COGNITIVE STATUS, SOCIAL FUNC TIONING AND RISK OF SUICIDE ARE ASSESSED AND APPROPRIATE PLANS ARE DEVELOPED TO ACHIEVE OP TIMAL DAILY LIVING STATUS FOR IDENTIFIED SENIORS AGES 60 YEARS AND OLDER ON CAPE COD SENI ORS ARE PRIMARILY IDENTIFIED BY EMS PROVIDERS AND OTHER AGING SERVICE PROFESSIONALS AS HAV ING 'UNMET NEEDS' REACH ALSO COORDINATES COALITIONS AND TRAININGS FOR COMMUNITY SERVICE P ROVIDERS TARGETING EMERGING ISSUES AND TRENDS THAT SPECIFICALLY IMPACT SENIOR HEALTH AND W ELL-BEING INCLUDING CHRONIC DISEASE SELF-MANAGEMENT, HEALTHY-AGING ACTIVITIES AND TRANSPOR TATION TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HE ALTH CARE, ENVIRONMENTAL QUALITY, INJURY AND VIOLENCE, MENTAL HEALTH, OTHER ALCOHOL AND S UBSTANCE ABUSE, OTHER ALZHEIMER DISEASE, OTHER BEREAVEMENT, OTHER ELDER CARE, OTHER FI RST AID/ACLS/CPR, OTHER HOMEBOUND, OTHER SAFETY, OTHER SAFETY - HOME SEX ALL AGE GROUP ADULT-ELDER ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION INCREASE ACCESS TO CARE THROUGH COMMUNITY COLLABORATION AND COORDINATION REFERRALS FOR AT LEAST 300 FRAIL ELD ERLY RESIDENTS GOAL STATUS IDENTIFIED AT RISK ELDERS AND 281 ELDERS RECEIVED COMMUNITY-BA SED WRAP AROUND SERVICES 2 GOAL DESCRIPTION CONTINUE SUPPORT AND DISPATCH SERVICES FOR WE LLNESS AND SUICIDE PREVENTION THROUGH UTILIZATION OF PARTNER ORGANIZATIONS AND CLINICIANS GOAL STATUS PROVIDED ADDITIONAL SUPPORT TO 82 ELDERS FROM VNA RN WELLNESS COACH AND OR ME NTAL HEALTH CLINICAL COACH 3 GOAL DESCRIPTION BUILD CAPACITY TO OFFER CHRONIC DISEASE SEL F-MANAGEMENT (CDSM) CLASSES TO SENIORS THROUGH TRA

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DATA SOURCES		INING ADDITIONAL PROGRAM LAY LEADERS GOAL STATUS THIRTY-FOUR (34) LAY LEADERS WERE TRAINE D TO CONDUCT CDSM CLASSES ACROSS THE REGION AN ADDITIONAL COMMUNITY BENEFITS GRANT PROVID ED FUNDING TO TRAIN THREE (3) MASTER TRAINERS WHICH WILL PROVIDE LOCAL CAPACITY TO TRAIN A DDITIONAL LAY LEADERS PARTNERS PARTNER NAME, DESCRIPTION, PARTNER WEB ADDRESS CAPE & ISLA NDS EMERGENCY MEDICAL SERVICE SYSTEM (CIEMSS) HTTP//WWW CIEMSS ORG/ COUNCIL ON AGING ON C APE COD HTTP//WWW ALLCAPECOD COM/CCIC/SENIORCENTERS CFM ELDER SERVICES OF CAPE COD HTTP/ /WWW ESCCI ORG/ VISITING NURSE ASSOCIATION WWW VNACAPECOD ORG CONTACT INFORMATION LISA GU Y ON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HY ANNIS, MA 0 2601 PHONE 508-862-7896, LGUY ON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

Identifier	Return Reference	Explanation
COMMUNITY BASED INTERPRETER SERVICES		PROGRAM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,DIRECT SERVICES,GRANT/DONATION/FOUNDATION/SCHOLARSHIP,HEALTH COVERAGE SUBSIDIES OR ENROLLMENT,HEALTH PROFESSIONAL /STAFF TRAINING,HEALTH SCREENING,OUTREACH TO UNDERSERVED,PHYSICIAN/PROVIDER DIVERSITY,SCHOOL/HEALTH CENTER PARTNERSHIP STATEWIDE PRIORITY PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY BRIEF DESCRIPTION OR OBJECTIVE CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDES ANNUAL SUPPORT TO IMPROVE ACCESS TO PRIMARY AND SPECIALTY CARE FOR INDIVIDUALS THAT FACE BARRIERS TO CARE DUE TO LANGUAGE THROUGH THE COMMUNITY BASED INTERPRETER SERVICES PROGRAM THE PROGRAM DISPATCHES FREE MEDICAL LANGUAGE INTERPRETERS TO COMMUNITY-BASED PHYSICIAN PRACTICES TO ASSIST 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 COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER UNINSURED/ UNDERINSURED SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION INCREASE ACCESS TO CARE BY PROVIDING MEDICAL LANGUAGE INTERPRETATIONS IN COMMUNITY-BASED PRIMARY CARE AND SPECIALTY SETTINGS GOAL STATUS COLLABORATION WITH COMMUNITY HEALTH CENTERS AND PHYSICIAN OFFICES RESULTED IN 857 LANGUAGE INTERPRETATIONS IN FY13 OVER 80% OF REQUESTED INTERPRETATIONS WERE FOR RESIDENTS SPEAKING PORTUGUESE AND 18% FOR RESIDENTS SPEAKING SPANISH 1 GOAL DESCRIPTION PROVIDE EDUCATION AND OUTREACH TO COMMUNITY BASED HEALTH CARE PROVIDERS TO REDUCE HEALTH CARE DISPARITIES FOR LIMITED AND NON-ENGLISH SPEAKING PEOPLE GOAL STATUS ENSURED PHYSICIANS AND PROVIDERS UNDERSTOOD THE SIGNIFICANCE OF UTILIZING INTERPRETER SERVICES THROUGH THE DISTRIBUTION OF THOUSANDS OF BROCHURES AND OFFERING IN-SERVICE OPPORTUNITIES PROGRAM EFFORTS ARE ONGOING IN FY14 PARTNERS PARTNER NAME, DESCRIPTION AND WEB ADDRESS COMMUNITY HEALTH CENTER OF CAPE COD THE SPECIALTY NETWORK FOR THE UNINSURED HTTP://WWW.CHCOFCAPECOD.ORG/ COMMUNITY-BASED MEDICAL OFFICES ON CAPE COD VARIOUS CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH.ORG DETAILED DESCRIPTION NOT SPECIFIED SPECIALITY NETWORK FOR THE UNINSURED (SNU) PROGRAM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,DIRECT SERVICES,GRANT/DONATION/FOUNDATION/SCHOLARSHIP,HEALTH COVERAGE SUBSIDIES OR ENROLLMENT,HEALTH SCREENING,OUTREACH TO UNDERSERVED,PHYSICIAN/PROVIDER DIVERSITY,PREVENTION,SCHOOL/HEALTH CENTER PARTNERSHIP 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 BRIEF DESCRIPTION OF OBJECTIVE CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDES ANNUAL SUPPORT TO INCREASE ACCESS TO SPECIALTY CARE FOR THE UNINSURED THROUGH THE SPECIALTY NETWORK FOR THE UNINSURED (SNU) THE PROGRAM WAS ESTABLISHED AND IS MANAGED IN COLLABORATION WITH LOCAL COMMUNITY HEALTH CENTERS TO PROVIDE APPOINTMENTS TO SPECIALISTS WHO PROVIDE FREE OR SIGNIFICANTLY REDUCED SLIDING-SCALE FEE STRUCTURE FOR OFFICE VISITS, PROCEDURES AND CONTINUED CARE OF UNINSURED INDIVIDUALS THE PROGRAM ALSO COORDINATES ON-SITE SPECIALTY CLINICS PROVIDING CARDIOLOGY, ORTHOPEDIC AND DIABETIC EYE-EXAM SERVICES BY VOLUNTEER PHYSICIANS TARGET POPULATION REGIONS SERVED COUNTY - BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, IMMUNIZATION, OTHER ALZHEIMER DISEASE, OTHER ARTHRITIS, OTHER ASTHMA/ALLERGIES, OTHER CANCER, OTHER CARDIAC DISEASE, OTHER CHRONIC PAIN, OTHER COLITIS/CROHN DISEASE, OTHER CULTURAL COMPETENCY, OTHER DIABETES, OTHER HEPATITIS, OTHER HIV/AIDS, OTHER HYPERTENSION, OTHER LYME DISEASE, OTHER OSTEOPOROSIS/MENOPAUSE, OTHER PARKINSON'S DISEASE, OTHER PULMONARY DISEASE/TUBERCULOSIS, OTHER STROKE, OTHER UNINSURED/UNDERINSURED, OTHER VISION, OVERWEIGHT AND OBESITY SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION INCREASE ACCESS TO SPECIALTY CARE FOR LOW-INCOME, UNINSURED AND UNDER-INSURED INDIVIDUALS GOAL STATUS THE SPECIALTY NETWORK FOR THE UNINSURED PROVIDED 725 PATIENT APPOINTMENTS WITH SPECIALISTS PROGRAM EFFORTS ARE ONGOING IN FY14 2 GOAL DESCRIPTION MAINTAIN A STABLE NETWORK OF MEDICAL SPECIALIST IN THE REGION TO ACCEPT PATIENTS FOR SPECIALTY CARE AT NO COST OR A SIGNIFICANTLY REDUCED SLIDING-SCALE FEE GOAL STATUS THE PROGRAM MAINTAINED AND DEVELOPED AGREEMENTS WITH 71 SPECIALISTS THROUGHOUT THE REGION TO WHICH PATIENTS WERE REFERRED PARTNER NAME, DESCRIPTION AND WEB ADDRESS COMMUNITY HEALTH CENTER OF CAPE COD HTTP://WWW.CHCOFCAPECOD.ORG/ HARBOR COMMUNITY HEALTH CENTER- HYANNIS WWW.HHSI.US DUFFY HEALTH CENTER WWW.DUFFYHEALTHCENTER.ORG NANTUCKET COTTAGE HOSPITAL WWW.NANTUCKETHOSPITAL.ORG ISLAND HEAL

Identifier	Return Reference	Explanation
COMMUNITY BASED INTERPRETER SERVICES		TH CARE WWW IHIMV ORG CAPE COD HEALTHCARE WWW CAPECODHEALTH ORG CONTACT INFORMATION LISA GUYON, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA, 02601, PHONE 508-862-7896, LG UYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED PRESCRIPTION ASSISTANCE PROGRAM CAPE COD HOSPITAL AND FALMOUTH HOSPITAL PROGRAM TYPE OUTREACH TO UNDERSERVED STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISAD VANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARI TY BRIEF DESCRIPTION OR OBJECTIVE THE PRESCRIPTION ASSISTANCE PROGRAM IS AN INITIATIVE OF CAPE COD HOSPITAL AND FALMOUTH HOSPITAL EMERGENCY, BEHAVIORAL HEALTH AND PHARMACY DEPARTM ENTS AS A COMMUNITY BENEFIT TO HELP UNINSURED, UNDER-INSURED AND FINANCIALLY DISADVANTAGED PATIENTS WHO HAVE NO OTHER VIABLE MEANS TO PAY FOR MEDICATIONS UPON DISCHARGE FROM HOSPIT AL FACILITIES TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCES S TO HEALTH CARE, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOALS 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 AND BEHAVIORAL HEALTH DEPARTMENTS PROVIDED PRESCRIPTION ASSISTANCE TOT ALING $42,320 FOR UNINSURED, UNDERINSURED OR FINANCIALLY CHALLENGED PATIENTS WHO WERE UNAB LE TO AFFORD PRESCRIPTIONS UPON DISCHARGE PARTNER NAME, DESCRIPTION AND WEB ADDRESS LOCAL PHARMACIES N/A CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601 PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED TRANSPORTATION ASSISTANCE PROGRAM CAPE COD HOSPI TAL AND FALMOUTH HOSPITAL PROGRAM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATI VE,DIRECT SERVICES,GRANT/DONATION/FOUNDATION/SCHOLARSHIP STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, REDUCING HEALTH DISPARITY BRIEF DESCRIPTION OR OBJECTIVE I N AN EFFORT TO ASSIST LOW-INCOME AND VULNERABLE POPULATIONS, CAPE COD HOSPITAL AND FALMOUT H HOSPITAL PROVIDE TRANSPORTATION UPON DISCHARGE FROM EMERGENCY AND BEHAVIORAL HEALTH DEPA RTMENTS, TO THOSE PATIENTS WITHOUT RESOURCES, FOR TRANSPORTATION TARGET POPULATION REGION S SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER SAFETY, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GO AL DESCRIPTION ASSIST PEOPLE WHO ARE UNABLE TO AFFORD OR ACCESS TRANSPORTATION TO ENSURE C OMPLIANCE WITH THEIR DISCHARGE PLAN GOAL STATUS CAPE COD HOSPITAL AND FALMOUTH HOSPITAL E MERGENCY AND BEHAVIORAL HEALTH DEPARTMENTS PROVIDED TAXI VOUCHERS TOTALING $33,522 FOR UNI NSURED, UNDER-INSURED OR FINANCIALLY DISADVANTAGED PATIENTS UPON DISCHARGE PROGRAM EFFORT S ARE ONGOING IN FY14 PARTNERS PARTNER NAME, DESCRIPTION AND WEB ADDRESS LOCAL TAXI COMPA NIES N/A CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHC ARE, 88 LEWIS BAY ROAD, HYANNIS, MA, 02601 PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG D ETAILED DESCRIPTION NOT SPECIFIED

Identifier	Return Reference	Explanation
SUPPORT OF CHNA 27 AND COMMUNITY-BASED AGENCIES DETERMINATION OF NEED		SUPPORT OF CHNA 27 AND COMMUNITY-BASED AGENCIES DETERMINATION OF NEED PROGRAM TYPE COMMU NITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,DIRECT SERVICES,GRANT/DONATION/FOUNDATION/ SCHOLARSHIP,HEALTHY COMMUNITIES PARTNERSHIP,OUTREACH TO UNDERSERVED,PREVENTION STATEWIDE P RIORITY CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VUL NERABLE POPULATIONS, REDUCING HEALTH DISPARITY BRIEF DESCRIPTION OF OBJECTIVE TOTAL FUNDI NG OF $401,000 HAS BEEN DESIGNATED TO ADDRESS ISSUES THAT ELIMINATE HEALTH DISPARITIES, PR OMOTE 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 ENDORSED BY THE COMMUNITY HEALTH NETWORK AREA 27 (C APE COD AND THE ISLANDS) THIS PROGRAM WAS SPECIFIED AS PART OF CAPE COD HOSPITAL'S DETERM INATION OF NEED REQUIREMENT FOR THE CLARK CANCER CENTER DEVELOPMENT AND LICENSURE TARGET POPULATION REGIONS SERVED BARNSTABLE, COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEAL TH CARE, MENTAL HEALTH, OTHER ALZHEIMER DISEASE, OTHER DIABETES, OTHER ELDER CARE, OTHE R NUTRITION, OTHER SAFETY - HOME, OTHER UNINSURED/UNDERINSURED, OTHER VISION SEX ALL AGE GROUP ADULT-ELDER ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION EXPAND THE CAPACITY OF THE COMMUNITY HEALTH NETWORK 27 AND ISSUE AN RFP SUPPORTING COLLABORATIVE, ME ASURABLE AND EVIDENCED-BASED REGIONAL PROGRAMS FOR SENIORS AND/OR DISABLED INDIVIDUALS THA T PROVIDES AN IMPACT ON THE MOST URGENT NEEDS OF THE IDENTIFIED TARGET POPULATION GOAL ST ATUS IN 2013, CAPE COD HEALTHCARE PROVIDED $80,200 IN DETERMINATION OF NEED FUNDS TO CHNA 27 THOSE FUNDS WERE UTILIZED TO SUPPORT A PART-TIME CHNA 27 COORDINATOR AND PROVIDE GRANT AWARDS TO FOUR ORGANIZATIONS THAT MET FUNDING CRITERIA PARTNER NAME, DESCRIPTION AND WEB ADDRESS THE CAPE COD FOUNDATION HTTP://WWW CAPECODFOUNDATION ORG/ CHNA 27 HTTP://WWW BCHU MANSERVICES NET/COMMUNITY-HEALTH-NETWORK-AREA-CHNA/ COMMUNITY HEALTH CENTER OF CAPE COD WW W CHCOFCAPECOD ORG DUFFY HEALTH CENTER WWW DUFFYHEALTHCENTER ORG SIGHT LOSS SERVICES HTTP //WWW JWEN COM/SLS/ DAYBREAK SUPPORTIVE DAY PROGRAM WWW DAYBREAKTRURO ORG CONTACT INFORMAT ION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, H YANNIS, MA 02601 PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT S PECIFIED HEALTH INSURANCE ENROLLMENT PROGRAM WITH LINKAGES TO HEALTHY AGING EDUCATION PROJ ECT COMMUNITY ACTION COMMITTEE OF CAPE COD AND THE ISLANDS PROGRAM TYPE COMMUNITY EDUCAT ION,COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE, DIRECT SERVICES, GRANT/DONATION/ FOUNDATION/SCHOLARSHIP, HEALTH COVERAGE SUBSIDIES OR ENROLLMENT, OUTREACH TO UNDERSERVED, SCHOOL/HEALTH CENTER PARTNERSHIP STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNI NSURED, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY, SUPPORTIN G HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDED A GRANT TO SUPPORT COMMUNITY ACTION COMMITTEE OF CAPE COD AND THE ISLANDS EFFORT TO INCREASE HEALTH CARE INSURANCE ENROLLMENT AMONGST IMMIGRANT AND LOW-INCOME FAMILIES AC ROSS BARNSTABLE COUNTY THIS PROGRAM PROVIDES BI-LINGUAL HEALTH CARE ENROLLMENT AND RE-ENR OLLMENT SERVICES, LINKAGES TO PRIMARY CARE PROVIDERS, CONSUMER EDUCATION WORKSHOPS AND COU NSELING AND OUTREACH TO SENIORS AND CAREGIVERS IN THE BRAZILIAN COMMUNITY ON CAPE COD TO B UILD HEALTHY AGING SKILL SETS AND KNOWLEDGE TARGET POPULATION REGIONS SERVED COUNTY-BARN STABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER CULTURAL COMPETENCY, OTHER EDUCATI ON/LEARNING ISSUES, OTHER ELDER CARE, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP A LL ETHNIC GROUP ALL LANGUAGE ALL, PORTUGUESE, SPANISH GOALS 1 GOAL DESCRIPTION ASSIST 1, 600 INDIVIDUALS WITH HEALTH INSURANCE ENROLLMENT AND RE-ENROLLMENT NEEDS GOAL STATUS ASSI STED 1,845 INDIVIDUALS WITH HEALTH INSURANCE ENROLLMENT AND RE-ENROLLMENT IN BARNSTABLE CO UNTY 2 GOAL DESCRIPTION HEALTH INSURANCE CONSUMER EDUCATION WORKSHOPS AND COUNSELING WILL BE OFFERED TO INDIVIDUALS GOAL STATUS OVER 940 INDIVIDUALS, 51% OF ALL INDIVIDUALS RECEI VING ENROLLMENT SERVICES, RECEIVED ONE ON ONE COUNSELING/EDUCATION OR ATTENDED CONSUMER ED UCATION WORKSHOPS 3 GOAL DESCRIPTION LINK NEWLY INSURED INDIVIDUALS AND FAMILIES TO PRIMA RY CARE PROVIDERS GOAL STATUS APPROXIMATELY 516 INDIVIDUALS, 28% OF ALL INDIVIDUALS RECEI VING ENROLLMENT SERVICES, RECEIVED REFERRALS TO PRIMARY CARE PROVIDERS 4 GOAL DESCRIPTION DISTRIBUTE HEALTHY AGING TOOL-KITS TO CAREGIVERS AND SENIORS IN THE BRAZILIAN COMMUNITY GOAL STATUS EIGHTY-SEVEN, (87) TOOL KITS WERE DISTRIBUTED TO BRAZILIAN RESIDENTS OVER THE AGE OF 60 OR THEIR CAREGIVERS PARTNER NAME DESCRIPTION, WEB ADDRESS BARNSTABLE HIGH SCHOO L WWW BARNSTABLE K12 MA US/BHS/ FALMOUTH SERVICE CENTER WWW FALMOUTHSERVICECENTER ORG/ HEA LTH IMPERATIVES - CAPE COD WIC WWW HEALTHIMPERATIV

Identifier	Return Reference	Explanation
SUPPORT OF CHNA 27 AND COMMUNITY-BASED AGENCIES DETERMINATION OF NEED		ES ORG COMMUNITY ACTION COMMITTEE OF CAPE COD & ISLANDS WWW CACCI CC A BABY CENTER WWW ABA BY CENTER ORG DUFFY HEALTH CENTER WWW DUFFY HEALTHCENTER ORG HARBOR COMMUNITY HEALTH CENTER- HYANNIS WWW HHSI US/CAPECOD MASSHEALTH TRAINING FORUMS WWW MASSHEALTHMTF ORG CAREER OPPORT UNITIES CENTER WWW CAPEJOBS COM THE FORESTDALE SCHOOL HTTP//WWW EDLINE NET/PAGES/FORESTDA LE_SCHOOL CONTACT INFORMATION LISA GUY ON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTH CARE, 88 LEWIS BAY ROAD, HY ANNIS, MA 02601, PHONE 508-862-7896, LGUY ON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED SUPPORTING ACCESS TO CARE FOR HOMELESS AND AT RISK ADU LTS AT THE DUFFY HEALTH CENTER PROGRAM TY PE COMMUNITY EDUCATION,COMMUNITY PARTICIPATION/C APACITY BUILDING INITIATIVE,DIRECT SERVICES,GRANT/DONATION/FOUNDATION/SCHOLARSHIP,HEALTH C OVERAGE SUBSIDIES OR ENROLLMENT,OUTREACH TO UNDERSERVED,SCHOOL/HEALTH CENTER PARTNERSHIP S TATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, PROMOTING WELLNESS OF VULN ERABLE POPULATIONS, REDUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPT ION 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 MA SSHEALTH, COMMONWEALTH CARE, AND OTHER STATE INSURANCE PRODUCTS CLIENTS RECEIVED ONGOING ACCESS TO CARE, INCLUDING REFERRALS TO PRIMARY CARE PHY SICIANS AND OTHER APPROPRIATE PROVI DERS TO IMPROVE CHRONIC DISEASE MANAGEMENT AND PROMOTE OLDER ADULT WELLNESS IN ADDITION T O BENEFIT ENROLLMENT FUNDING, CCHC COMMUNITY BENEFITS PROVIDED SUPPORT TO DUFFY HEALTH CEN TER FOR PROVIDER RECRUITMENT TO EXPAND ACCESS TO CARE FOR VULNERABLE POPULATIONS TARGET P OPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR OTHER HOMELESSNESS, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP ADULT ETHNIC GROUP ALL LANGUAGE ALL 1 GOAL DE SCRIPTION TO COORDINATE AND FACILITATE HEALTH CARE INSURANCE ASSISTANCE, ENROLLMENT AND RE -ENROLLMENT SERVICES FOR LOW-INCOME AND VULNERABLE POPULATIONS GOAL STATUS THE BENEFITS C OORDINATOR PROVIDED HEALTH INSURANCE ENROLLMENT AND RE-ENROLLMENT SERVICES THROUGH 268 INI TIAL MEETINGS WITH CLIENTS AND 548 FOLLOW-UP VISITS NINETY PERCENT (90%) OF INDIVIDUALS W ERE ENROLLED OR RE-ENROLLED IN HEALTH INSURANCE PLANS 2 GOAL DESCRIPTION CONNECT CONSUMER S TO PRIMARY CARE PROVIDERS AT DUFFY HEALTH CENTER OR IN THE COMMUNITY GOAL STATUS INDIVI DUALS ASSISTED WITH HEALTH INSURANCE ENROLLMENT OR RE-ENROLLMENT ONSITE WERE IMMEDIATELY R EGISTERED AS DUFFY PATIENTS PERSONS WHO WERE ASSISTED WITH BENEFITS ENROLLMENT OFF-SITE W ERE REFERRED TO THE COMMUNITY HEALTH CENTER NEAREST WHERE THEY LIVE 3 GOAL DESCRIPTION RE CRUIT, ORIENTATE AND TRAIN NEW MEDICAL PROVIDERS TO PROVIDE CAPACITY TO SERVE GROWING PATI ENT BASE GOAL STATUS TWO MID-LEVEL PROVIDERS AND ONE PHY SICIAN WERE RECRUITED IN FY13 PA RTNER NAME, DESCRIPTION AND WEB ADDRESS VETERANS AFFAIRS VARIOUS THE DUFFY HEALTH CENTER W WW DUFFY HEALTHCENTER ORG COMMUNITY ACTION COMMITTEE OF CAPE COD & THE ISLANDS WWW CACCI CC HOUSING ASSISTANCE CORPORATION WWW HACONCAPECOD ORG CONTACT INFORMATION LISA GUY ON, DIRE CTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HY ANNIS, MA 02601, PHO NE 508-862-7896, LGUY ON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

Identifier	Return Reference	Explanation
SUPPORT GROUPS AND CLASSES AT CAPE COD HOSPITAL AND FALMOUTH HOSPITAL		PROGRAM TYPE. COMMUNITY EDUCATION,DIRECT SERVICES,SUPPORT GROUP STATEWIDE PRIORITY ADDRES S UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATI ONS, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE. SUPPORT GROUPS AND CLASS ES ARE CONDUCTED ON A REGULAR BASIS AND OPEN TO ALL MEMBERS OF THE COMMUNITY REGARDLESS OF THEIR PATIENT STATUS OR TIES TO CAPE COD HOSPITAL OR FALMOUTH HOSPITAL CLASSES ARE HOSTE D AT THE HOSPITALS AND IN THE COMMUNITY TO PROVIDE ACCESS TO ALL POPULATIONS INFORMATION AND RESOURCES ARE AVAILABLE TO INDIVIDUALS, FAMILIES AND FRIENDS AND MANY INCLUDE IN-PERSO N MEETINGS AND CONTACT TO OFFER SUPPORT AND REASSURANCE THROUGH THEIR SPECIFIC DISEASE/HEA LTH CARE SITUATION TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR OTHER ARTHRITIS, OTHER BEREAVEMENT, OTHER CANCER, OTHER CHILD CARE, OTHER CHRONIC PAI N , OTHER DIABETES, OTHER HOSPICE, OTHER HYPERTENSION, OTHER NUTRITION, OTHER PARENTI NG SKILLS, OTHER PREGNANCY, OTHER STRESS MANAGEMENT SEX ALL AGE GROUP ADULT, ADULT-ELD ER, ADULT-YOUNG ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION PROVIDE SUPPORT G ROUPS FOR INDIVIDUALS, FAMILIES AND CAREGIVERS ON A CONTINUUM OF ISSUES INCLUDING CANCER S URVIVORSHIP, PRENATAL/NEW MOTHERS GROUPS, BEREAVEMENT AND CHRONIC DISEASE SELF MANAGEMENT GOAL STATUS IN FY13, 2,700 HOURS OF SUPPORT GROUPS AND CLASSES WERE OFFERED AND FACILITAT ED FOR INDIVIDUALS AND FAMILIES INFORMATION AND RESOURCES WERE INCLUDED TO ASSIST THEM WI TH THEIR SPECIFIC DISEASE OR HEALTH RELATED CIRCUMSTANCE. PARTNER NAME, DESCRIPTION AND WE B ADDRESS VISITING NURSES ASSOCIATION HTTP://WWW VNACAPECOD ORG AMERICAN CANCER SOCIETY WW W CANCER ORG YMCA CAPE COD HTTP://YMCACAPECOD ORG/ CONTACT INFORMATION LISA GUYON, DIRECT OR OF COMMUNITY BENEFITS, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYO N@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED WORKFORCE DEVELOPMENT INITIATIVES PROGRAM TYPE. COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,HEALTH PROFESSIONAL/STA FF TRAINING,MENTORSHIP/CAREER TRAINING/INTERNSHIP,SCHOOL/HEALTH CENTER PARTNERSHIP STATEWI DE PRIORITY REDUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE. CAPE COD HEALTHCARE RECOGNIZES THE IMPORTANCE OF WORKFORCE DEVELOPMENT AND SUPP ORTS THE OPPORTUNITY FOR STUDENTS FROM HIGH SCHOOL THROUGH GRADUATE SCHOOL TO HAVE A POSIT IVE AND PROFESSIONAL EXPERIENCE THROUGH INTERNSHIPS, JOB SHADOWING AND TRAINING WITH THE H EALTH CARE PROVIDERS IN SEVERAL HOSPITAL DEPARTMENTS BY TRAINING AND MENTORING STUDENTS F OR FUTURE EMPLOYMENT WE HOPE TO SUCCESSFULLY ENGAGE INDIVIDUALS SO THEY SELECT HEALTH CARE AS A VIABLE AND ADMIRABLE VOCATION, THUS DECREASING THE POTENTIAL RISK FOR PREDICTED FUTU RE SHORTAGES IN THE WORKPLACE. TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL G OALS 1 GOAL DESCRIPTION INCREASE ACCESS TO SERVICES THROUGH WORKFORCE DEVELOPMENT PARTNERS HIPS GOAL STATUS IN FY13, OVER 10,700 HOURS OF WORKFORCE DEVELOPMENT EFFORTS TOOK PLACE I NCLUDING STUDENT TRAINING, MENTORING AND JOB SHADOWING PARTNERS PARTNER NAME, DESCRIPTION AND WEB ADDRESS CAPE COD COMMUNITY COLLEGE WWW CAPECOD EDU/ UPPER CAPE REGIONAL TECHNICAL SCHOOL WWW UPPERCAPETECH COM/ CAPE COD REGIONAL TECHNICAL HIGH SCHOOL HTTP://WWW CAPETECH US/ GOODWIN COLLEGE WWW GOODWIN EDU MA COLLEGE OF PHARMACY AND HEALTH SCIENCES WWW MCPHS EDU MASSASOIT COMMUNITY COLLEGE HTTP://WWW MASSASOIT MASS EDU/ BRISTOL COMMUNITY COLLEGE W WW BRISTOL MASS EDU UMASS DARTMOUTH WWW UMASSD EDU CONTACT INFORMATION LISA GUYON, DIRECT OR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED HELPING HANDS IN-HOME SUPPORT FOR HIGH-RISK PATIENTS PROGRAM TYPE. DIRECT SERVICES,PREVENTION STATEWID E PRIORITY CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY BRIEF DESCRIPTION OR OBJECTIVE. NURSE CA SE MANAGEMENT AND MEDICATION REVIEW BY A PHARMACIST IS OFFERED IN THE PATIENT'S HOME FOR H IGH-RISK PATIENTS BEING DISCHARGED FROM CAPE COD HOSPITAL AND FALMOUTH HOSPITAL WITH A CHR ONIC DISEASE, COMPLEX MEDICATION REGIMEN, OR WHEN HIGH RISK OF FALL HAS BEEN IDENTIFIED P ATIENTS AND THEIR CAREGIVERS ARE PROVIDED COACHING ON SELF-MANAGEMENT OF THEIR CHRONIC DIS EASE, MEDICATION MANAGEMENT AND EVALUATION FOR FALL RISK AND HOME SAFETY TARGET POPULATIO N REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR INJURY AND VIOLENCE, OTHER CANCER, OTHER CHRONIC PAIN, OTHER DIABETES, OTHER ELDER CARE, OTHER HOMEBOUND, OTHER HYPERTEN SION, OTHER NUTRITION, OTHER PARKINSON'S DISEASE, OTHER PULMONARY DISEASE/TUBERCULOSIS, OTHER SAFETY - HOME SEX ALL AGE GROUP ADULT ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GO AL DESCRIPTION PROVIDE MEDICATION MANAGEMENT VISIT

Identifier	Return Reference	Explanation
SUPPORT GROUPS AND CLASSES AT CAPE COD HOSPITAL AND FALMOUTH HOSPITAL		, SERVICES AND EDUCATION POST DISCHARGE FROM CAPE COD HOSPITAL AND FALMOUTH HOSPITAL GOAL STATUS OVER 390 PATIENTS RECEIVED HOME VISITS, POST-DISCHARGE, BY A CLINICAL PHARMACIST, AT NO CHARGE, TO ASSURE PATIENTS AND THEIR CAREGIVERS WERE SELF-SUFFICIENT IN MANAGING THE IR CHRONIC DISEASE STATE AND THEIR COMPLEX MEDICATION REGIME. 2 GOAL DESCRIPTION PROVIDE H IGH-RISK PATIENTS WITH MONTHLY IN-HOME ASSESSMENT WITH A REGISTERED NURSE AND PHARMACIST A S NEEDED, TO CREATE MULTI-MONTH CARE PLAN, CARE COORDINATION AND CAREGIVER SUPPORT GOAL S TATUS PROVIDED 479 HOME VISITS TO ASSURE PATIENTS WERE RECEIVING A CONTINUUM OF SERVICES W HICH ADDRESSED THEIR SPECIFIC PLAN OF CARE INCLUDING DISEASE AND MEDICATION MANAGEMENT PR OGRAM EFFORTS ARE ONGOING IN FY14 PARTNER NAME, DESCRIPTION AND WEB ADDRESS ELDER SERVICE S OF CAPE COD AND THE ISLANDS WWW ESCCI ORG/ PHYSICIAN OFFICES ACROSS CAPE COD SKILLED NUR SING FACILITIES VARIOUS VISITING NURSE ASSOCIATION OF CAPE COD WWW VNACAPECOD ORG/ CONTACT INFORMATION LISA GUYON, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA, 02601 PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

Identifier	Return Reference	Explanation
HEALTH MENTORING FOR YOUTH BIG BROTHER BIG SISTER OF CAPE COD AND THE	ISLANDS	PROGRAM TYPE COMMUNITY EDUCATION, DIRECT SERVICES, GRANT/DONATION/FOUNDATION/SCHOLARSHIP, HEALTH SCREENING, MENTORSHIP/CAREER TRAINING/INTERNSHIP, OUTREACH TO UNDERSERVED, PREVENTION STATEWIDE PRIORITY PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY BRIEF DESCRIPTION OR OBJECTIVE IN AN EFFORT TO INCREASE GOOD HEALTH ROLE MODELS FOR HIGH-RISK YOUTH, CAPE COD HEALTHCARE COMMUNITY BENEFITS SUPPORTED BIG BROTHERS BIG SISTERS OF CAPE COD & THE ISLANDS IN A NEW INITIATIVE TO CREATE MENTORING MATCH RELATIONSHIPS FOR CHILDREN WITH SPECIFIC, IDENTIFIED HEALTH NEEDS/RISKS INCLUDING OBESITY, DIABETES, EATING DISORDERS AND SUBSTANCE ABUSE PROGRAM EFFORTS INCLUDED THE IMPLEMENTATION OF A MARKETING AND OUTREACH CAMPAIGN TO RECRUIT MENTORS WITH BACKGROUNDS IN HEALTH, WELLNESS AND FITNESS AND ESTABLISH AN ANNUAL CALENDAR OF ACTIVITIES FOR MENTORS AND MENTEES THAT FOCUSED ON HEALTH-BASED ACTIVITIES TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR MENTAL HEALTH, OTHER ALCOHOL AND SUBSTANCE ABUSE, OTHER EDUCATION/LEARNING ISSUES, OTHER SAFETY - HOME, OVERWEIGHT AND OBESITY, PHYSICAL ACTIVITY, SUBSTANCE ABUSE SEX ALL AGE GROUP ADULT-YOUNG, CHILD-PRETEEN, CHILD-PRIMARY SCHOOL, CHILD-TEEN ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION CREATE NEW MATCHES THAT MEET OR EXCEED NATIONALLY ESTABLISHED MENTORING MATCH RETENTION AND STRENGTH OF RELATIONSHIP STANDARDS GOAL STATUS IN FY13, 63 NEW MATCH RELATIONSHIPS WERE CREATED WITH 32% OF MATCHES MADE FOR YOUTH WITH IDENTIFIED HIGH-RISK HEALTH NEEDS TWELVE MONTH RETENTION RATE REACHED 75% WHICH EXCEEDS NATIONAL AVERAGE BY 10% 2 GOAL DESCRIPTION A CALENDAR OF HEALTHY ACTIVITIES WILL BE DEVELOPED FOR MENTORS AND MENTEES GOAL STATUS HEALTH AND WELLNESS ACTIVITIES WERE OFFERED TO MENTORS AND MENTEES OVER 9 MONTH GRANT CYCLE THROUGH PARTNERSHIPS WITH LOCAL BUSINESSES AND NON-PROFITS PARTNERS PARTNER NAME, DESCRIPTION, WEB ADDRESS CAPE COD NATIONAL SEASHORE WWW NPS GOV/CACO/INDEX HTM CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA, 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED SMILE ORAL HEALTH EXCELLENCE COLLABORATIVE PROGRAM TYPE COMMUNITY EDUCATION,COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,GRANT/DONATION/FOUNDATION/SCHOLARSHIP,HEALTH SCREENING,OUTREACH TO UNDERSERVED,PREVENTION STATEWIDE PRIORITY CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY BRIEF DESCRIPTION OR OBJECTIVE CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDED GRANT SUPPORT TO THE ORAL HEALTH EXCELLENCE COLLABORATIVE (OHEC) FOR EFFORTS TO EDUCATE LOW-INCOME SENIORS ABOUT THEIR ORAL HEALTH, HYGIENE ROUTINES AND DENTAL CARE RESOURCES PROGRAM ACTIVITIES INCLUDED PLACING VOLUNTEER ORAL HEALTH EDUCATORS AT EACH OF THE 15 COUNCIL ON AGING OFFICES ACROSS CAPE COD, PROVIDING ONE ON ONE ORAL HEALTH SURVEYS AND EDUCATION SESSIONS WITH SENIORS, AND REMOVING BARRIERS TO DENTAL CARE THROUGH STRENGTHENING EDUCATION, INFORMATION, COORDINATION AND REFERRAL BETWEEN RESIDENTS AND ORAL HEALTH PROVIDERS TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER DENTAL HEALTH, OTHER ELDER CARE, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP ADULT-ELDER, ALL ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION RECRUIT, TRAIN AND SECURE SMILE COUNSELORS IN EACH COUNCIL ON AGING ON CAPE COD PROVIDE BROAD COMMUNITY OUTREACH REGARDING ORAL HEALTH INFORMATION AND SERVICES GOAL STATUS VOLUNTEER SMILE COUNSELORS WERE TRAINED, MENTORED AND PLACED IN EACH OF THE 15 COUNCIL ON AGING OFFICES ON CAPE COD OVER 800 INDIVIDUALS WERE REACHED THROUGH OUTREACH AND EDUCATION EFFORTS 2 GOAL DESCRIPTION IMPROVE THE ORAL HYGIENE ROUTINES OF SENIORS THROUGH ONE ON ONE COUNSELING SESSIONS WITH SMILE COUNSELORS FACILITATE ACCESS TO DENTAL CARE AND FOLLOW-UP SERVICES FOR SENIORS WITH UNTREATED DENTAL DISEASE GOAL STATUS OVER 60 LOW-INCOME RESIDENTS AGES 65+ RECEIVED ONE ON ONE DENTAL HYGIENE COUNSELING FROM A SMILE COUNSELOR THIRTY-EIGHT (38) SENIORS RECEIVED DENTAL CARE THROUGH FACILITATION AND FOLLOW-UP OF SMILE COUNSELORS PARTNERS PARTNER NAME, DESCRIPTION AND WEB ADDRESS ORAL HEALTH EXCELLENCE COLLABORATIVE WWW ORALHEALTHEXCELLENCE NET CAPE COD DISTRICT DENTAL SOCIETY WWW MASSDENTAL ORG/CAPECOD COUNCILS ON AGING SERVING TOGETHER (COAST) WWW CAPECOAST TUMBLR COM SERVING HEALTH INFORMATION NEEDS OF ELDERS WWW CAPECODSENIORS ORG ELDER SERVICES OF CAPE COD WWW ESCCI ORG CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

Identifier	Return Reference	Explanation
COMPASSIONATE ALZHEIMER'S RESPITE, EDUCATION AND SUPPORT (CARES) PROGRAM	HOPE DEMENTIA & ALZHEIMER'S SERVICES ON CAPE COD & THE ISLANDS	PROGRAM TYPE COMMUNITY EDUCATION,COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,GRA NT/DONATION/FOUNDATION/SCHOLARSHIP,OUTREACH TO UNDERSERVED,SUPPORT GROUP STATEWIDE PRIORIT Y CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABL E POPULATIONS BRIEF DESCRIPTION OR OBJECTIVE BARNSTABLE COUNTY'S DEMOGRAPHIC PROFILE IDEN TIFIES AN AGING POPULATION INCLUDING 25% OF YEAR ROUND RESIDENTS OVER THE AGE OF 65 YEARS AND A GROWING POPULATION OF RESIDENTS OVER THE AGE OF 85 ALIGNED WITH GROWING UTILIZATION OF HEALTH CARE SERVICES, OUR AGING COMMUNITY HAS ALSO DEMONSTRATED A SIGNIFICANT NEED AND DEPENDENCE ON CAREGIVERS IN AN EFFORT TO SUPPORT CAREGIVERS IN OUR REGION, A CAPE COD HE ALTHCARE COMMUNITY BENEFITS GRANT WAS MADE TO HOPE DEMENTIA & ALZHEIMER'S SERVICES TO PROV IDE SUPPORT AND OUTREACH THROUGH THE EXPANSION OF SUPPORT GROUPS, TELEPHONE HELPLINE AND E DUCATION FOR FAMILIES AND INDIVIDUALS SUFFERING ALZHEIMER'S DISEASE AND RELATED DEMENTIAS (ADRD) TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR OTHER ALZHE IMER DISEASE, OTHER ELDER CARE, OTHER STRESS MANAGEMENT SEX ALL AGE GROUP ADULT, ADULT -ELDER, ALL ADULTS ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION SUPPORT CAREGI VERS AND INDIVIDUALS WITH ADRD THROUGH NEW SUPPORT GROUPS LOCATED THROUGHOUT CAPE COD AND A TELEPHONE HELPLINE GOAL STATUS OVER 600 CAREGIVERS AND INDIVIDUALS WITH ADRD PARTICIPAT ED IN 13 CARES (COMPASSIONATE ALZHEIMER'S RESPITE, EDUCATION AND SUPPORT) GROUPS SUPPORT WAS PROVIDED TO OVER 1,000 CAREGIVERS AND INDIVIDUALS THROUGH A TELEPHONE HELPLINE 2 GOAL DESCRIPTION PROVIDE INFORMATION AND EDUCATION ABOUT ADRD THROUGH COMMUNITY PRESENTATIONS, OUTREACH AND NEWSLETTERS GOAL STATUS NEARLY 800 INDIVIDUALS ATTENDED COMMUNITY PRESENTAT IONS OR OUTREACH ACTIVITIES AND 12,000 NEWSLETTERS WERE DISTRIBUTED IN FY13 PARTNERS PART NER NAME, DESCRIPTION AND WEB ADDRESS HOPE DEMENTIA AND ALZHEIMER'S SERVICES HTTP//HOPEHE ALTHCO ORG/SERVICES/DEMENTIA-ALZHEIMERS-SERVICES COUNCIL ON AGING-VARIOUS ORGANIZATIONS H TTP//WWW ALLCAPECOD COM/CCIC/SENIORCENTERS CFM CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA, 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED SUPPORTING ACCE SS TO CARE FOR IMMIGRANT AND LOW-INCOME INDIVIDUALS AT HARBOUR COMMUNITY HEALTH CENTER - H YANNIS PROGRAM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,DIRECT SERVICES, GRANT/DONATION/FOUNDATION/SCHOLARSHIP,HEALTH COVERAGE SUBSIDIES OR ENROLLMENT,OUTREACH TO UNDERSERVED,SCHOOL/HEALTH CENTER PARTNERSHIP STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEED S OF THE UNINSURED, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARIT Y, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE IN AN EFFORT TO INCREASE A CCESS TO HEALTH CARE FOR VULNERABLE POPULATIONS, CAPE COD HEALTHCARE PROVIDED A COMMUNITY BENEFITS GRANT TO SUPPORT THE HARBOR COMMUNITY HEALTH CENTER-HYANNIS HEALTH CARE ENROLLMEN T AND RE-ENROLLMENT SERVICES OFFERED TO LOW-INCOME AND IMMIGRANT POPULATIONS IN THE MID AN D UPPER REGIONS OF CAPE COD TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH IN DICATOR ACCESS TO HEALTH CARE, OTHER CULTURAL COMPETENCY, OTHER LANGUAGE/LITERACY, OTHE R UNINSURED/UNDERINSURED SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION PROVIDE HEALTH INSURANCE ENROLLMENT AND RE-ENROLLMENT SERVICES FOR RESIDE NTS OF THE MID AND UPPER REGION OF CAPE COD GOAL STATUS APPROXIMATELY 690 NEW APPLICATION S AND 2,150 RENEWAL APPLICATIONS WERE FACILITATED THROUGH HEALTH INSURANCE ENROLLMENT SERV ICES AT HARBOR COMMUNITY HEALTH CENTER-HYANNIS 2 GOAL DESCRIPTION PROVIDE BI-LINGUAL FINA NCIAL COUNSELING AND ENROLLMENT SERVICES AND EXPAND TIME AND DAYS THAT ENROLLMENT ASSISTAN CE IS OFFERED GOAL STATUS HARBOR COMMUNITY HEALTH CENTER-HYANNIS EMPLOYS BI-LINGUAL FINAN CIAL COUNSELORS WITH EVENING HOURS OF SERVICES DURING THE WEEK AND EXPANSION OF SERVICE HO URS ON SATURDAY AND SUNDAY PARTNERS PARTNER NAME, DESCRIPTION AND WEB ADDRESS HARBOR COMM UNITY HEALTH CENTER - HYANNIS WWW HHSI US CONTACT INFORMATION LISA GUYON, DIRECTOR OF COM MUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862 -7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED SUPPORTING ACCESS AND OUTREACH EFFORTS AT THE COMMUNITY HEALTH CENTER OF CAPE COD PROGRAM TYPE COMMUNITY EDUCAT ION, COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE, DIRECT SERVICES, GRANT/DONATION /FOUNDATION/SCHOLARSHIP, HEALTH COVERAGE SUBSIDIES OR ENROLLMENT, OUTREACH TO UNDERSERVED, SCHOOL/HEALTH CENTER PARTNERSHIP STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UN INSURED, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY, SUPPORTI NG HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE CAPE COD HEALTHCARE PROVIDED A COMMUN ITY BENEFITS GRANT TO THE COMMUNITY HEALTH CENTER

Identifier	Return Reference	Explanation
COMPASSIONATE ALZHEIMER'S RESPITE, EDUCATION AND SUPPORT (CARES) PROGRAM	HOPE DEMENTIA & ALZHEIMER'S SERVICES ON CAPE COD & THE ISLANDS	OF CAPE COD (CHCC) TO SUPPORT EFFORTS TO ASSIST PATIENTS WITH INSURANCE ENROLLMENT, IDENTI FICATION OF NEW OFF-SITE VENUES TO PROVIDE INSURANCE ENROLLMENT SERVICES, AND INCREASE OUT REACH ACTIVITIES TO SPECIAL POPULATIONS RESIDING IN THE UPPER CAPE, INCLUDING THE BRAZILIA N IMMIGRANT COMMUNITY, YOUTH, ELDER AND THE WAMPANOAG TRIBAL MEMBERS TARGET POPULATION RE GIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER UNINSURED/ UNDERINSURED SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL, PORTUGUESE, SPANISH GOALS 1 GOAL DESCRIPTION ASSIST INDIVIDUALS WITH ENROLLMENT AND RE-ENROLLMENT OF INSURANCE GOAL STATUS THE COMMUNITY HEALTH CENTER OF CAPE COD INCREASED OUTREACH AND ENROLLMENT ST AFF TO 8 FTE'S DURING GRANT CYCLE AND FACILITATED 1,470 HEALTH INSURANCE APPLICATIONS AND RE-ENROLLMENTS 2 GOAL DESCRIPTION EXPAND OUTREACH THROUGH STRENGTHENING A NETWORK OF COMM UNITY PARTNERS GOAL STATUS THE COMMUNITY HEALTH CENTER OF CAPE COD OPENED AN ENROLLMENT C ENTER IN MASHPEE AND EXTENDED ASSISTANCE SERVICES ON SATURDAY COLLABORATIONS WERE STRENGT HENED WITH AREA SCHOOLS, BARNSTABLE COUNTY SHERRIFF DEPARTMENT, AND THE FALMOUTH SERVICE C ENTER PARTNERS PARTNER NAME, DESCRIPTION AND WEB ADDRESS FALMOUTH SERVICE CENTER WWW FALM OUTHHUMANSERVICES ORG BARNSTABLE COUNTY SHERIFFS DEPARTMENT WWW BSHERIFF NET VARIOUS SCHOO L SYSTEMS N/A COMMUNITY HEALTH CENTER OF CAPE COD HTTP://WWW CHCOFCAPECOD ORG/ SANDWICH SE NIOR CENTER HTTP://WWW SANDWICHMASS ORG COMMUNITY ACTION COMMITTEE OF CAPE COD & THE ISLAN DS WWW CACCI CC/ CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEAL TH ORG DETAILED DESCRIPTION NOT SPECIFIED

Identifier	Return Reference	Explanation
SUPPORTING THE HEALTHY COMMUNITIES PROGRAM AT OTHER CAPE HEALTH SERVICES		PROGRAM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,GRANT/DONATION/FOUNDATI ON/SCHOLARSHIP,HEALTH COVERAGE SUBSIDIES OR ENROLLMENT,OUTREACH TO UNDERSERVED,SCHOOL/HEAL TH CENTER PARTNERSHIP STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, PRO MOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY, SUPPORTING HEALTHCAR E REFORM BRIEF DESCRIPTION OR OBJECTIVE IN AN EFFORT TO INCREASE HEALTH CARE ACCESS FOR V ULNERABLE POPULATIONS, CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDED GRANT SUPPORT TO OU TER CAPE HEALTH SERVICES TO SUPPORT HEALTH CARE INSURANCE ENROLLMENT AND OUTREACH SERVICES TO RESIDENTS OF THE LOWER AND OUTER REGIONS OF CAPE COD TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION PROVIDE HEALTH CARE AND COMMUNITY SERVICE ASSISTANCE TO PATIENTS AND COMMUNITY MEMBERS RESIDING IN THE LOWER AND OUTER CAPE GOAL STATUS THE TOTAL NUMBER OF RESIDENTS AND PATIENTS SERVED B Y THE HEALTHCARE ACCESS SPECIALISTS DURING GRANT CYCLE WAS 10,360 2 GOAL DESCRIPTION ENRO LL CLIENTS IN A HEALTH PLAN AND OFFER POST-ENROLLMENT ASSISTANCE GOAL STATUS APPROXIMATEL Y 796 CLIENTS WERE ASSISTED WITH APPROVED ENROLLMENT SUBMISSIONS AND 1,465 CLIENTS WITH RE-ENROLLMENT/ELIGIBILITY REVIEW VERIFICATIONS 3 GOAL DESCRIPTION ASSIST CLIENTS WITH A REF ERAL TO A PRIMARY CARE PROVIDER AND ADDITIONAL COMMUNITY SERVICES GOAL STATUS OVER 1,135 CLIENTS WERE REFERRED TO A PRIMARY CARE PROVIDER AND 5,179 INDIVIDUALS WERE CONNECTED TO O THER SERVICES AND PROGRAMS PARTNERS PARTNER NAME, DESCRIPTION AND WEB ADDRESS OUTER CAPE HEALTH SERVICES WWW OUTERCAPE ORG WE CAN WWW WECANCENTER ORG CONTACT INFORMATION LISA GUY ON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HY ANNIS, MA 02 601, PHONE 508-862-7896, LGUY ON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED MED ICAL TRANSPORTATION FOR THE CHRONICALLY ILL FROM THE OUTER CAPE HELPING OUR WOMEN PROGRAM TYPE DIRECT SERVICES,GRANT/DONATION/FOUNDATION/SCHOLARSHIP,OUTREACH TO UNDERSERVED STATE WIDE PRIORITY CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, REDUCING HEALTH DIS PARITY BRIEF DESCRIPTION OR OBJECTIVE IN AN EFFORT TO REDUCE BARRIERS TO HEALTH CARE FOR RESIDENTS FROM THE MOST GEOGRAPHICALLY ISOLATED REGION, THE OUTER CAPE, CCHC COMMUNITY BEN EFITS PROVIDED A GRANT IN FY13 TO HELPING OUR WOMEN HELPING OUR WOMEN PROVIDES SAFE, RELI ABLE AND FREE TRANSPORTATION TO MEDICAL, DIAGNOSTIC TESTING AND FOLLOW-UP APPOINTMENTS FOR WOMEN WITH CHRONIC, LIFE THREATENING OR DISABLING CONDITIONS WHO RESIDE FROM EASTHAM TO P ROVINCETOWN TARGET POPULATION REGIONS SERVED EASTHAM, PROVINCETOWN, TRURO, WELLFLEET HEA LTH INDICATOR ACCESS TO HEALTH CARE, OTHER CANCER, OTHER CARDIAC DISEASE, OTHER DIABET ES, OTHER ELDER CARE, OTHER SAFETY - AUTO/PASSENGER, OTHER STROKE SEX ALL AGE GROUP A DULT, ADULT-ELDER ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION PROVIDE TRANSPO RTATION TO MEDICAL APPOINTMENTS TO RESIDENTS FROM EASTHAM TO PROVINCETOWN GOAL STATUS IN FY13, 240 UNITS OF TRANSPORTATION WERE PROVIDED FOR INDIVIDUALS FROM THE OUTER CAPE CLIEN TS FROM THE FOLLOWING TOWNS WERE ASSISTED PROVINCETOWN (119), TRURO (36), WELLFLEET (28) AND EASTHAM (17) 2 GOAL DESCRIPTION ESTABLISH AND MAINTAIN RELATIONSHIPS WITH OTHER REGIO NAL TRANSPORTATION ORGANIZATIONS TO DEVELOP TRANSPORTATION SAFETY NET FOR RESIDENTS TO ACC ESS HEALTH CARE RELATIONSHIPS ESTABLISHED OR MAINTAINED WITH CAPE COD REGIONAL TRANSPORTA TION AUTHORITY, CAPE AIR, AND COMMUNITY-BASED VOLUNTEER TRANSPORTATION ORGANIZATIONS PART NERS PARTNER NAME, DESCRIPTION, WEB ADDRESS PROVINCETOWN COUNCIL ON AGING WWW PROVINCETOWN -MA GOV EASTHAM COUNCIL ON AGING WWW EASTHAM-MA GOV TRURO COUNCIL ON AGING WWW TRURO-MA GO V/COUNCIL-ON-AGING WELLFLEET COUNCIL ON AGING WWW WELLFLEETMA ORG CAPE COD REGIONAL TRANSI T AUTHORITY WWW CAPECODTRANSIT ORG CONTACT INFORMATION LISA GUY ON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HY ANNIS, MA 02601, PHONE 508-862-7896, LGUY ON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED PROGRAM TYPE COMMUNITY BENEF ITS PLANNING PROCESS,DIRECT SERVICES,GRANT/DONATION/FOUNDATION/SCHOLARSHIP,SUPPORT GROUP S TATEWIDE PRIORITY CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLN ESS OF VULNERABLE POPULATIONS BRIEF DESCRIPTION OR OBJECTIVE IN AN EFFORT TO ADDRESS GROW ING RATES OF OPIATE USE AND ABUSE BY YOUTH AND YOUNG ADULTS, CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDED A FY13 GRANT TO GOSNOLD ON CAPE COD TO PILOT INNOVATIVE STRATEGIES TO S UPPORT YOUTH IN RECOVERY OF OPIATE ADDICTION TARGET POPULATION REGIONS SERVED COUNTY-BAR NSTABLE HEALTH INDICATOR OTHER ALCOHOL AND SUBSTANCE ABUSE, SUBSTANCE ABUSE SEX ALL AGE GROUP ADULT-YOUNG ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION TO INCREASE T REATMENT COMPLIANCE RATES OF INDIVIDUALS PARTICIPA

Identifier	Return Reference	Explanation
SUPPORTING THE HEALTHY COMMUNITIES PROGRAM AT OTHER CAPE HEALTH SERVICES		TING IN PILOT PROJECT COMPLIANCE GOALS INCLUDE THAT 70% OF PILOT PARTICIPANTS WILL SUCCES SFULLY ENGAGE IN THEIR FIRST CONTINUING CARE APPOINTMENT, 50% WILL KEEP THEIR SECOND APPOI NTMENT AND 70% WILL SUSTAIN INVOLVEMENT WITH TWELVE STEP GROUPS GOAL STATUS FORTY-TWO PAT IENTS, AGES 18 TO 26 YEARS OLD, ENROLLED IN THE PROGRAM NINETY-SEVEN PERCENT (97%) OF PAT IENTS ENGAGED IN FIRST CONTINUING CARE APPOINTMENT, 90% KEPT THEIR SECOND APPOINTMENT AND 95% CONTINUED INVOLVEMENT WITH TWELVE STEP GROUPS 2 GOAL DESCRIPTION AT LEAST 70% OF PATI ENTS WILL REPORT NO ADMISSIONS TO EMERGENCY ROOMS OR ACUTE MEDICAL-SURGICAL HOSPITALS OR P SYCHIATRIC HOSPITALS DURING THE PILOT PROJECT GOAL STATUS OVER 9 MONTHS, NONE OF THE PATI ENTS ENROLLED IN THE PILOT PROGRAM HAD BEEN ADMITTED TO AN ER OR MEDICAL-SURGICAL HOSPITAL 3 GOAL DESCRIPTION LESS THAN 30% OF PATIENTS ENROLLED IN PROJECT WILL HAVE AN ADDITIONAL LEGAL CHARGE DURING THE PROJECT YEAR AND AT LEAST 60% OF PATIENTS WILL REPORT FULL OR PAR T TIME EMPLOY MENT OR ENROLLMENT IN ACADEMIC OR VOCATIONAL EMPLOY MENT PROGRAM GOAL STATUS OVER 9 MONTHS, NONE OF THE PATIENTS HAD ANY ARRESTS OR NEW LEGAL ISSUES OF THE 42 ENROLLE D PATIENTS, 50% OF PATIENTS WERE CURRENTLY EMPLOYED PARTNERS PARTNER NAME, DESCRIPTION, W EB ADDRESS GOSNOLD ON CAPE COD WWW GOSNOLD ORG CONTACT INFORMATION LISA GUY ON, DIRECTOR O F COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HY ANNIS, MA 02601, PHONE 50 8-862-7896, LGUY ON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED ADDRESSING THE ME NTAL HEALTH OF AGING POPULATIONS CAPE COD HOARDING TASK FORCE PROGRAM TY PE COMMUNITY BEN EFITS PLANNING PROCESS, COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE, GRANT/DONATI ON/FOUNDATION/SCHOLARSHIP, HEALTH PROFESSIONAL/STAFF TRAINING, SUPPORT GROUP STATEWIDE PRI ORITY PROMOTING WELLNESS OF VULNERABLE POPULATIONS BRIEF DESCRIPTION OR OBJECTIVE THE CA PE COD HOARDING TASK FORCE IS A NEWLY ESTABLISHED COALITION OF PUBLIC HEALTH AND COMMUNITY ORGANIZATIONS FORMED TO ADDRESS THE GROWING ISSUE OF HOARDING AND RELATED MENTAL HEALTH A ND PHY SICAL WELLNESS IMPACT AMONGST ELDERLY RESIDENTS IN OUR REGIONAL CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDED A GRANT IN FY13 TO ASSIST THE CAPE COD HOARDING TASK FORCE IN CREASE PUBLIC AWARENESS AND COORDINATION OF SERVICES TO ASSIST RESIDENTS FACING HOARDING A ND HEALTH ISSUES TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR EN VIRONMENTAL QUALITY, MENTAL HEALTH, OTHER ELDER CARE, OTHER SAFETY - HOME SEX ALL AGE G ROUP ADULT, ADULT-ELDER ETHNIC GROUP ALL LANGUAGE ALL GOALS 1 GOAL DESCRIPTION PROVIDE COMMUNITY EDUCATION OPPORTUNITIES, OPEN TO THE GENERAL PUBLIC, ON ISSUES RELATED TO HOARDI NG AND MENTAL HEALTH GOAL STATUS OVER 80 COMMUNITY MEMBERS ATTENDED A PUBLIC AWARENESS EV ENT ABOUT HEALTH AND WELLNESS IMPACTS OF HOARDING AND LOCAL RESOURCES AVAILABLE TO ADDRESS THE ISSUE 2 GOAL DESCRIPTION PROVIDE TRAINING FOR REGIONAL PROVIDERS OF HEALTH AND HUMAN SERVICES ON THE ISSUE OF HOARDING AND RELATED MENTAL HEALTH AND WELLNESS ISSUES GOAL STA TUS OVER 45 LOCAL PUBLIC HEALTH OFFICIALS, ELDER SERVICE PROFESSIONALS AND REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS ATTENDED HOARDING-SPECIFIC TRAININGS PARTNERS PARTNER NAME, DESCRIPTION, WEB ADDRESS CAPE COD HOARDING TASK FORCE WWW HOARDINGCAPECOD ORG GOSNOLD IN NOVATIONS IN TREATING Y OUNG ADULT OPIATE ADDICTION METROPOLITAN BOSTON HOUSING PARTNERSHIP WWW MBHP ORG/ VISITING NURSE ASSOCIATION OF CAPE COD WWW VNACAPECOD ORG CAPE & ISLANDS CO GNITIVE BEHAVIOR INSTITUTE WWW CAPECBI COM CONTACT INFORMATION LISA GUY ON, DIRECTOR OF CO MMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HY ANNIS, MA 02601, PHONE 508-86 2-7896, LGUY ON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

Identifier	Return Reference	Explanation
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 CERTAIN OFFICERS ARE COMPENSATED BY CAPE COD HEALTHCARE, INC FUNDS RAISED ARE REPORTED AT CAPE COD HEALTHCARE, INC AND AFFILIATES FORM 990, PART I, 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 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 CEO, OFFICERS, EXECUTIVES AND KEY EMPLOYEES INCLUDE THE FOLLOWING CEO - COMPENSATION WILL BE DETERMINED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, AND WILL INCLUDE CONSIDERATION OF RELEVANT MARKET DATA FURNISHED BY A DISINTERESTED COMPENSATION CONSULTANT, AND A REVIEW OF JOB PERFORMANCE. 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, 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, COLUMN (B)		THE INDIVIDUALS REPORTED AS RECEIVING COMPENSATION FROM A RELATED ORGANIZATION IN COLUMNS (E) AND (F) IN PART VII ARE EMPLOYEES AT CAPE COD HEALTHCARE, INC , A TAX-EXEMPT RELATED ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	NET ASSETS RELEASED FROM RESTRICTION ($2,981,208) TRANSFERS TO/FROM AFFILIATES $7,615,511 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT $328,087 TRANSFER OF NET ASSETS $603,674 ---------- $5,566,064

Identifier	Return Reference	Explanation
AFFILIATES INCLUDED IN GROUP RETURN		CAPE COD HOSPITAL 04-2103600 CAPE COD HUMAN SERVICES, INC 04-2323506 CAPE & ISLANDS HEALTH SERVICES 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226043614

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

2012

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" to Form 990, Part IV, line 33.)

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CAPE HEALTH INSURANCE COMPANY PO BOX 1051GT GRAND CAYMAN CJ	INSURANCE	CJ	CAPE COD HLTHCR	C CORP	0	0		Yes	
(2) CAPE COD MEDICAL OFFICE BUILDING INC 27 PARK STREET HYANNIS, MA 02601 04-2423073	RENTAL SRVCE	MA	NA	C CORP	15,000	33,353	100 000 %	Yes	
(3) POOLED INCOME FUNDS (8)	SUPPORT	MA	NA	T				Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CAPE HEALTH INSURANCE COMPANY	R	1,993,671	FMV

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

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

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

Additional Data

Return to Form

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

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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efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493226043614

TY 2012 Affiliate Listing

Name: CAPE COD HEALTHCARE INC & AFFILIATES

EIN: 90-0054984

TY 2012 Affiliate Listing

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, 2013 and 2012

Cape Cod Healthcare, Inc. and Affiliates
Index
September 30, 2013 and 2012

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Independent Auditor's Report

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

We have audited the accompanying consolidated financial statements of Cape Cod Healthcare, Inc. and its Affiliates ("Healthcare"), which comprise the consolidated balance sheets as of September 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits 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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to Healthcare's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Healthcare's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Healthcare at September 30, 2013 and 2012, and the results of their operations, their changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The 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 companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position and results of operations of the individual companies.

PricewaterhouseCoopers LLP

January 15, 2014

Cape Cod Healthcare, Inc. and Affiliates
Consolidated Balance Sheets
September 30, 2013 and 2012

	2013	2012
Assets		
Current assets		
Cash and cash equivalents	$ 44,960,636	$ 44,379,167
Short-term investments	22,589,911	20,240,710
Patient accounts receivable, less allowance for doubtful accounts of $24,789,366 and $20,225,361 in 2013 and 2012, respectively	73,140,356	71,640,492
Current portion of pledges receivable, net	4,042,879	4,271,854
Other receivables, net	9,664,661	8,877,583
Estimated settlements with third-party payors	-	2,860,584
Current portion of funds whose use is limited or restricted	16,935,201	3,177,636
Supplies	9,497,008	8,512,006
Prepaid expenses and other current assets	8,221,360	5,826,985
Total current assets	189,052,012	169,787,017
Long-term investments	235,220,631	213,528,876
Funds whose use is limited or restricted	47,215,926	48,018,175
Property and equipment, net	294,672,218	282,170,301
Deferred financing costs, net	3,484,797	4,203,775
Pledges receivable, net of current portion	10,343,401	4,616,746
Goodwill	7,978,952	7,978,952
Other assets	19,097,083	17,642,119
Total assets	$ 807,065,020	$ 747,945,961
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt and capital lease obligations	$ 9,016,117	$ 8,860,131
Accounts payable and accrued expenses	91,643,492	97,964,958
Estimated settlements with third-party payors	17,121,517	21,508,322
Other current liabilities	558,254	487,399
Total current liabilities	118,339,380	128,820,810
Interest rate swap liabilities	2,971,303	4,266,127
Other liabilities	25,349,918	23,695,843
Long-term debt and capital lease obligations, net of current portion	170,947,364	152,572,602
Total liabilities	317,607,965	309,355,382
Net assets		
Unrestricted	424,844,954	382,000,166
Temporarily restricted	35,937,257	28,607,129
Permanently restricted	28,674,844	27,983,284
Total net assets	489,457,055	438,590,579
Total liabilities and net assets	$ 807,065,020	$ 747,945,961

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, 2013 and 2012

	2013	2012
Operating Revenue		
Net patient service revenue	$ 678,986,251	$ 683,410,672
Less provision for bad debts	18,754,848	20,390,401
Net patient service revenue after provision for bad debts	660,231,403	663,020,271
Other revenue	11,477,268	15,639,116
Net assets released from restrictions used for operations	2,028,166	1,581,375
Total operating revenue	673,736,837	680,240,762
Operating Expenses		
Salaries and wages	267,157,113	259,184,646
Physicians' salaries and fees	69,823,245	53,200,585
Employee benefits	87,724,003	98,134,490
Supplies and other	189,413,292	191,012,896
Depreciation and amortization	26,718,466	25,753,632
Interest	7,203,912	8,044,539
Total operating expenses	648,040,031	635,330,788
Income from operations	25,696,806	44,909,974
Nonoperating gains (losses)		
Investment income	1,951,417	1,494,952
Realized gains on investments, net	5,791,482	4,085,689
Gifts and bequests	4,800,374	4,085,041
Fundraising expense	(861,278)	(1,407,846)
Change in fair value of interest rate swaps	1,294,824	(224,899)
Other nonoperating losses	(1,240,983)	(2,313)
Total nonoperating gains, net	11,735,836	8,030,624
Excess of revenue and gains over expenses and losses	37,432,642	52,940,598
Change in net unrealized gains on investments	2,054,930	13,040,760
Net assets released from restrictions used for purchase of property and equipment	3,357,216	14,522,987
Other	-	467,101
Increase in unrestricted net assets	$ 42,844,788	$ 80,971,446

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, 2013 and 2012

	2013	2012
Unrestricted net assets		
Excess of revenue and gains over expenses and losses	$ 37,432,642	$ 52,940,598
Change in net unrealized gains on investments	2,054,930	13,040,760
Net assets released from restrictions used for purchase of property and equipment	3,357,216	14,522,987
Other	-	467,101
Increase in unrestricted net assets	42,844,788	80,971,446
Temporarily restricted net assets		
Contributions	11,063,705	2,701,465
Investment income	184,691	108,141
Net realized and change in net unrealized gains on investments	658,714	1,616,438
Net assets released from restrictions	(5,385,382)	(16,104,362)
Change in value of split interest agreements	808,400	660,366
Increase (decrease) in temporarily restricted net assets	7,330,128	(11,017,952)
Permanently restricted net assets		
Contributions	60,508	435,091
Change in value of beneficial interest in perpetual trusts	640,364	1,587,607
Change in value of split interest agreements	(9,312)	37,256
Increase in permanently restricted net assets	691,560	2,059,954
Increase in net assets	50,866,476	72,013,448
Net assets		
Beginning of year	438,590,579	366,577,131
End of year	$ 489,457,055	$ 438,590,579

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, 2013 and 2012

	2013	2012
Cash flows from operating activities		
Increase in net assets	$ 50,866,476	$ 72,013,448
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Change in fair value of interest rate swaps	(1,294,824)	224,899
Loss (gain) on disposal of property and equipment	109,725	(327,478)
Receipt of noncash contributions	(1,409,817)	-
Loss on extinguishment of debt	1,122,667	1,599,033
Premium received upon issuance of debt	831,729	-
Depreciation and amortization	26,718,466	25,753,632
Restricted contributions received and investment income	(7,531,449)	(8,713,483)
Net realized and change in net unrealized gains on investments	(9,484,869)	(21,028,116)
Provision for bad debts	18,959,022	20,565,743
Increase (decrease) in cash resulting from a change in		
Patient accounts receivable	(20,254,712)	(28,891,518)
Pledges and other receivables	(6,488,932)	1,910,401
Supplies	(985,002)	384,664
Prepaid expenses and other current assets	(2,394,375)	534,455
Other assets	(655,876)	(530,078)
Accounts payable and accrued expenses	(6,545,801)	9,921,720
Estimated settlements with third-party payors	(1,526,221)	1,109,772
Other liabilities	1,724,930	(1,540,328)
Net cash provided by operating activities	41,761,137	72,986,766
Cash flows from investing activities		
Additions to property and equipment	(37,757,672)	(42,119,491)
Disposals of property and equipment	326,491	769,845
Purchase of investments	(166,425,803)	(193,588,860)
Proceeds from sale of investments	138,115,312	171,129,993
Net cash used in investing activities	(65,741,672)	(63,808,513)
Cash flows from financing activities		
Use of proceeds to refinance debt	(23,175,300)	(59,965,000)
Proceeds from issuance of debt	50,000,000	63,463,726
Repayment of long-term debt and capital leases	(9,297,830)	(14,253,313)
Repayment of line of credit	-	(3,450,000)
Restricted contributions received and investment income	7,531,449	8,713,483
Payments of debt issuance costs	(496,315)	(595,554)
Net cash provided by (used in) financing activities	24,562,004	(6,086,658)
Net increase in cash and cash equivalents	581,469	3,091,595
Cash and cash equivalents		
Beginning of year	44,379,167	41,287,572
End of year	$ 44,960,636	$ 44,379,167
Supplemental disclosure of noncash activities		
Assets acquired through capital leases	$ -	$ 296,113
Purchases of property and equipment included in accounts payable	701,920	926,256
Cash paid for interest	7,191,909	8,717,521

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 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 2013 and 2012, changes in prior year estimates increased net patient service revenue by approximately $4,298,000 and $4,144,000, 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 assessment to the HSN as a deduction from net patient service revenue of $3,125,000 and $2,890,000 for the years ended September 30, 2013 and 2012, 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, pledges receivable, investments, goodwill, interest rate swap liabilities, 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
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 $14,386,000 and $8,889,000 at September 30, 2013 and 2012, respectively, related to unconditional promises to give with payments due in future periods, and other funds whose use has been limited by donors Permanently restricted net assets at September 30, 2013 and 2012, 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, 2013 and 2012, amounted to approximately $713,000 and $691,000, 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 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
Healthcare's goodwill primarily relates to the acquisitions of Cape Cod Cardiology, LLC and Bayside Surgical Center 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, 2013 and 2012

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 Capitalized interest costs of $348,000 and $0 were recorded for the years ended September 30, 2013 and 2012, respectively

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 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 3%, 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

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

Recently Issued Accounting Pronouncements
In May 2011, the FASB issued new guidance enhancing the *Fair Value Measurement* standard (ASU 2011-04) to ensure that the valuation techniques for investments that are categorized within Level 3 of the fair value hierarchy are fair, consistent, and verifiable Healthcare adopted this guidance on October 1, 2012 The adoption of this guidance did not have a material impact to the consolidated financial statements

Reclassifications
Certain amounts in the accompanying 2012 financial statements have been reclassified in order to be consistent with the 2013 presentation

3. Allowance for Doubtful Accounts

Accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of accounts receivable, Healthcare analyzes its past history and identifies trends for each of its major categories of revenue (inpatient, outpatient, and professional) to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major categories of revenue in evaluating the sufficiency of the allowance for doubtful accounts Throughout the year, Healthcare, after all reasonable collection efforts have been exhausted, will write off the difference between the standard rates (or discounted rates if negotiated) and the amounts actually collected against the allowance for doubtful accounts In addition to the review of the categories of revenue, management monitors the write offs against established allowances as of a point in time to determine the appropriateness of the underlying assumptions used in estimating the allowance for doubtful accounts

Accounts receivable, prior to adjustment for doubtful accounts, is summarized as follows at September 20, 2013 and 2012

	2013	2012
Receivables		
Patients	$ 8,263,758	$ 8,777,143
Third-party payors	89,665,964	83,088,710
	97,929,722	91,865,853
Allowance for doubtful accounts	(24,789,366)	(20,225,361)
	$ 73,140,356	$ 71,640,492

Net patient service revenue before the provision for bad debts for the years ended September 30, 2013 and 2012 is summarized as follows

	2013	2012
Net patient service revenue		
Patients	$ 30,257,046	$ 28,535,155
Third-party payors	648,729,205	654,875,517
	$ 678,986,251	$ 683,410,672

4. 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 net 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 debt During 2013 and 2012, Healthcare provided approximately $7,418,000 and $6,174,000 in charity care, respectively The estimated costs of providing charity care services are based on data derived from Healthcare's ratio of cost to charges During 2013 and 2012, Healthcare received approximately $2,741,000 and $5,096,000, respectively, from the HSN for reimbursement of charity care

5. Property and Equipment

Property and equipment at September 30, 2013 and 2012 consisted of the following

	2013	2012
Land	$ 22,080,743	$ 20,354,732
Land improvements	12,117,909	11,681,570
Buildings and improvements	317,342,394	297,718,606
Fixed equipment	51,480,583	45,609,058
Major movable equipment	212,252,356	185,910,845
Assets under capital leases	11,581,599	11,714,849
	626,855,584	572,989,660
Accumulated depreciation and amortization	(341,031,922)	(315,443,278)
Property and equipment, net	285,823,662	257,546,382
Construction in progress	8,848,556	24,623,919
	$ 294,672,218	$ 282,170,301

At September 30, 2013 and 2012, Healthcare had commitments totaling approximately $21,781,000 and $7,011,000, respectively, related to construction projects Depreciation expense for the years ended September 30, 2013 and 2012 was $26,454,000 and $25,099,000, respectively

6. 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, 2013 and 2012, the composition of these investments is as follows

	September 30, 2013 Carrying Value			
	Cost	At Fair Value	At Cost	Total
Cash and temporary investments	$ 26,255,077	$ 26,255,077	$ -	$ 26,255,077
Mutual funds	154,228,081	166,181,081	-	166,181,081
U S government securities	10,560,801	10,637,880	-	10,637,880
Common and preferred stock	18,000	29,112	-	29,112
Private equity partnerships	1,046,400	-	1,046,400	1,046,400
Pooled income fund	490,883	484,831	-	484,831
Collective trusts	42,810,181	47,318,495	-	47,318,495
Limited liability companies and limited partnerships	53,130,293	-	53,130,293	53,130,293
	288,539,716	250,906,476	54,176,693	305,083,169
Perpetual trust held by third party	-	7,301,339	-	7,301,339
Beneficial interests held by third party	-	9,577,161	-	9,577,161
	$ 288,539,716	$ 267,784,976	$ 54,176,693	$ 321,961,669

	September 30, 2012 Carrying Value			
	Cost	At Fair Value	At Cost	Total
Cash and temporary investments	$ 13,380,396	$ 13,380,396	$ -	$ 13,380,396
Mutual funds	143,740,092	152,896,389	-	152,896,389
U S government securities	13,056,101	13,370,065	-	13,370,065
Common and preferred stock	13,003	22,335	-	22,335
Private equity partnerships	911,400	-	911,400	911,400
Pooled income fund	496,287	496,666	-	496,666
Collective trusts	30,668,494	34,455,255	-	34,455,255
Limited liability companies and limited partnerships	53,194,755	-	53,194,755	53,194,755
	255,460,528	214,621,106	54,106,155	268,727,261
Perpetual trust held by third party	-	7,051,247	-	7,051,247
Beneficial interests held by third party	-	9,186,889	-	9,186,889
	$ 255,460,528	$ 230,859,242	$ 54,106,155	$ 284,965,397

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 $12,045,000 and $4,777,000 as of September 30, 2013 and 2012, respectively

The fair value and unrealized depreciation of investments with a fair value less than cost for greater than twelve months, that are not deemed to be other-than-temporarily impaired was $0 and $146,000 at September 30, 2013 and 2012, respectively

At September 30, 2013 and 2012, investments are reported in the accompanying consolidated balance sheets as follows

	2013	2012
Short-term investments	$ 22,589,911	$ 20,240,710
Funds whose use is limited or restricted		
Current portion	16,935,201	3,177,636
Noncurrent portion	47,215,926	48,018,175
Long-term investments	235,220,631	213,528,876
	$ 321,961,669	$ 284,965,397

For the years ended September 30, 2013 and 2012, investment income, gains, and losses consisted of the following

	2013	2012
Investment return recorded in unrestricted net assets		
Nonoperating gains and losses		
Investment income	$ 1,951,417	$ 1,494,952
Net realized gains on investments, net	5,791,482	4,085,689
	7,742,899	5,580,641
Other changes in net unrealized gains on investments	2,054,930	13,040,760
Total investment return recorded within unrestricted net assets	9,797,829	18,621,401
Investment return recorded in temporarily restricted net assets		
Investment income	184,691	108,141
Net realized and change in net unrealized gains on investments	648,560	1,553,210
Change in value of split interest agreements	10,154	63,228
Total investment return recorded within temporarily restricted net assets	843,405	1,724,579
Investment return recorded in permanently restricted net assets		
Change in value of beneficial interest in perpetual trusts	640,364	1,587,607
Total investment return recorded within permanently restricted net assets	640,364	1,587,607
Total investment return	$ 11,281,598	$ 21,933,587

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 managers 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

There were no recorded realized losses associated with marketable investments for which the fair value was below cost as of September 30, 2013 Healthcare recorded realized losses of approximately

$725,000 associated with certain marketable investments for which the fair value was below cost as of September 30, 2012 No other unrealized losses were considered to be other-than-temporary

Funds whose use is limited consist of the following

	September 30, 2013		September 30, 2012	
	Current Portion	Long-Term Portion	Current Portion	Long-Term Portion
Externally designated funds				
Funds whose use is limited	$ 16,935,201	$ 7,187,472	$ 3,177,636	$ 10,495,015
Temporarily restricted investments	-	11,706,628	-	9,892,400
Permanently restricted investments	-	21,020,487	-	20,579,513
Perpetual trust held by third party	-	7,301,339	-	7,051,247
	$ 16,935,201	$ 47,215,926	$ 3,177,636	$ 48,018,175

As of September 30, 2013 and 2012, Healthcare has outstanding commitments of approximately $338,000 and $458,000, respectively, to fund certain private equity and real asset funds

7. 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 or similar 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 Trusts Held by Third Party
Charitable lead trust assets are valued using Healthcare's pro-rata interest in the current fair value of the underlying assets, less estimated future payments discounted to a single present value using market rates at the date of the contribution adjusted for a market risk premium, based on the expected date of the transfer of the remaining assets to Healthcare

Beneficial Interest in Trusts Held by Third Party
The estimated fair values of Healthcare's charitable remainder trust assets, where Healthcare does not serve as trustee, are determined based upon information provided by the trustees and assessed for reasonableness by management Such information is generally based on Heathcare's pro-rata interest in the net assets of the underlying investments, which will revert to Healthcare at the termination of the trust

Perpetual Trusts Held by Third Party
The estimated fair values of Healthcare's perpetual lead trust, where Healthcare does not serve as trustee, is determined based upon information provided by the trustee and assessed for reasonableness by management Such information is generally based on Heathcare's pro-rata interest in the net assets of the underlying investments to be received in perpetuity as distributions from the trust

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, 2013 and 2012 for financial assets and liabilities measured at fair value on a recurring basis

	2013			
	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, 2013
Assets				
Investments				
Cash and temporary investments	$ 26,255,077	$ -	$ -	$ 26,255,077
Mutual funds	144,411,090	21,769,991	-	166,181,081
U S government securities	10,637,880	-	-	10,637,880
Common and preferred stock	29,112	-	-	29,112
Pooled income fund	484,831	-	-	484,831
Collective trusts	-	47,318,495	-	47,318,495
Total investments, fair value	181,817,990	69,088,486	-	250,906,476
Perpetual trust held by third party	-	-	7,301,339	7,301,339
Beneficial interests held by third party	-	-	9,577,161	9,577,161
Beneficial interest lead trusts held by third party	-	-	10,457,978	10,457,978
Total assets, fair value	$ 181,817,990	$ 69,088,486	$ 27,336,478	$ 278,242,954
Liabilities				
Interest rate swaps	$ -	$ 2,971,303	$ -	$ 2,971,303
Total liabilities, fair value	$ -	$ 2,971,303	$ -	$ 2,971,303

	2012			
	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, 2012
Assets				
Investments				
Cash and temporary investments	$ 13,380,396	$ -	$ -	$ 13,380,396
Mutual funds	133,607,865	19,288,524	-	152,896,389
U S government securities	13,370,065	-	-	13,370,065
Common and preferred stock	22,335	-	-	22,335
Pooled income fund	496,666	-	-	496,666
Collective trusts	-	34,455,255	-	34,455,255
Total investments, fair value	160,877,327	53,743,779	-	214,621,106
Perpetual trust held by third party	-	-	7,051,247	7,051,247
Beneficial interests held by third party	-	-	9,186,889	9,186,889
Beneficial interest lead trusts held by third party	-	-	9,972,523	9,972,523
Total assets, fair value	$ 160,877,327	$ 53,743,779	$ 26,210,659	$ 240,831,765
Liabilities				
Interest rate swaps	$ -	$ 4,266,127	$ -	$ 4,266,127
Total liabilities, fair value	$ -	$ 4,266,127	$ -	$ 4,266,127

The following table is a rollforward of investments classified by Healthcare within Level 3 as defined previously for the year ended September 30, 2013 and 2012

Balances at September 30, 2011	$ 25,020,856
Change in value of beneficial interest in trusts held by third party	585,873
Change in value of beneficial interest in perpetual trusts	1,587,607
Distribution received from severance of lead trust	(500,000)
Reclassification to pledges receivable from severance of lead trust	(483,677)
Balances at September 30, 2012	26,210,659
Change in value of beneficial interest in trusts held by third party	485,455
Change in value of beneficial interest in perpetual trusts	640,364
Balances at September 30, 2013	$ 27,336,478

Split-interest agreements held by third parties are valued based on the group annuity mortality table and the risk-free rate of return As of September 30, 2013 and 2012, the discount rate used in performing the present value calculations at each measurement date ranged from 1% to 4%

There were no significant transfers into or out of Levels 1 and 2 for the years ended September 30, 2013 or 2012

The following table summarizes all investments recorded at net asset value ("NAV") at September 30, 2013, 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	$ 47,318,495	Daily - Monthly	5-10 days
Equity mutual funds	8,898,493	Weekly	None
Bond mutual funds	12,871,498	Weekly	5 days
	$ 69,088,486		

8. 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 $9,027,000 and $8,880,000 in 2013 and 2012, respectively, and was recorded within employee benefits expense on the consolidated statements of operations

9. Lines of Credit

Healthcare has a line of credit available that provides for advances of up to $15,000,000 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 were no amounts outstanding under this line-of-credit agreement at September 30, 2013 and 2012, respectively

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

Long-term debt at September 30, 2013 and 2012 consisted of the following

Issue	2013 Rate	2012 Rate	Final Maturity	2013	2012
Massachusetts Development Finance Agency ("MDFA") Hospital Revenue Bonds					
Fixed Rate					
Cape Cod Healthcare Obligated Group—Series C	n/a	3 0-5 25%	n/a	-	23,060,000
Cape Cod Healthcare Obligated Group—Series D	2 5-6%	2 6-6 00%	2036	58,090,000	59,585,000
Cape Cod Healthcare Obligated Group—Series 2012A	2 66%	2 66%	2022	23,220,000	25,800,000
Cape Cod Healthcare Obligated Group—Series 2013	4-5 25%	n/a	2042	50,000,000	-
Variable Rate direct placement with commercial lendor					
Cape Cod Healthcare Obligated Group —Series E	1 04%	1 16%	2022	24,533,333	27,477,333
Notes payable					
Cape Cod Hospital	3 65%	3 65%	2022	1,851,104	2,047,183
Cape Cod Healthcare Obligated Group	3 15-3 56%	3 15-3 56%	2018	10,204,475	10,625,361
Falmouth Hospital	5 96%	5 96%	2029	4,615,460	4,779,998
Cape Cod Healthcare (variable rate)	2 26%	2 73%	2020	2,526,157	2,900,403
Capital Lease obligations	n/a	n/a	n/a	3,778,464	4,527,962
				178,818,993	160,803,240
Unamortized premium (original issue discount), net				1,144,488	629,493
Current portion				(9,016,117)	(8,860,131)
Total long-term debt				$ 170,947,364	$ 152,572,602

On December 23, 2004, the Cape Cod Healthcare Obligated Group issued $65,000,000 of MDFA 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

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

On June 18, 2008, the Cape Cod Healthcare Obligated Group issued $36,710,000 of MDFA 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 January 12, 2012, Healthcare fully converted its Series E Variable Rate Bonds in the amount of $29,440,000 via a direct placement with a commercial lender The direct placement is a LIBOR-based loan with a ten year term The loan amount is fully amortized upon final maturity in 2022 Healthcare recorded a nonoperating loss on the extinguishment of debt of $574,000 related to this transaction, as of September 30, 2012

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

On February 24, 2012, Healthcare issued ten year direct placement Series 2012A bonds with a commercial bank at a fixed rate of 2 66% The bonds are fully amortized upon final maturity in 2022 The proceeds were used to retire Series B Bonds of $11,435,000 and to partially retire $13,890,000 of Series C Bonds Healthcare recorded a nonoperating loss on the extinguishment of debt of $1,025,000 related to this transaction, as of September 30, 2012

On July 11, 2013, the Cape Cod Healthcare Obligated Group issued $50,000,000 of Series 2013 MDFA Hospital Revenue Bonds with a final maturity date of November 2041 Bond issuance costs of $496,000 are recorded in prepaid expenses and other current assets and will be amortized over the life of the bonds The Series 2013 bonds were issued with an original issue premium totaling $832,000 which is recorded in long-term debt The premium will be amortized using the effective interest method over the life of the bonds A loss on extinguishment of $1,123,000 was recorded as a result of this extinguishment The bonds are collateralized by an interest in the Obligated Group's gross receipts and the mortgages on core hospital campuses

Proceeds from the Series 2013 bonds were used in part to refund the outstanding 2001 Series C bonds of $23,060,000, which were retired with an additional premium of $115,000 The remaining proceeds were used to satisfy a number of capital improvements at CCH and FH including emergency room expansions

The fair value of interest rate swap agreements at September 30, 2013 and 2012 are as follows

	2013	2012
Series A Swap	$ (2,971,303)	$ (4,246,387)
Series C Swap	-	(19,740)
	$ (2,971,303)	$ (4,266,127)

The effects of interest rate swap arrangements on the consolidated statements of operations and changes in net assets for 2013 and 2012 are as follows

		Amount of Gain (Loss) Recognized in Excess of Revenues and Gains Over Expenses and Losses for Years Ended September 30,	
	Location of Gain (Loss) in Statements of Operations	2013	2012
Series A Swap	Change in fair value of interest rate swaps	$ 1,275,084	$ (272,277)
Series C Swap	Change in fair value of interest rate swaps	19,740	47,378
		$ 1,294,824	$ (224,899)

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 $51,000 and $265,000 in 2013 and 2012, respectively

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 D, E, 2012A and 2013 Bonds are equally and ratably collateralized under the loan and trust agreements At September 30, 2013, the Cape Cod Healthcare Obligated Group consisted of CCHC, CCHC Foundation, CCH and Falmouth Hospital

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

Future Maturities
Aggregate future maturities of long-term obligations, including capital lease obligations

2014	$ 9,016,117
2015	9,107,913
2016	9,077,674
2017	8,746,835
2018	8,755,979
Thereafter	134,114,475
	$ 178,818,993

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 $181,078,000 and $166,056,000 at September 30, 2013 and 2012, respectively The long-term debt is considered a Level 2 instrument

11. Funds Held by Trustee Under Bond Indenture Agreements

At September 30, 2013 and 2012, under the terms of the agreements with MDFA, 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

	2013	2012
Debt service fund	$ 16,935,201	$ 3,177,636
Debt service reserve fund	7,187,472	10,222,446
Project and construction funds	-	272,569
	$ 24,122,673	$ 13,672,651

12. 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 $1,935,000 and $1,883,000 at September 30, 2013 and 2012, 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 $303,000 and $292,000 at September 30, 2013 and 2012, 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

13. Pledges Receivable

Pledges receivable represent unconditional promises to give These amounts are reported at their present value, discounted at rates ranging from 1 25% to 4 88% at both September 30, 2013 and 2012, and are recorded net of an allowance for uncollectible amounts Pledges receivable at September 30, 2013 and 2012 are expected to be collected as follows

	2013	2012
Amounts due		
Within one year	$ 4,517,318	$ 4,574,264
In one to five years	10,195,310	4,846,243
In more than five years	800,000	6,250
	15,512,628	9,426,757
Present value discount	(651,909)	(235,747)
Allowance for uncollectible amounts	(474,439)	(302,410)
	$ 14,386,280	$ 8,888,600

14. Restricted Net Assets

Restricted net assets are available for the following purposes

	2013	2012
Temporarily restricted		
Healthcare services	$ 19,217,803	$ 24,671,347
Buildings	16,513,838	3,742,999
Purchase of equipment	205,616	192,783
	$ 35,937,257	$ 28,607,129
Permanently restricted		
Healthcare services	$ 28,674,844	$ 27,983,284

Endowment

Healthcare's endowment consists of approximately 55 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, 2013 and 2012 and the changes in endowment assets for the years ended September 30, 2013 and 2012

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at September 30, 2011	$ 6,716,759	$ 25,923,330	$ 32,640,089
Investment return			
Investment income	70,520	-	70,520
Net realized and unrealized depreciation	1,395,924	1,624,863	3,020,787
Total investment return	1,466,444	1,624,863	3,091,307
Gifts	-	435,091	435,091
Appropriation of endowment assets for expenditure	(691,014)	-	(691,014)
Endowment net assets at September 30, 2012	7,492,189	27,983,284	35,475,473
Investment return			
Investment income	116,169	-	116,169
Net realized and unrealized depreciation	490,873	631,052	1,121,925
Total investment return	607,042	631,052	1,238,094
Gifts	-	60,508	60,508
Appropriation of endowment assets for expenditure	(713,089)	-	(713,089)
Endowment net assets at September 30, 2013	$ 7,386,142	$ 28,674,844	$ 36,060,986

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, 2013 and 2012

15. Functional Expenses

Total operating expenses by function are as follows

	2013	2012
Healthcare services	$ 596,132,024	$ 585,330,255
General and administrative	51,908,007	50,000,533
	$ 648,040,031	$ 635,330,788

16. 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 $5,345,000 and $6,288,000 in 2013 and 2012, respectively

At September 30, 2013, the aggregate future rental commitments under noncancelable leases were

	Capital Leases	Operating Leases
2014	$ 1,140,804	$ 3,156,927
2015	1,070,402	2,085,735
2016	825,990	1,113,698
2017	322,795	847,898
2018	246,948	403,182
Thereafter	1,308,304	1,481,688
Total lease payments	4,915,243	$ 9,089,128
Less Amount representing interest	(1,136,779)	
Capital lease obligations at September 30, 2013	$ 3,778,464	

Malpractice Insurance

Healthcare is 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 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 The reserves for outstanding losses at Healthcare have been discounted at a rate of 3% at both September 30, 2013 and 2012, resulting in a recorded professional liability reserve of $21,749,000 and $19,786,000 at September 30, 2013 and 2012, respectively

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, 2013 and 2012, of approximately $7,518,000 and $7,055,000, respectively, is included in accounts payable and accrued expenses

Health Insurance Plan

Healthcare is self-insured for its employee health insurance plan As such, Healthcare recorded a liability of $7,924,000 and $6,629,000 for claims incurred but not reported at September 30, 2013 and 2012, 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

17. 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, 2013 and 2012, were as follows

	2013	2012
BlueCross and BlueShield	11 %	11 %
Medicare	34	42
Medicaid	10	10
Other third-party payors	37	27
Patients	8	10
	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, 2013, to be collectible, this concentration of credit risk is expected to continue in the near term

18. Subsequent Events

Healthcare has assessed the impact of subsequent events through January 15, 2014, 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

Other Consolidating Financial Information

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Balance Sheet
September 30, 2013

	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	$ 44,960,636	$ -	$ 4,016,330	$ 1,495,903	$ 24,441,500	$ 6,186,521	$ 344,730	$ 2,413,150	$ 192,243	$ 2,366,665	$ 1,477,006	$ -	$ 611,803	$ 1,414,785
Short-term investments	22,589,911	-	-	4,997	-	-	-	-	-	-	-	-	22,584,914	-
Patient accounts receivable, net	73,140,356	-	-	-	44,571,610	16,550,319	-	5,784,873	150,751	67,122	2,021,090	-	-	3,994,591
Current portion of pledges receivable, net	4,042,879	-	-	4,042,879	-	-	-	-	-	-	-	-	-	-
Other receivables, net	9,664,661	(3,666,626)	5,168,670	50,000	4,718,547	706,866	15,137	-	98	-	409	(1,250)	2,591,688	81,122
Insurance recovery receivable	-	(18,886,874)	18,886,874	-	-	-	-	-	-	-	-	-	-	-
Current portion of investments whose use is limited or restricted														
Funds held by trustee under bond indenture agreements	16,935,201	-	-	-	15,947,507	888,107	-	-	99,587	-	-	-	-	-
Supplies	9,497,008	-	115,345	-	6,873,596	2,446,663	13,637	-	-	-	47,767	-	-	-
Prepaid expenses and other current assets	8,221,360	-	1,693,034	4,891	3,378,851	1,106,565	15,877	274,877	3,427	14,430	53,323	-	131,224	1,544,861
Due from affiliates	-	(18,140,252)	1,871,317	3,393,288	8,737,026	1,207,811	1,172,139	3,130	26,322	-	-	13,985	-	1,715,234
Total current assets	189,052,012	(40,693,752)	31,751,570	8,991,958	108,668,637	29,092,852	1,561,520	8,476,030	472,428	2,448,217	3,599,595	12,735	25,919,629	8,750,593
Long-term investments	235,220,631	(96,954,630)	93,421,174	-	111,210,656	105,995,754	-	13,352,612	-	3,677,415	4,517,650	-	-	-
Investments whose use is limited or restricted														
Funds held by trustee under bond indenture agreements, net of current portion	7,187,472	-	-	-	6,963,197	224,275	-	-	-	-	-	-	-	-
Temporarily restricted investments	11,706,628	(34,325,271)	8,050,081	3,656,547	15,258,578	18,085,427	-	800,609	-	-	180,657	-	-	-
Permanently restricted investments	11,443,326	(28,674,845)	11,443,327	-	18,705,703	4,535,586	-	2,676,354	-	-	2,757,201	-	-	-
Permanently restricted beneficial interest in perpetual trusts	16,878,500	-	16,878,500	-	-	-	-	-	-	-	-	-	-	-
Total assets whose use is limited or restricted	47,215,926	(63,000,116)	36,371,908	3,656,547	40,927,478	22,845,288	-	3,476,963	-	-	2,937,858	-	-	-
Property and equipment, net	294,672,218	-	24,728,425	178,574	191,452,631	66,213,003	364,815	2,033,619	197,777	3,944,276	4,648,143	15,000	-	895,955
Other assets														
Deferred financing costs, net	3,484,797	-	-	-	3,306,317	178,480	-	-	-	-	-	-	-	-
Pledges receivable, net of current portion	10,343,401	-	-	10,343,401	-	-	-	-	-	-	-	-	-	-
Goodwill	7,978,952	-	-	-	5,843,363	2,085,484	-	-	-	-	-	-	-	50,105
Other assets	19,097,083	-	17,946,923	-	612,660	16,000	-	-	-	-	-	-	-	521,500
Total other assets	40,904,233	-	17,946,923	10,343,401	9,762,340	2,279,964	-	-	-	-	-	-	-	571,605
Total assets	$ 807,065,020	$ (200,648,498)	$ 204,220,000	$ 23,170,480	$ 462,021,742	$ 226,426,861	$ 1,926,335	$ 27,339,224	$ 670,205	$ 10,069,908	$ 15,703,246	$ 27,735	$ 25,919,629	$ 10,218,153

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Balance Sheet
September 30, 2013

	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	$ 9,016,117	$ -	$ 374,245	$ -	$ 7,239,839	$ 1,402,033	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Accounts payable and accrued expenses	91,643,492	-	28,730,085	228,710	36,864,906	12,956,577	1,356,662	4,678,925	188,702	255,132	1,675,442	1,532	44,400	4,662,419
Professional Liability Claims	-	(18,886,874)	18,886,874	-	-	-	-	-	-	-	-	-	-	-
Estimated settlements with third-party payors	17,121,517	-	-	-	8,991,694	7,296,518	-	833,305	-	-	-	-	-	-
Due to affiliates	-	(18,140,252)	5,302,906	32,074	1,398,096	7,727,006	570,167	47,322	478,288	242,125	1,021,991	2,739	-	1,317,538
Other current liabilities	558,254	-	392,997	-	35,261	30,085	86	-	3,215	-	93,586	-	-	3,024
Total current liabilities	118,339,380	(37,027,126)	53,687,107	260,784	54,529,796	29,412,219	1,926,915	5,559,552	670,205	497,257	2,791,019	4,271	44,400	5,982,981
Other liabilities														
Interest rate swaps	2,971,303	-	-	-	2,971,303	-	-	-	-	-	-	-	-	-
Other liabilities	25,349,918	(3,666,626)	2,937,702	-	-	-	-	-	-	323,613	-	-	25,755,229	-
Total other liabilities	28,321,221	(3,666,626)	2,937,702	-	2,971,303	-	-	-	-	323,613	-	-	25,755,229	-
Long-term debt and capital lease obligations, net of current portion	170,947,364	-	2,151,913	-	141,713,303	27,082,148	-	-	-	-	-	-	-	-
Total liabilities	317,607,965	(40,693,752)	58,776,722	260,784	199,214,402	56,494,367	1,926,915	5,559,552	670,205	820,870	2,791,019	4,271	25,799,629	5,982,981
Net assets														
Unrestricted	424,844,954	(96,954,630)	98,339,148	5,401,725	228,843,059	147,311,480	(580)	18,302,709	-	9,249,038	9,974,369	23,464	120,000	4,235,172
Temporarily restricted	35,937,257	(34,325,271)	18,479,286	17,457,971	15,258,578	18,085,427	-	800,609	-	-	180,657	-	-	-
Permanently restricted	28,674,844	(28,674,845)	28,624,844	50,000	18,705,703	4,535,587	-	2,676,354	-	-	2,757,201	-	-	-
Total net assets	489,457,055	(159,954,746)	145,443,278	22,909,696	262,807,340	169,932,494	(580)	21,779,672	-	9,249,038	12,912,227	23,464	120,000	4,235,172
Total liabilities and net assets	$ 807,065,020	$ (200,648,498)	$ 204,220,000	$ 23,170,480	$ 462,021,742	$ 226,426,861	$ 1,926,335	$ 27,339,224	$ 670,205	$ 10,069,908	$ 15,703,246	$ 27,735	$ 25,919,629	$ 10,218,153

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Statement of Operations
For the year ended September 30, 2013

	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	$ 678,986,251	$ -	$ -	$ -	$ 421,420,952	$ 148,863,733	$ -	$ 46,838,815	$ 1,951,066	$ 3,938,365	$ 15,187,365	$ -	$ -	$ 40,785,955
Less provision for bad debts	18,754,848	-	-	-	13,754,987	4,105,596	-	143,898	31,236	-	117,000	-	-	602,131
Net patient service revenue after provision for bad debts	660,231,403	-	-	-	407,665,965	144,758,137	-	46,694,917	1,919,830	3,938,365	15,070,365	-	-	40,183,824
Other revenue	11,477,268	(42,177,040)	30,775,590	-	5,922,933	4,321,139	9,646,432	1,443,334	453,558	555,248	359,678	15,000	-	161,396
Net assets released from restrictions used for operations	2,028,166	-	16,767	-	654,466	453,499	-	767,783	-	-	135,651		-	-
Total revenue	673,736,837	(42,177,040)	30,792,357	-	414,243,364	149,532,775	9,646,432	48,906,034	2,373,388	4,493,613	15,565,694	15,000	-	40,345,220
Expenses														
Salaries and wages	267,157,113	-	18,444,475	-	139,084,692	55,041,678	4,899,839	29,680,200	1,450,265	1,415,525	9,407,059	-	-	7,733,380
Physicians' salaries and fees	69,823,245	-	485,771	-	38,468,255	10,605,812	51,996	26,680	252,675		102,250	-	-	19,829,806
Employee benefits	87,724,003	-	(3,456,462)	-	50,431,985	17,899,701	3,004,322	10,131,272	279,151	463,966	2,874,025	-	-	6,096,043
Supplies and other	189,413,292	(42,177,040)	13,215,502	-	142,700,449	45,595,195	1,595,803	8,220,042	911,619	962,372	3,447,935	18,848	360,196	14,562,371
Depreciation and amortization	26,718,466	-	2,113,452	-	17,658,786	5,108,125	95,054	676,938	19,883	442,319	434,874	-	-	169,035
Interest	7,203,912	-	-	-	6,186,896	1,017,016	-	-	-	-	-	-	-	-
Total expenses	648,040,031	(42,177,040)	30,802,738	-	394,531,063	135,267,527	9,647,014	48,735,132	2,913,593	3,284,182	16,266,143	18,848	360,196	48,390,635
Income (loss) from operations	25,696,806	-	(10,381)	-	19,712,301	14,265,248	(582)	170,902	(540,205)	1,209,431	(700,449)	(3,848)	(360,196)	(8,045,415)
Nonoperating gains (losses)														
Investment income	1,951,417	(629,291)	679,445	54	749,727	656,162	-	77,917	-	23,793	33,414	-	360,196	-
Realized gains (losses) on investments, net	5,791,482	(2,379,709)	2,379,709	(5,653)	2,764,800	2,522,503	-	296,783	-	94,276	118,773	-	-	-
Gifts and bequests	4,800,374	(3,654,002)	-	4,800,051	2,585,233	564,993	-	500,160	323	-	3,616	-	-	-
Fundraising expense	(861,278)	656,105	-	(861,279)	(464,199)	(102,097)	-	(89,808)	-	-	-	-	-	-
Change in fair value of interest rate swaps	1,294,824	-	-	-	1,275,084	19,740	-	-	-	-	-	-	-	-
Other nonoperating gains (losses)	(1,240,983)	-	-	-	(915,763)	(325,220)	-	-	-	-	-	-	-	-
Total nonoperating gains (losses), net	11,735,836	(6,006,897)	3,059,154	3,933,173	5,994,882	3,336,081	-	785,052	323	118,069	155,803	-	360,196	-
Excess (deficit) of revenue and gains over expenses and losses	37,432,642	(6,006,897)	3,048,773	3,933,173	25,707,183	17,601,329	(582)	955,954	(539,882)	1,327,500	(544,646)	(3,848)	-	(8,045,415)
Change in net unrealized gains and losses on investments	2,054,930	(778,206)	787,094	-	835,892	961,975	-	141,758	-	64,289	42,128	-	-	-
Net assets released from restrictions used for purchase of property and equipment	3,357,216	-	-	-	1,976,974	1,380,242	-	-	-	-	-	-	-	-
Transfer to (from) affiliates	-	4,493,010	2,541,739	135,768	(15,542,623)	(4,452,311)	-	-	539,482	30	-	27,312	-	12,257,593
Increase (decrease) in unrestricted net assets	$ 42,844,788	$ (2,292,093)	$ 6,377,606	$ 4,068,941	$ 12,977,426	$ 15,491,235	$ (582)	$ 1,097,712	$ (400)	$ 1,391,819	$ (502,518)	$ 23,464	$ -	$ 4,212,178

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Balance Sheet - Cape Cod Healthcare Obligated Group
September 30, 2013

	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	$ 44,960,636	$ 8,820,382	$ 36,140,254	$ -	$ 4,016,330	$ 1,495,903	$ 24,441,500	$ 6,186,521
Short-term investments	22,589,911	22,584,914	4,997	-	-	4,997	-	-
Patient accounts receivable	73,140,356	12,018,427	61,121,929	-	-	-	44,571,610	16,550,319
Current portion of pledges receivable, net	4,042,879	-	4,042,879	-	-	4,042,879	-	-
Other receivables, net	9,664,661	(979,422)	10,644,083	-	5,168,670	50,000	4,718,547	706,866
Insurance recovery receivable	-	-	-	(18,886,874)	18,886,874	-	-	-
Current portion of investments whose use is limited or restricted								
Funds held by trustee under bond indenture agreements	16,935,201	99,587	16,835,614	-	-	-	15,947,507	888,107
Supplies	9,497,008	61,404	9,435,604	-	115,345	-	6,873,596	2,446,663
Prepaid expenses and other current assets	8,221,360	2,038,019	6,183,341	-	1,693,034	4,891	3,378,851	1,106,565
Due from affiliates	-	(3,646,639)	3,646,639	(11,562,803)	1,871,317	3,393,288	8,737,026	1,207,811
Total current assets	189,052,012	40,996,672	148,055,340	(30,449,677)	31,751,570	8,991,958	108,668,637	29,092,852
Long-term investments	235,220,631	-	235,220,631	(75,406,953)	93,421,174	-	111,210,656	105,995,754
Investments whose use is limited or restricted								
Funds held by trustee under bond indenture agreements, net of current portion	7,187,472	-	7,187,472	-	-	-	6,963,197	224,275
Temporarily restricted investments	11,706,628	-	11,706,628	(33,344,005)	8,050,081	3,656,547	15,258,578	18,085,427
Permanently restricted investments	11,443,326	-	11,443,326	(23,241,290)	11,443,327	-	18,705,703	4,535,586
Permanently restricted beneficial interest in perpetual trusts	16,878,500	-	16,878,500	-	16,878,500	-	-	-
Total assets whose use is limited or restricted	47,215,926	-	47,215,926	(56,585,295)	36,371,908	3,656,547	40,927,478	22,845,288
Property and equipment, net	294,672,218	12,099,585	282,572,633		24,728,425	178,574	191,452,631	66,213,003
Other assets								
Deferred financing costs, net	3,484,797	-	3,484,797	-	-	-	3,306,317	178,480
Pledges receivable, net of current portion	10,343,401	-	10,343,401	-	-	10,343,401	-	-
Goodwill	7,978,952	50,105	7,928,847	-	-	-	5,843,363	2,085,484
Other assets	19,097,083	521,500	18,575,583	-	17,946,923	-	612,660	16,000
Total other assets	40,904,233	571,605	40,332,628	-	17,946,923	10,343,401	9,762,340	2,279,964
Total assets	$ 807,065,020	$ 53,667,862	$ 753,397,158	$ (162,441,925)	$ 204,220,000	$ 23,170,480	$ 462,021,742	$ 226,426,861

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Balance Sheet - Cape Cod Healthcare Obligated Group
September 30, 2013

	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	$ 9,016,117	$ -	$ 9,016,117	$ -	$ 374,245	$ -	$ 7,239,839	$ 1,402,033
Accounts payable and accrued expenses	91,643,492	12,863,214	78,780,278	-	28,730,085	228,710	36,864,906	12,956,577
Professional Liability Claims	-	-	-	(18,886,874)	18,886,874	-	-	-
Estimated settlements with third-party payors	17,121,517	833,305	16,288,212	-	-	-	8,991,694	7,296,518
Due to affiliates	-	(2,897,279)	2,897,279	(11,562,803)	5,302,906	32,074	1,398,096	7,727,006
Other current liabilities	558,254	99,911	458,343	-	392,997	-	35,261	30,085
Total current liabilities	118,339,380	10,899,151	107,440,229	(30,449,677)	53,687,107	260,784	54,529,796	29,412,219
Other liabilities								
Interest rate swaps	2,971,303	-	2,971,303	-	-	-	2,971,303	-
Other liabilities	25,349,918	22,412,216	2,937,702	-	2,937,702	-	-	-
Total other liabilities	28,321,221	22,412,216	5,909,005	-	2,937,702	-	2,971,303	-
Long-term debt and capital lease obligations, net of current portion	170,947,364	-	170,947,364	-	2,151,913	-	141,713,303	27,082,148
Total liabilities	317,607,965	33,311,367	284,296,598	(30,449,677)	58,776,722	260,784	199,214,402	56,494,367
Net assets								
Unrestricted	424,844,954	20,356,495	404,488,459	(75,406,953)	98,339,148	5,401,725	228,843,059	147,311,480
Temporarily restricted	35,937,257	-	35,937,257	(33,344,005)	18,479,286	17,457,971	15,258,578	18,085,427
Permanently restricted	28,674,844	-	28,674,844	(23,241,290)	28,624,844	50,000	18,705,703	4,535,587
Total net assets	489,457,055	20,356,495	469,100,560	(131,992,248)	145,443,278	22,909,696	262,807,340	169,932,494
Total liabilities and net assets	$ 807,065,020	$ 53,667,862	$ 753,397,158	$ (162,441,925)	$ 204,220,000	$ 23,170,480	$ 462,021,742	$ 226,426,861

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Statement of Operations - Cape Cod Healthcare Obligated Group
For the year ended September 30, 2013

	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	$ 678,986,251	$ 108,701,566	$ 570,284,685	$ -	$ -	$ -	$ 421,420,952	$ 148,863,733
Less provision for bad debts	18,754,848	894,265	17,860,583	-	-	-	13,754,987	4,105,596
Net patient service revenue after provision for bad debts	660,231,403	107,807,301	552,424,102	-	-	-	407,665,965	144,758,137
Other revenue	11,477,268	(1,125,796)	12,603,064	(28,416,598)	30,775,590	-	5,922,933	4,321,139
Net assets released from restrictions used for operations	2,028,166	903,434	1,124,732		16,767	-	654,466	453,499
Total revenue	673,736,837	107,584,939	566,151,898	(28,416,598)	30,792,357	-	414,243,364	149,532,775
Expenses								
Salaries and wages	267,157,113	54,586,268	212,570,845	-	18,444,475	-	139,084,692	55,041,678
Physicians' salaries and fees	69,823,245	20,263,407	49,559,838	-	485,771	-	38,468,255	10,605,812
Employee benefits	87,724,003	22,848,779	64,875,224	-	(3,456,462)	-	50,431,985	17,899,701
Supplies and other	189,413,292	16,318,744	173,094,548	(28,416,598)	13,215,502	-	142,700,449	45,595,195
Depreciation and amortization	26,718,466	1,838,103	24,880,363	-	2,113,452	-	17,658,786	5,108,125
Interest	7,203,912	-	7,203,912	-	-	-	6,186,896	1,017,016
Total expenses	648,040,031	115,855,301	532,184,730	(28,416,598)	30,802,738	-	394,531,063	135,267,527
Income (loss) from operations	25,696,806	(8,270,362)	33,967,168	-	(10,381)	-	19,712,301	14,265,248
Nonoperating gains (losses)								
Investment income	1,951,417	358,499	1,592,918	(492,470)	679,445	54	749,727	656,162
Realized gains (losses) on investments, net	5,791,482	-	5,791,482	(1,869,877)	2,379,709	(5,653)	2,764,800	2,522,503
Gifts and bequests	4,800,374	324	4,800,050	(3,150,227)	-	4,800,051	2,585,233	564,993
Fundraising expense	(861,278)	-	(861,278)	566,297	-	(861,279)	(464,199)	(102,097)
Change in fair value of interest rate swaps	1,294,824	-	1,294,824	-	-	-	1,275,084	19,740
Other nonoperating gains (losses)	(1,240,983)	-	(1,240,983)	-	-	-	(915,763)	(325,220)
Total nonoperating gains (losses), net	11,735,836	358,823	11,377,013	(4,946,277)	3,059,154	3,933,173	5,994,882	3,336,081
Excess (deficit) of revenue and gains over expenses and losses	37,432,642	(7,911,539)	45,344,181	(4,946,277)	3,048,773	3,933,173	25,707,183	17,601,329
Change in net unrealized gains and losses on investments	2,054,930	-	2,054,930	(530,031)	787,094	-	835,892	961,975
Net assets released from restrictions used for purchase of property and equipment	3,357,216	-	3,357,216	-	-	-	1,976,974	1,380,242
Transfer to (from) affiliates	-	14,985,231	(14,985,231)	2,332,196	2,541,739	135,768	(15,542,623)	(4,452,311)
Increase (decrease) in unrestricted net assets	$ 42,844,788	$ 7,073,692	$ 35,771,096	$ (3,144,112)	$ 6,377,606	$ 4,068,941	$ 12,977,426	$ 15,491,235

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT BIRMINGHAM TRUSTEE	2 0 2 0	X						0		0
ELEANOR CLAUS TRUSTEE	2 0 2 0	X						0		0
HOWARD CROW JR TRUSTEE	2 0 2 0	X						0		0
PHILIP MCLOUGHLIN TRUSTEE	2 0 2 0	X						0		0
MICHAEL K LAUF PRESIDENT/CEO/TRUSTEE	55 0 5 0	X		X				0	964,894	190,877
GROVER BAXLEY MD TRUSTEE - SEE SCH J, PART III	40 0 2 0	X						297,348		9,553
NATE RUDMAN MD TRUSTEE	2 0 2 0	X								
JOEL CROWELL TRUSTEE	2 0 2 0	X						0		0
SUZANNE FAY GLYNN ESQ TRUSTEE	2 0 2 0	X						0		0
KEVIN BRESNAHAM MD TRUSTEE - SEE SCH J, PART III	2 0 2 0	X						15,600		0
DEWITT DAVENPORT TRUSTEE	2 0 2 0	X						0		0
DIANE COLETTI TRUSTEE	2 0 2 0	X						0		0
WILLIAM AGEL MD Trustee(fr 1/13)-SCH J, PT III	40 0 2 0	X						430,342		38,637
DOUGLAS MANN MD TRUSTEE - SEE SCH J, PART III	2 0 2 0	X						28,800		0
THOMAS WROE JR CHAIRMAN/TRUSTEE	2 0 2 0	X		X						
WILLIAM ZAMMER VICE CHAIRMAN/TRUSTEE	2 0 2 0	X		X						
SUMNER B TILTON JR TRUSTEE/TREASURER	2 0 2 0	X		X						
MICHAEL G JONES Sr VP Chief Legal Off/Clerk	55 0 5 0			X				0	417,449	69,978
MICHAEL L CONNORS SENIOR VP FINANCE/CFO	55 0 5 0			X				0	491,918	68,987
CHRISTOPHER O'CONNOR SVP DEVELOPMENT (UNTIL 3/13)	45 0 5 0				X			0	337,608	59,717
DIANNE C KOLB President VNA	45 0 5 0				X			0	253,994	57,232
SUSAN M WING COO-FAL HOSP (UNTIL 6/12)	45 0 5 0				X			0	285,507	28,695
DAVID RYAN VP of HR (until 2/13)	45 0 5 0				X				269,104	61,923
JEANNE FALLON SR VP & CIO	45 0 5 0				X			0	272,766	45,524
ROBERT KLEINBAUER President - MACC	45 0 5 0				X			0	263,521	45,534

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Patrick Kane SVP OF MRKTG,COMMUN AND DEVLP	45 0 5 0				X				381,083	59,119
JASON M ADAMS COO (FROM 10/11 - 5/12)	45 0 5 0				X			0	436,152	11,698
RICHARD B ZELMAN MD PHYSICIAN	40 0					X		1,449,853		38,537
EMILY TIERNEY MD PHYSICIAN	40 0					X		922,699		11,099
PAUL HOULE MD PHYSICIAN	40 0					X		770,809		36,736
ACHILLE PAPAVASILIOU MD PHYSICIAN	40 0					X		729,201		39,192
ROBERT R MCANAW MD PHYSICIAN	40 0					X		645,414		32,638
LINDA HABEEB MD SEE SCHEDULE J, PART III	40 0						X	263,418		29,120
RICHARD F SALLUZZO MD FORMER PRESIDENT/CEO							X		855,504	2,449
JEFFREY S DYKENS VP OF FINANCE	45 0 5 0						X	0	279,472	57,687