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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

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 province, country, and ZIP or foreign postal code
HYANNIS, MA 02601

D Employer identification number
90-0054984

E Telephone number
(508) 771-1800

G Gross receipts $ 752,058,739

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

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

H(b) Are all subordinates 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**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	5,135
6	Total number of volunteers (estimate if necessary)	**6**	871
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,779,069
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,059,076

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,223,613	9,458,675
9	Program service revenue (Part VIII, line 2g)	698,271,349	730,482,375
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,961,356	9,927,971
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,111,122	2,138,383
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	724,567,440	752,007,404
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)	409,611,935	390,464,660
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	81,984
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,195,948		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	269,695,585	323,213,210
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	679,307,520	713,759,854
19	Revenue less expenses Subtract line 18 from line 12	45,259,920	38,247,550

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	777,546,154	840,539,548
21	Total liabilities (Part X, line 26)	273,721,096	294,045,499
22	Net assets or fund balances Subtract line 21 from line 20	503,825,058	546,494,049

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: 2015-08-10

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
GWEN SPENCER				P00641463

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

Firm's address ▶ 125 High Street
Boston, MA 02110 | Phone no (508) 771-1800

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 or note to any line 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 $ 643,557,734 including grants of $) (Revenue $ 730,482,375)

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** ▶ 643,557,734

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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	Yes	
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 or other assistance to any domestic organization or government 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 or 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 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	129		
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	5,135		
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" to line 3b, 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 or note to any line 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** 16		
	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** 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its 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 02601 (508) 957-8540

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

Check if Schedule O contains a response or note to any line 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			

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)** . . . . . ▶								6,484,389	6,404,938	1,409,335

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 ▶ 561

			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
CAPE COD EMERGENCY ASSOC, C/O DEPAOLA BEGG ASSOC 220 W MA HYANNIS MA 02601	PHYSICIAN SERVICES	11,775,945
SWITCH GEARS, DEPARTMENT 3004 PO BOX 4110 WOBURN MA 018884110	RENTAL SERVICES	472,849
MCKESSON, PO BOX 630693 CINCINNATI OH 452630693	MEDICAL SUPPLIES	398,195
ENCLARA HEALTH, 1480 IMPERIAL WAY WEST DEPTFORD NJ 08066	MEDICINE	304,904
DELTA HEALTH TECHNOLOGIES, 400 LAKEMONT PARK BLVD ALTOON PA 16602	BILLING SOFTWARE	255,450

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 ▶ 12

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	18,900			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	1,352,560			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,087,215			
	g	Noncash contributions included in lines 1a-1f $		3,600,008			
	h	**Total.** Add lines 1a-1f . . . . . ▶		9,458,675			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	900099	703,410,779	703,410,779		
	b	LABORATORY SERVICES	621500	10,632,288	7,190,769	3,441,519	
	c	QUALITY EARNED PAYMENTS	900099	4,719,306	4,719,306		
	d	PROGRAM RELATED RENTAL INCOME	900099	3,366,942	3,029,392	337,550	
	e	MEANINGFUL USE	900099	3,932,228	3,932,228		
	f	All other program service revenue		4,420,832	4,420,832		
	g	**Total.** Add lines 2a–2f . . . . . ▶		730,482,375			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,486,933			3,486,933
	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	6,748,167 / -307,129				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	6,748,167 / -307,129				
	d	Net gain or (loss) . . . . . ▶		6,441,038			6,441,038
	8a	Gross income from fundraising events (not including $ 18,900 of contributions reported on line 1c) See Part IV, line 18 . .	a 101,475				
	b	Less direct expenses . . .	b 51,335				
	c	Net income or (loss) from fundraising events . . ▶		50,140			50,140
	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	1,658,979			1,658,979
	b	MEDICAL RECORDS	900099	166,021			166,021
	c	EMPLOYEE PHARMACY	900099	263,243			263,243
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		2,088,243			
	12	**Total revenue.** See Instructions . . . . . ▶		752,007,404	726,703,306	3,779,069	12,066,354

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 or note to any line 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	835,850	835,850		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	213,943	213,943		
7 Other salaries and wages	299,176,528	267,799,648	30,524,412	852,468
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,161,104	7,906,029	1,220,976	34,099
9 Other employee benefits	60,898,125	54,374,738	6,360,624	162,763
10 Payroll taxes	20,179,110	17,778,779	2,335,117	65,214
11 Fees for services (non-employees)				
a Management	5,404,201	3,588,743	1,815,458	
b Legal	165,510	19,475	146,035	
c Accounting	720,475	185,971	534,504	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	81,984			81,984
f Investment management fees	1,115,750	97,454	1,018,296	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,023,271	31,023,271		
12 Advertising and promotion	751,128	698,865	52,263	
13 Office expenses	4,530,524	4,228,085	275,281	27,158
14 Information technology	7,330,709	6,638,808	691,901	
15 Royalties . .	0			
16 Occupancy	17,119,176	15,869,630	1,168,100	81,446
17 Travel	3,899,701	3,730,291	169,410	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	8,924,551	8,048,462	876,089	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	25,068,691	22,740,045	2,323,673	4,973
23 Insurance	4,065,731	3,754,235	307,842	3,654
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	86,723,026	86,723,026		
b ADMINISTRATION OFFICE	51,485,344	38,846,340	12,147,552	491,452
c PURCHASED SERVICES	41,986,094	38,804,571	3,125,639	55,884
d REPAIRS AND MAINTENANCE	12,167,465	11,048,102	1,119,363	
e All other expenses	20,731,863	18,603,373	793,637	1,334,853
25 **Total functional expenses.** Add lines 1 through 24e	713,759,854	643,557,734	67,006,172	3,195,948
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 or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		10,221,189	1	44,261,570
	2	Savings and temporary cash investments		30,111,315	2	1,396,733
	3	Pledges and grants receivable, net		14,386,280	3	12,191,245
	4	Accounts receivable, net		73,140,358	4	74,024,491
	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		5,572,180	7	8,717,855
	8	Inventories for sale or use		9,381,662	8	9,739,041
	9	Prepaid expenses and deferred charges		6,397,099	9	7,338,565
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 633,005,253			
	b	Less accumulated depreciation	10b 351,340,130	269,928,790	10c	281,665,123
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		329,538,422	12	366,416,821
	13	Investments—program-related See Part IV, line 11		521,500	13	15,263,755
	14	Intangible assets		0	14	9,157,829
	15	Other assets See Part IV, line 11		28,347,359	15	10,366,520
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		777,546,154	16	840,539,548
Liabilities	17	Accounts payable and accrued expenses		62,867,476	17	65,776,832
	18	Grants payable		0	18	0
	19	Deferred revenue		426,495	19	483,185
	20	Tax-exempt bond liabilities		177,437,324	20	193,474,770
	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		32,989,801	25	34,310,712
	26	**Total liabilities.** Add lines 17 through 25		273,721,096	26	294,045,499
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		423,316,971	27	461,827,422
	28	Temporarily restricted net assets		51,783,242	28	53,273,519
	29	Permanently restricted net assets		28,724,845	29	31,393,108
		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		503,825,058	33	546,494,049
	34	Total liabilities and net assets/fund balances		777,546,154	34	840,539,548

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	752,007,404
2	Total expenses (must equal Part IX, column (A), line 25)	2	713,759,854
3	Revenue less expenses Subtract line 2 from line 1	3	38,247,550
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	503,825,058
5	Net unrealized gains (losses) on investments	5	4,403,962
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	17,479
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	546,494,049

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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	

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								
ELEANOR CLAUS TRUSTEE	2 0 2 0	X								
HOWARD CROW JR TRUSTEE	2 0 2 0	X								
PHILIP MCLOUGHLIN TRUSTEE	2 0 2 0	X								
MICHAEL K LAUF PRESIDENT/CEO/TRUSTEE	55 0 5 0	X		X				0	1,075,126	225,138
GROVER BAXLEY MD TRUSTEE - SEE SCH J, PART III	40 0 2 0	X						295,248	0	12,171
NATE RUDMAN MD TRUSTEE	2 0 2 0	X								
JOEL CROWELL TRUSTEE	2 0 2 0	X								
SUZANNE FAY GLYNN ESQ TRUSTEE	2 0 2 0	X								
PATRICK M FLYNN MD TRUSTEE FROM 2/14	2 0 2 0	X						110,158	0	0
DEWITT DAVENPORT TRUSTEE/VICE CHAIR FROM 5/14	2 0 2 0	X		X						
DIANE COLETTI TRUSTEE	2 0 2 0	X								
WILLIAM AGEL MD TRUSTEE - SEE SCH J, PT III	40 0 2 0	X						483,444	0	44,538
DOUGLAS MANN MD TRUSTEE UNTL 1/14 SCH J PT III	2 0 2 0	X						32,400	0	0
THOMAS WROE JR CHAIRMAN/TRUSTEE	2 0 2 0	X		X						
WILLIAM ZAMMER SEE SCHEDULE O FOR TITLE	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	419,610	75,386
MICHAEL L CONNORS SENIOR VP FINANCE/CFO	55 0 5 0			X				0	487,113	82,835
CHRISTOPHER O'CONNOR SVP DEVELOPMENT (UNTIL 3/13)	45 0 5 0				X			0	97,102	18,836
DIANNE C KOLB President VNA	45 0 5 0				X			0	277,287	61,550
SUSAN M WING INTERIM COO FAL 8/13-12/13	45 0 5 0				X			0	110,724	19,649
DAVID RYAN VP of HR (until 2/13)	45 0 5 0				X			0	272,217	14,241
JEANNE FALLON SR VP & CIO	45 0 5 0				X			0	299,580	65,686
ROBERT KLEINBAUER President - MACC	45 0 5 0				X			0	223,565	54,805

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			
JEFFREY S DYKENS VP FI-12/13,COO FAL HOSPITAL	45 0 5 0				X			0	248,201	57,824
Patrick Kane SVP OF MRKTG,COMMUN AND DEVLP	45 0 5 0				X			0	380,534	55,040
ARTHUR MOMBOURQUETTE COO	45 0 5 0				X			0	472,874	48,272
THERESA M AHERN SVP, STRAT, COMMUNITY/GOV REL	45 0 5 0				X			0	257,035	43,871
JAMES BUTTERICK CMO FAL HOSP 11/13-8/14	45 0 5 0				X			0	162,637	31,071
VICTOR OLIVEIRA VP OF PATIENT SERVICES	45 0 5 0				X			0	277,425	59,941
JOHN LIPOMI SR VP OF MANAGED CARE	45 0 5 0				X			0	429,345	73,306
DONALD GUADAGNOLI CMO CAPE COD HOSPITAL	45 0 5 0				X			0	507,192	90,340
EMILY TIERNEY MD PHYSICIAN	40 0					X		1,440,608	0	36,462
RICHARD B ZELMAN MD PHYSICIAN	40 0					X		1,364,900	0	44,538
ACHILLE PAPAVASILIOU MD PHYSICIAN	40 0					X		984,676	0	61,374
PAUL HOULE MD PHYSICIAN	40 0					X		919,788	0	59,077
GORDON NAKATA MD PHYSICIAN	40 0					X		853,167	0	62,528
RICHARD F SALLUZZO MD FORMER PRESIDENT/CEO							X	0	407,371	10,856

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	15,478,190	19,646,382	13,524,136	17,223,613	9,458,675	75,330,996
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	15,478,190	19,646,382	13,524,136	17,223,613	9,458,675	75,330,996
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)						2,081,564
6 **Public support.** Subtract line 5 from line 4						73,249,432

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	15,478,190	19,646,382	13,524,136	17,223,613	9,458,675	75,330,996
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-5,020,229	1,811,992	2,203,229	680,260	3,486,933	3,162,185
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,124,726	824,627	814,019	187,290	1,039,230	3,989,892
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,898,552	1,879,867	2,261,728	2,163,050	2,088,243	10,291,440
11 **Total support** (Add lines 7 through 10)						92,774,513

12	Gross receipts from related activities, etc (see instructions)	12	3,387,565,516

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 2013 (line 6, column (f) divided by line 11, column (f))	14	78 954 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	0 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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) 2010	(b) 2011	(c) 2012	(d) 2013	(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

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

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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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	36,060,986	35,475,473	32,638,639	34,043,109	31,383,995
b	Contributions	1,925,651	60,508	435,091	361,842	1,110,670
c	Net investment earnings, gains, and losses	1,613,999	1,238,094	3,092,757	-1,080,437	2,116,186
d	Grants or scholarships					
e	Other expenditures for facilities and programs	728,633	713,089	691,014	685,875	567,742
f	Administrative expenses					
g	End of year balance	38,872,003	36,060,986	35,475,473	32,638,639	34,043,109

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		22,540,423		22,540,423
b Buildings		359,453,254	143,423,763	216,029,491
c Leasehold improvements		3,147,822	2,580,688	567,134
d Equipment		244,834,458	204,671,313	40,163,145
e Other		3,029,296	664,366	2,364,930
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				281,665,123

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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	270,226,428	F
(B) AGREEMENT / INDENTURE	25,445,519	F
(C) TEMP RESTRICTED INVESTMENTS	36,360,153	F
(D) PERM RESTRICTED INVESTMENTS	31,313,108	F
(E) SHORT TERM INVESTMENTS - FDN	3,071,613	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	366,416,821	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO AFFILIATES	14,904,133
EST SETTLEMENTS W 3RD PARTIES	16,762,521
OTHER LONG-TERM LIABILITIES	2,585,149
ABANDONED PROPERTY	58,909
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	34,310,712

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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

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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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
(1)	Central America and the Caribbean	1		Program Services	CAPTIVE INSURANCE	3,475,656
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	1				3,475,656
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	1				3,475,656

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 non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 organization may 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, Information 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**

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).

990 Schedule F, Supplemental Information

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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

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	(iii) 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
1	VDMBorns Group	DIRECT MAIL Solicitatio		No	312,357	81,984	230,373
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					312,357	81,984	230,373

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

CT, FL, ME, SC

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 GALA EVENT (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	120,375			120,375
	2 Less Contributions	18,900			18,900
	3 Gross income (line 1 minus line 2)	101,475			101,475
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,000			3,000
	7 Food and beverages	36,835			36,835
	8 Entertainment	7,500			7,500
	9 Other direct expenses	4,000			4,000
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(51,335)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				50,140

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 Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

11

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 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. 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).

Return Reference	Explanation

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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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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 ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
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)			7,725,346	3,507,849	4,217,497	0 600 %
b Medicaid (from Worksheet 3, column a)			70,948,643	50,434,113	20,514,530	2 910 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			20,945,171	15,033,976	5,911,195	0 840 %
d **Total** Financial Assistance and Means-Tested Government Programs			99,619,160	68,975,938	30,643,222	4 350 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,549,898	0	2,549,898	0 360 %
f Health professions education (from Worksheet 5)			922,940	176,875	764,065	0 110 %
g Subsidized health services (from Worksheet 6)			107,654,347	91,947,844	15,706,503	2 230 %
h Research (from Worksheet 7)			0	0	0	
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,413,028	0	1,413,028	0 200 %
j **Total.** Other Benefits			112,540,213	92,124,719	20,433,494	2 900 %
k **Total.** Add lines 7d and 7j			212,159,373	161,100,657	51,076,716	7 250 %

Part II Community Building Activities Complete this 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						
7 Community health improvement advocacy						
8 Workforce development			841,449			
9 Other						
10 **Total**			841,449			0 120 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with 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	8,504,340		
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	4,253,147		
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	264,001,093
6	Enter Medicare allowable costs of care relating to payments on line 5	6	258,264,245
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	5,736,848
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, primary website address, and state license number	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
	See Additional Data Table										

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 _____

If reporting on Part V, Section B for a single hospital facility 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 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests 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 (list url) SEE PART V, SECTION C			
b	☐ Other website (list url) _____			
c	☑ Available upon request from the hospital facility			
d	☐ 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 as of the end of the tax year)			
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 __% 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 __% 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 ☐ Residency			
i ☐ 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 individual'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 Section C)			
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 individual'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 Section C)			

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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

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 individual 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 individual 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. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. 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? **70**

	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

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
PART I, LINE 3C	N/A PART I, LINE 6A N/A

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN F	THE AMOUNT OF BAD DEBT SUBTRACTED FOR PURPOSES OF CALCULATING THEPERCENTAGE IN LINE 7, COLUMN F WAS $ 8,504,340 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

Form and Line Reference	Explanation
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, LINES 2-3 The organization is reporting $4,253,147 of bad debt expense that meets its financial assistance policy This amount is related to bad debt from both hospitals during FY 14 of uninsured patients who were seen in the ER and received medically necessary services 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

Form and Line Reference	Explanation
PART III, LINE 4	REFER TO PAGES 15-16 IN THE ATTACHED AUDITED FINANCIAL STATEMENTS FOR FOOTNOTES RELATED TO ALLOWANCE FOR DOUBTFUL ACCOUNTS AND BAD DEBT

Form and Line Reference	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

Form and Line Reference	Explanation
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 collect ed significant community input and data from national, state, regional and local sources Special attention was given to vulnerable populations, statewide priorities were considere d and the community assets available to meet needs were identified and assessed An implem entation plan related to the significant health needs of Barnstable County residents was d eveloped with outlined goals, objectives, initiatives, resources and potential collaborato rs The objectives of the community health needs assessment were to gather statistically v alid information and accurate comparisons to state and national benchmarks of health and q uality of life measures for residents of Barnstable County and to integrate research findi ngs into community benefit and hospital planning activities that address significant commu nity needs and vulnerable populations Over 80 community organizations participated in the community health assessment through focus groups, key information interviews and communit y input forums Data was collected through a household telephone survey of 464 residents o f Barnstable County using a survey instrument adapted from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System Primary data collected throu gh community input and the household telephone survey was heavily augmented with secondary data from national, state, and regional sources The most current Barnstable County healt h data available was collected, analyzed, synthesized and compared to MA and US data as av ailable Data collection efforts focused on demographic characteristics, behavioral risk f actors associated with health status, disease incidence and prevalence rates, access to ca re, health status indicators, morbidity/mortality rates and hospital utilization The sign ificant health needs identified through data collection and community input were distingui shed and prioritized based on the frequency, urgency, scope, severity and magnitude of the identified issues The significant health needs and associated target and vulnerable popu lations are the foundation for Community Benefits and hospital planning and program implem entation spanning Fiscal Years 2014 - 2016 Key data sets featured in the community health needs assessment will be updated annually Community Benefits and hospital planning activ ities will be further defined, updated and evaluated through ongoing and annual program ev aluation and identification of emerging trends and needs The following sources were utili zed in the most recent community health needs assessments - Cape Cod Hospital and Falmout h Hospital Utilization Data - Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavioral Surveillance System (YRBSS), Nat ional Center for Health Statistics, National Program of Cancer Registries, CDC Wonder Data base, Healthy People 2020 - Falmouth Prevention Partnership Community Profile on Youth Sub stance Abuse in Falmouth 2009 - Massachusetts Department of Elementary and Secondary Educa tion - Massachusetts Department of Labor and Workforce Development - Massachusetts Departm ent of Public Health Bureau of Substance Abuse Services, MassCHIP (Massachusetts Communit y 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 - Telephon e 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, communi ty health needs and emerging trends are regularly assessed through annual community benefi ts planning and program evaluation, strategic planning, community input and participation in community health coalitions and projects across the service area Cape Cod Healthcare p lays an active role in community coalitions, various regional task force efforts, and heal th and human service organizations across Barnstable County including leadership partici pa tion with Barnstable County Human Services Advisory Council, Behavioral Health Provider Co alition of Cape Cod & the Islands, the Cape Cod Community Health Area Network (CHNA 27) St eering Committee, Cape & Islands Maternal Depression Task Force, My Life, My Health Coalit ion, Substance Abuse in Pregnancy Task Force, and the Women's Health Task Force PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSIST

Form and Line Reference	Explanation
PART VI, LINE 2	ANCE FOR THOSE PATIENTS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH T HEM TO ASSIST WITH APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER THE IR UNPAID HOSPITAL BILLS IN ORDER TO ASSIST UNINSURED AND UNDERINSURED PATIENTS IN FINDIN G AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL PROVIDE ALL P ATIENTS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE INITIAL BILL THA T IS SENT TO PATIENTS AS WELL AS IN GENERAL NOTICES POSTED THROUGHOUT THE HOSPITAL THE GO AL 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, COMMONWEAL TH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAFETY NET, OR MEDICAL HA RDSHIP THROUGH THE HEALTH SAFETY NET THE HOSPITAL WILL PROVIDE, UPON REQUEST, SPECIFIC IN FORMATION 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 P ROGRAM THE HOSPITAL WILL ALSO NOTIFY THE PATIENT ABOUT PAYMENT PLANS THAT MAY BE AVAILABL E TO HIM OR HER BASED ON THE SIZE OF HIS OR HER FAMILY AND FAMILY INCOME

Form and Line Reference	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

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH Cape Cod Healthcare conducts a Community Health Needs Asses sment 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 infor mation and accurate comparisons to state and national benchmarks of health and quality of life measures for residents of Barnstable County The target populations, significant heal th needs and available resources to address those health needs are integrated into communi ty benefit and hospital planning activities including direct clinical programs, health edu cation, wellness promotion, financial support and community engagement activities The fol lowing is a list of FY14 target populations - Chronically ill residents afflicted with ca ncer, cardiovascular-related disease, diabetes and oral health issues or infectious diseas es - Community members facing barriers to care including those who are underserved, unins ured, underinsured, low income and those with health disparities - Community members with mental health and substance use disorders - Senior population ages 65 and older, especia lly those who are at risk and in isolated geographic areas - Residents with emerging heal th 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 FY14 Community Based Interpreter Services Cape Cod Healthcare Community Benefits provide s 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 p ractices to assist limited and non-English speaking patients and their families The avail ability of proficient and professional interpreter services ensures the delivery of safe q uality health care and positive clinical outcomes Specialty Network for the Uninsured Cap e Cod Healthcare Community Benefits provides annual grant support to increase access to sp ecialty care for the uninsured and under-insured residents of Barnstable County through th e Specialty Network for the Uninsured (SNU) The program is managed in collaboration with local community health centers to provide appointments with specialists who provide free o r significantly reduced sliding-scale fees for office visits, procedures and continued car e The program also hosts cardiology, orthopedic and diabetic eye-exam clinics with servic es provided by volunteer physicians Prescription Assistance Program The Prescription Assi stance Program is an initiative of Cape Cod Hospital and Falmouth Hospital emergency, beha vioral health and pharmacy departments as a Community Benefit to help uninsured, under-ins ured and financially disadvantaged patients who have no other viable means to pay for medi cations upon discharge from hospital facilities Transportation Assistance Program In an e ffort to assist low-income and vulnerable populations, Cape Cod Hospital and Falmouth Hosp ital provide transportation upon discharge from emergency and behavioral health department s, 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 t o address issues that eliminate health disparities, promote wellness, and prevent/manage c hronic disease for individuals who are elderly and/or persons with disabilities This popu lation was identified through a community health needs assessment by Cape Cod Healthcare a nd endorsed by the Community Health Network Area 27 (Cape Cod and the Islands) This progr am was specified as part of Cape Cod Hospital's Determination of Need requirement for the Clark Cancer Center development and licensure Health Insurance Enrollment Services Commu nity Action Committee of Cape Cod and the Islands In FY14, Cape Cod Healthcare Community B enefits provided a grant to support health insurance enrollment and re-enrollment services at the Community Action Committee of Cape Cod and the Islands, a community based organiza tion that provides assistance in the navigation of health insurance options for residents of Barnstable County Services include bi-lingual health care enrollment and re-enrollment services, linkages to primary care providers, consumer education workshops and counseling and outreach to low-income and immigrant residents Supporting Behavioral Health Services for Homeless and At Risk Adults at the Duffy Health Center The Duffy Health Center provid es primary care and behavioral health care to homeless adults and those at-risk for homele ssness in Barnstable County In FY14, Community Benefits funding from Cape Cod Healthcare supported the Duffy Health Centers behavioral health services including therapy, psychiatr y and case management support of patients who are

Form and Line Reference	Explanation
PART VI, LINE 5	frequent consumers of emergency services in the community Support Groups and Classes at C ape Cod Hospital and Falmouth Hospital Support groups for bereavement and cancer survivors hip, and classes and counseling focused on breastfeeding, fatherhood and holistic services to complement traditional medical care are conducted on a regular basis and open to all m embers of the community Classes are hosted at hospitals and in the community to provide a ccess for all populations Information and resources are available to individuals, familie s and friends and many include in-person meetings and contacts to offer support and reassu rance through their specific disease/health care situation Workforce Development Initiati ves Cape Cod Healthcare recognizes the importance of workforce development and supports th e opportunity for students from high school through graduate school to have a positive and professional experience through internships, job shadowing and training with health care providers in several hospital departments By training and mentoring students for future e mployment, we hope to successfully engage individuals so they select health care as a viab le and admirable vocation, thus decreasing the potential risk for predicted future shortag es in the workplace Helping Hands In-Home Clinical Support for High Risk Patients This p rogram offers clinical nurse case management and medication review by a pharmacist in the home for high-risk individuals with a chronic disease, complex medication regimen, or when high risk of falls has been identified Patients and their caregivers are provided coachi ng on self-management of their chronic disease, medication management and evaluation for f all risk and home safety One to One Mentoring for High-Risk Youth Big Brothers Big Siste rs of Cape Cod & the Islands In an effort to reduce the risk factors and increase the resi liency factors for youth at an elevated risk of substance use and abuse, Cape Cod Healthca re Community Benefits provided a grant to Big Brothers Big Sisters of Cape Cod & the Islan ds to expand mentoring opportunities on Cape Cod Big Brothers Big Sisters focused specifi cally on recruiting children for mentoring who met a minimum of three of the following ris k factors associated with childhood drug/alcohol abuse low-income household, single-paren t household, alcohol or drug abuse in the household, low self-esteem/minimal confidence an d/or isolation from peers/few close friends The SMILE Project Oral Health Excellence Col laborative Cape Cod Healthcare Community Benefits provided grant support to the Oral Healt h Excellence Collaborative (OHEC) for efforts to educate low-income seniors about their or al 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 Co d, providing one on one oral health surveys and education sessions with seniors, and remov ing barriers to dental care through strengthening education, information, coordination and referral between residents and oral health providers Supporting Adolescent Health and Ch ronic Disease Management Initiatives at Harbor Community Health Center - Hyannis Cape Cod Healthcare Community Benefits provided a grant to Harbor Community Health Center-Hyannis (HCHC-H) to improve adolescent health education outreach and chronic disease management of patients HCHC-H offered underage drinking and substance use/abuse prevention services to at-risk minority youth and risk reduction counseling related to the transmission of sexual ly transmitted diseases In addition, the grant supported the efforts of HCHC-H to improve the care coordination of high-risk patients with diabetes, hypertension and pediatric ast hma Supporting Access to Care and Chronic Disease Management Initiatives at the Community Health Center of Cape Cod Cape Cod Healthcare provided Community Benefits funding to the Community Health Center of Cape Cod (CHC

Form and Line Reference	Explanation
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

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION A	

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

Section D. 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?
_____

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 OUTPATIENT CENTER 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

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

Section D. 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?
_____

Name and address	Type of Facility (describe)
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
MACC NEUROLOGY - CCHC 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 D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. 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?
_____

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
JAMES O'Connor MD 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
ARTHUR Crago MD 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

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

Section D. 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?
_____

Name and address	Type of Facility (describe)
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 27 PARK STREET 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 CENTER 204 Main Street Orleans,MA 02653	home health
CAPE COD Dermatology 134 Ansel Hallett Road W Yarmouth,MA 02673	home health
Cape Cod Rheumatology Center 40 Quinlan Way 2nd Fl Suite 206 HYANNIS,MA 02601	home health
CCHC Cardiovascular Center 25 Main Street HYANNIS,MA 02601	home health

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

Section D. 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?
_____

Name and address	Type of Facility (describe)
Ziad Farah MD-Fontaine Medical Center 525 Long Pond Drive HARWICH, MA 02645	home health
Fontaine Urgent Care Center 525 Long Pond Drive HARWICH, MA 02645	home health
Neurology Center of Cape Cod 40 Quinlan Way 2nd Fl Suite 206 HYANNIS, MA 02601	home health
Park Street Primary Care 62 Park Street HYANNIS, MA 02601	home health
William Pegg MD--ObsGyn Practice 60 Park Street HYANNIS, MA 02601	home health
Sandwich Medical Group STONEHMAN OUTPATIENT2 Jan Sebastia SANDWICH, MA 02563	home health
Sandwich Primary Care 441 Rt 130 SANDWICH, MA 02563	home health
Upper Cape Orthopedics 26 Edgerton Drive Suite C NORTH FALMOUTH, MA 02556	home health
Michael Barnett MD Practice 348 Gifford Street FALMOUTH, MA 02540	home health
All Cape Urology Practice 20 Gleason Street HYANNIS, MA 02601	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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 directors, trustees, officers, including 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

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

Return Reference	Explanation
FORM 990, PART VII	Grover Baxley, MD, DOUGLAS MANN, MD, WILLIAM AGEL, MD, AND PATRICK M FLYNN, MD wERE compensated in THEIR capacity as physicianS, not as trusteeS PART I, LINE 4A SEVERANCE PAYMENTS DAVID RYAN, VP OF HUMAN RESOURCES, RECEIVED SEVERANCE PAYMENTS OF $176,374 DURING CALENDAR YEAR 2013 THE ARRANGEMENT PROVIDES FOR CONTINUED PAYMENT OF THE INDIVIDUAL'S SALARY AND BENEFITS FOR A PERIOD OF TWELVE MONTHS, INCLUDING MEDICAL AND DENTAL INSURANCE COVERAGE RICHARD SALUZZO, MD, FORMER PRESIDENT/CEO, RECEIVED SEVERANCE PAYMENTS OF $407,371 DURING CALENDAR YEAR 2013 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 7 PAYMENTS MADE IN CALENDAR YEAR 2013 THE ARRANGEMENT ALSO PROVIDES FOR PARTICIPATION OF HIMSELF AND HIS DEPENDENTS IN THE COMPANY'S GROUP MEDICAL AND DENTAL PLANS FOR THIRTY-SIX MONTHS 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 EXECUTIVES 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 2013 WERE AS FOLLOWS - MICHAEL K LAUF - $52,468 - MICHAEL L CONNORS - $31,760 - MICHAEL G JONES - $28,483 - VICTOR OLIVEIRA - $18,439 - DAVID RYAN - $29,745 - JAMES BUTTERICK - $24,875 - JEFFREY S DYKENS - $18,212 - DIANNE C KOLB - $21,784 CAPE COD HEALTHCARE, INC AND AFFILIATES ALSO SPONSOR A NONQUALIFIED PENSION RESTORATION ACCOUNT PLAN FOR KEY EXECUTIVES THE ORGANIZATION MAKES CONTRIBUTIONS OF TWO PERCENT OF THE INDIVIDUAL'S ANNUAL SALARY AS OF THE BEGINNING OF THE PLAN YEAR AMOUNTS DEFERRED ARE INCLUDED IN SCHEDULE J, COLUMN (C) AND UNDER THE PLAN, PARTICIPANTS ARE ENTITLED TO CERTAIN BENEFITS UPON RETIREMENT OR DEATH During calendar year 2013, Michael Lauf ALSO participated in a Section 457(f) plan Twelve percent of his base salary was contributed and each contribution is subject to a three year vesting schedule The amount deferred in calendar year 2013 was $87,720 and is included in Schedule J, Part II, Column (C)
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) 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

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				
DIANNE C KOLB President VNA	(I) (II)	0 205,082	45,087	27,118	0 36,807	0 24,743	0 338,837	0 21,784
MICHAEL G JONES Sr VP Chief Legal Off/Clerk	(I) (II)	0 313,055	77,106	29,449	0 41,491	0 33,895	0 494,996	0 28,483
MICHAEL K LAUF PRESIDENT/CEO/TRUSTEE	(I) (II)	0 726,780	267,000	81,346	0 184,878	0 40,260	0 1,300,264	0 52,468
GROVER BAXLEY MD TRUSTEE - SEE SCH J, PART III	(I) (II)	258,414 0		36,834	10,200 0	1,971 0	307,419 0	0 0
MICHAEL L CONNORS SENIOR VP FINANCE/CFO	(I) (II)	0 375,213	71,060	40,840	0 50,915	0 31,920	0 569,948	0 31,760
EMILY TIERNEY MD PHYSICIAN	(I) (II)	448,540 0	991,690	378	23,292 0	13,170 0	1,477,070 0	0 0
DAVID RYAN VP of HR (until 2/13)	(I) (II)	0 41,532		230,685	0 6,716	0 7,525	0 286,458	0 29,745
JEANNE FALLON SR VP & CIO	(I) (II)	0 237,266	56,925	5,389	0 39,191	0 26,495	0 365,266	0 0
ROBERT KLEINBAUER President - MACC	(I) (II)	0 220,793		2,772	0 20,467	0 34,338	0 278,370	0 0
JEFFREY S DYKENS VP FI-12/13,COO FAL HOSPITAL	(I) (II)	0 198,370	25,000	24,831	0 22,196	0 35,628	0 306,025	0 18,212
WILLIAM AGEL MD TRUSTEE - SEE SCH J, PT III	(I) (II)	450,278 0	19,000	14,166	10,200 0	34,338 0	527,982 0	0 0
RICHARD B ZELMAN MD PHYSICIAN	(I) (II)	1,095,786 0	225,000	44,114	10,200 0	34,338 0	1,409,438 0	0 0
ACHILLE PAPAVASILIOU MD PHYSICIAN	(I) (II)	591,297 0	392,749	630	25,004 0	36,370 0	1,046,050 0	0 0
PAUL HOULE MD PHYSICIAN	(I) (II)	596,372 0	322,786	630	26,157 0	32,920 0	978,865 0	0 0
GORDON NAKATA MD PHYSICIAN	(I) (II)	591,297 0	261,240	630	26,158 0	36,370 0	915,695 0	0 0
RICHARD F SALLUZZO MD FORMER PRESIDENT/CEO	(I) (II)	0 0		407,371	0 0	0 10,856	0 418,227	0 0
Patrick Kane SVP OF MRKTG,COMMUN AND DEVLP	(I) (II)	0 306,013	72,715	1,806	0 23,120	0 31,920	0 435,574	0 0
ARTHUR MOMBOURQUETTE COO	(I) (II)	0 396,068	65,000	11,806	0 15,482	0 32,790	0 521,146	0 0
THERESA M AHERN SVP, STRAT, COMMUNITY/GOV REL	(I) (II)	0 201,694	53,700	1,641	0 19,286	0 24,585	0 300,906	0 0
JAMES BUTTERICK CMO FAL HOSP 11/13-8/14	(I) (II)	0 133,694		28,943	0 5,556	0 25,515	0 193,708	0 24,875

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				
VICTOR OLIVEIRA VP OF PATIENT SERVICES	(I) (II)	0 214,102	40,119	23,204	0 25,633	0 34,308	0 337,366	0 18,439
JOHN LIPOMI SR VP OF MANAGED CARE	(I) (II)	0 341,429	82,582	5,334	0 47,913	0 25,393	0 502,651	0 0
DONALD GUADAGNOLI CMO CAPE COD HOSPITAL	(I) (II)	0 415,406	81,903	9,883	0 52,970	0 37,370	0 597,532	0 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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	6,784,516	15,120,667	5,160,000	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	1,295,804
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	27,995,000
11	Other spent proceeds	62,400,000	36,443,888	25,463,900	20,735,223
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion				2014

		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 %		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 %						
6	Total of lines 4 and 5		0 %						
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 %						
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		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 the 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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART IV, LINE 2(C)	MHEFA, REVENUE BONDS, SERIES D - THE DATE THE REBATE COMPUTATION WAS LAST PERFORMED WAS 6/30/2014 MHEFA, REVENUE BONDS, SERIES E - THE DATE THE REBATE COMPUTATION WAS LAST PERFORMED WAS 7/12/2012

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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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	MDFA REVENUE BONDS SERIES 2014	04-3431814		09-29-2014	24,000,000	RENOVATION & REAL ESTATE PURCHASE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	24,000,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	300,000			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	8,228,670			
11	Other spent proceeds	0			
12	Other unspent proceeds	15,471,330			
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						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		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						
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 %						
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 ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		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						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		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							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		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						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the 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						
b	Name of provider	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						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 ▶ $												

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
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV	(6) The transaction amount disclosed for Cape Cod Emergency Associates is inclusive of a management fee of $275,004 The remaining transaction amount ($11,500,941) reflects actual payments for the professional medical services rendered by CCEAs physicians and other clinicians to patients within Cape Cod Hospital facilities during FY14

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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	118,575	MACC EMPLOYEE		No
(2) DR DALE WELDON	SPOUSE OF OFFICER	95,368	HOSPITAL EMPLOYEE		No
(3) GROVER BAXLEY PC	TRUSTEE IS OWNER	279,609	MEDICAL SERVICES		No
(4) ASC SURGEONS OF CAPE COD	TRUSTEE IS PARTIAL OWNER	246,948	MEDICAL SERVICES		No
(5) CAPE COD SURGEONS	TRUSTEE IS PARTIAL OWNER	106,120	RENTAL OF FACILITIES		No
(6) CAPE COD EMERGENCY ASSOCIATES	TRUSTEE IS PARTIAL OWNER	11,775,945	MEDICAL SERVICES		No
(7) CAPE HEALTH INSURANCE COMPANY	TRUST/OFF ARE DIRECTORS	3,475,656	PREMIUM PAYMENTS		No

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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.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	33	3,600,008	VALUE OF STOCK REC'D
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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.** 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.

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

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 COMMUNITY BENEFITS MISSION STATEMENT CAPE COD HEALTHCARE, INC , THROUGH ITS COMMUNITY BENEFITS INITIATIVE, IS COMMITTED TO ENHANCING TH E QUALITY OF AND ACCESS TO COMPREHENSIVE HEALTH CARE SERVICES FOR ALL THE RESIDENTS OF CAP E COD THROUGH CONTINUOUS ASSESSMENT OF COMMUNITY NEEDS, COORDINATED PLANNING AND THE ALLO CATION OF RESOURCES, THIS COMMITMENT INCLUDES A SPECIAL FOCUS ON THE UNMET NEEDS OF THE FI NANCIALLY DISADVANTAGED AND UNDERSERVED POPULATIONS WE WILL TAKE A LEADERSHIP ROLE IN COL LABORATIVE EFFORTS JOINING OUR RESOURCES, TALENT, AND COMMITMENT WITH THAT OF OTHER PROVID ERS, ORGANIZATIONS AND COMMUNITY MEMBERS THE COMMUNITY BENEFITS MISSION STATEMENT WAS AFF IRMED BY THE CCHC COMMUNITY HEALTH COMMITTEE AND THE BOARD OF TRUSTEES IN 2000 AND REMAINS IN EFFECT TARGET POPULATIONS 1 NAME OF THE TARGET POPULATION INDIVIDUALS MANAGING OR AT RISK OF CHRONIC AND/OR INFECTIOUS DISEASES SUCH AS CANCER, CARDIOVASCULAR DISEASE, DIABET ES, HIV/AIDS, HEPATITIS C OR DENTAL DISEASE BASIS FOR SELECTION ALIGNED WITH STATEWIDE HE ALTH PRIORITIES AND NATIONAL STATISTICS, RESIDENTS MANAGING CHRONIC ILLNESS ARE AT THE GRE ATEST RISK OF DECLINED HEALTH AND DEATH CANCER, CARDIOVASCULAR-RELATED DISEASE, DIABETES, INFECTIOUS DISEASES AND ORAL HEALTH ISSUES ARE HIGHLY REPRESENTED AMONG RESIDENTS OF BARN STABLE 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 FACI NG BARRIERS TO ACCESS TO CARE DUE TO LANGUAGE, COST, OR AGE, INCLUDING THOSE WHO ARE UNINS URED OR UNDER-INSURED BASIS FOR SELECTION NEARLY 93% OF RESIDENTS IN BARNSTABLE COUNTY H AVE HEALTH INSURANCE COVERAGE BUT SIGNIFICANT ISSUES RELATED TO ACCESS TO CARE STILL EXIST THE COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED AVAILABILITY OF CERTAIN PROVIDERS, OUT- OF-POCKET COSTS, A LACK OF KNOWLEDGE OF AVAILABLE SERVICES AND LINGUISTIC CHALLENGES 3 NA ME OF THE TARGET POPULATION COMMUNITY MEMBERS DEALING WITH MENTAL HEALTH ISSUES BASIS FO R SELECTION ACCESS TO ADEQUATE MENTAL HEALTH CARE IS AN AREA OF CONCERN IN BARNSTABLE COU NTY, AS EVIDENCED BY AN INCREASE IN SUICIDE RATES, AND THE HIGH NUMBER OF PATIENTS PRESENT ING WITH MENTAL HEALTH DISORDERS IN HOSPITAL EMERGENCY CENTERS POPULATIONS DEALING WITH M ENTAL HEALTH ISSUES ARE SERVED THROUGH A NETWORK OF HEALTH CARE AND SOCIAL SERVICE PROVIDE RS IN OUR REGION BUT UNMET NEEDS INCLUDING A SHORTAGE OF AVAILABLE PSY CHIATRIC PROVIDERS A ND CHALLENGES NAVIGATING AVAILABLE SERVICES STILL EXIST 4 NAME OF THE TARGET POPULATION COMMUNITY MEMBERS DEALING WITH SUBSTANCE ABUSE BASIS FOR SELECTION THE ISSUE OF SUBSTANC E USE AND ABUSE IS A CRITICAL ISSUE FOR THE HEALTH SY STEM AND COMMUNITY IN BARNSTABLE COUN TY THE OVERALL RATES OF SUBSTANCE ABUSE ADMISSIONS ARE HIGHER IN BARNSTABLE COUNTY THAN M A, SPECIFICALLY FOR ALCOHOL AS A PRIMARY SUBSTANCE IN ADDITION, TREATMENT ADMISSIONS FOR OPIATES AS A PRIMARY SUBSTANCE OF USE GREW FROM 11% IN 2007 TO 28% IN 2011 ALTHOUGH RESID ENTS WITH SUBSTANCE ABUSE ISSUES ARE SERVED THROUGH A NETWORK OF HEALTH CARE AND TREATMENT PROVIDERS IN OUR REGION, UNMET NEEDS SUCH AS AVAILABILITY OF DETOX AND TREATMENT OPTIONS AND NAVIGATION OF SERVICES STILL EXIST 5 NAME OF TARGET POPULATION SENIOR POPULATION AGE S 65 AND OLDER BASIS FOR SELECTION ACCORDING TO THE 2010 U S CENSUS, THE POPULATION OF INDIVIDUALS AGE 65 AND OLDER REPRESENT OVER 25% OF THE YEAR ROUND POPULATION 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 TH E HEALTH CARE SY STEM, ACCESS TO CARE AND NAVIGATION OF RESOURCES HAVE BEEN PRESENTED AS CR ITICAL ISSUES IN OUR REGION THIS POPULATION IS SERVED THROUGH A NETWORK OF HEALTH CARE AN D SOCIAL SERVICE PROVIDERS BUT UNMET NEEDS STILL EXIST 6 NAME OF TARGET 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 NEEDS ASSESSMENT AS A SPE CIFIC POPULATION AT RISK DUE TO INCREASING RATES OF SUBSTANCE ABUSE TREATMENT ADMISSIONS, SEXUALLY TRANSMITTED DISEASES AND MOTOR VEHICLE ACCIDENTS THIS POPULATION IS SERVED THROU GH A NETWORK OF HEALTH CARE AND SOCIAL SERVICE PROVIDERS BUT UNMET NEEDS STILL EXIST PUBL ICATION OF TARGET POPULATIONS NOT SPECIFIED, OTHER- ATTORNEY GENERAL WEBSITE HOSPITAL/HMO WEB PAGE PUBLICIZING TARGET POP HTTP://WWW CAPECO

Return Reference	Explanation	
	FORM 990, PART I, LINE 1 AND PART III, LINE 1	DHEALTH ORG/COMMUNITY KEY ACCOMPLISHMENTS OF REPORTING YEAR IN 2014, THE CAPE COD HEALTHCA RE (CCHC) COMMUNITY BENEFITS DEPARTMENT CONTINUED TO BUILD UPON SUCCESSFUL HOSPITAL BASED PROGRAMS AND COMMUNITY COLLABORATIONS AND LAUNCHED NEW INITIATIVES TO ADDRESS THE SIGNIFIC ANT HEALTH NEEDS AND VULNERABLE POPULATIONS OF BARNSTABLE COUNTY HOSPITAL-BASED INITIATIV ES FOCUSED ON THE MANAGEMENT AND PREVENTION OF CHRONIC AND INFECTIOUS DISEASES, ADDRESSING BEHAVIORAL HEALTH NEEDS IN THE ACUTE CARE ENVIRONMENT, IMPROVING ACCESS TO CARE FOR UNINS URED AND UNDER-INSURED RESIDENTS, AND BUILDING COALITIONS AND COLLABORATIONS TO ADDRESS TH E IMPACT OF SUBSTANCE ABUSE IN OUR COMMUNITY CLINICAL AND COMMUNITY-BASED INITIATIVES WER E LAUNCHED TO HELP INDIVIDUALS IMPROVE THEIR SELF-MANAGEMENT OF CHRONIC DISEASES SUCH AS C ONGESTIVE HEART FAILURE AND DIABETES UPON DISCHARGE FROM CAPE COD HOSPITAL AND FALMOUTH H OSPITAL, IN-HOME VISITS BY PHARMACISTS AND CLINICAL CARE MANAGERS WERE PROVIDED IN AN EFFO RT TO SUPPORT INDIVIDUALS MANAGING CHRONIC DISEASE AND THEIR CARE-GIVERS SUPPORT GROUPS A ND COMMUNITY OUTREACH AND EDUCATION ACTIVITIES SUCH AS HEALTH FAIRS, PUBLIC ACCESS COMMUNI TY TELEVISION AND SPEAKING ENGAGEMENTS BY PHYSICIANS AND CLINICAL EDUCATORS PROVIDED CRITI CAL INFORMATION ABOUT DISEASE PREVENTION, DETECTION AND MANAGEMENT TO THE PUBLIC GRANT-FU NDED INFECTIOUS DISEASE SCREENINGS AND OUTREACH PROGRAMS WERE MANAGED BY HOSPITAL-BASED IN FECTIOUS DISEASE STAFF FOR THE REGION AND RECOGNIZED FOR ITS ACHIEVEMENTS CAPE COD HEALTH CARE INFECTIOUS DISEASE CLINICAL SERVICES RECEIVED THE '2014 INSTITUTIONAL PARTNER AWARD' FROM THE MEDICAL ADVISORY COMMITTEE FOR THE ELIMINATION OF TUBERCULOSIS FALMOUTH HOSPITAL WAS RECOGNIZED BY THE IMMUNIZATION ACTION COALITION FOR ACHIEVING ONE OF THE HIGHEST REPO RTED RATES IN THE STATE FOR ITS WORK TO PROTECT NEWBORNS FROM HEPATITIS B INFECTION PHYSI CIAN LEADERS, CLINICIANS AND COMMUNITY LEADERS COLLABORATED THROUGH COALITIONS AND TASK FO RCES TO ADDRESS CRITICAL ISSUES SUCH THE OPIATE USE AND ABUSE CRISIS, SUBSTANCE ABUSE DURI NG PREGNANCY AND SUBSTANCE EXPOSED NEWBORNS, MATERNAL DEPRESSION, AND COORDINATION BETWEEN MENTAL HEALTH PROVIDERS IN OUR REGION FINANCIAL ASSISTANCE AND COUNSELING ACTIVITIES PRO VIDED GUIDANCE TO UNINSURED AND UNDER-INSURED INDIVIDUALS AND FAMILIES SEEKING HELP NAVIGA TING NEW STATE AND FEDERAL INSURANCE PLAN OPTIONS RESIDENTS WERE PROVIDED TELEPHONE-BASED ACCESS ASSISTANCE AND ONLINE PHYSICIAN FINDER RESOURCES TO ASSIST IN THEIR SEARCH FOR AVA ILABLE PRIMARY CARE AND SPECIALTY PROVIDERS IN BARNSTABLE COUNTY FINANCIAL SUPPORT AND CO LLABORATION WITH THE FOUR FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS OPERATING IN BARNST ABLE COUNTY FOCUSED EFFORTS TO DEVELOP COMPLEX CARE MANAGEMENT INITIATIVES AND EXPANDING A CCESS TO BEHAVIORAL HEALTH SERVICES IN ADDITION, CCHC CONTINUED TO SUPPORT EFFORTS TO EXP AND ACCESS TO HEALTH CARE FOR VULNERABLE POPULATIONS THROUGH FUNDING INTERPRETER SERVICES FOR COMMUNITY-BASED PHYSICIAN OFFICES AND SUSTAINING A NETWORK OF SPECIALTY CARE PROVIDERS WHO OFFERED SIGNIFICANTLY REDUCED OR FREE CARE TO UNINSURED AND UNDERINSURED INDIVIDUALS IN BARNSTABLE COUNTY

Return Reference	Explanation	
	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 NEW PROGRAMS WERE LAUNCHED THROUGH COMMUNITY BENEFITS GRANT SUPPORT, INCLUDING A PILOT PROGRAM THAT INTEGRATED SUBSTANCE ABUS E COUNSELORS IN AN OBSTETRICS AND GYNECOLOGY OFFICE, THE LAUNCH OF REGIONAL NUTRITION WORK SHOPS FOR SENIORS, AND PLACEMENT OF CLINICIANS IN HEAD START CLASSROOMS TO ADDRESS EARLY-O NSET OF MENTAL HEALTH ISSUES OTHER PROGRAMS WERE SUSTAINED OR EXPANDED THROUGH CCHC'S SUP PORT, INCLUDING A MENTORING PROGRAM FOR HIGH-RISK YOUTH, AN EDUCATION CAMPAIGN TO PREVENT LYME DISEASE AND A FISH PURCHASING PROGRAM TO IMPROVE THE NUTRITIONAL QUALITY OF FOOD DIST RIBUTED AT LOCAL FOOD PANTRIES COMMUNITY BENEFITS AND HOSPITAL STAFF CONTINUED TO PLAY LE ADERSHIP ROLES IN HEALTH AND HUMAN SERVICE ORGANIZATIONS AND COALITIONS ACROSS BARNSTABLE COUNTY INCLUDING CAPE COD COMMUNITY HEALTH AREA NETWORK (CHNA 27) STEERING COMMITTEE, BARN STABLE COUNTY HUMAN SERVICES ADVISORY COUNCIL, BARNSTABLE COUNTY REGIONAL SUBSTANCE ABUSE COUNCIL, BEHAVIORAL HEALTH PROVIDER COALITION OF CAPE COD & THE ISLANDS AND THE SUBSTANCE ABUSE IN PREGNANCY TASK FORCE PLANS FOR NEXT REPORTING YEAR ANNUAL COMMUNITY BENEFITS PLA NS FOR CAPE COD HOSPITAL, FALMOUTH HOSPITAL AND CAPE COD HEALTHCARE ALIGN DIRECTLY WITH TH E PRIORITIES, GOALS AND OBJECTIVES OF THE THREE-YEAR IMPLEMENTATION PLAN INCLUDED IN THE 2 014 - 2016 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPOR T AN ELEVEN-MEMBER COMMUNITY HEALTH COMMITTEE, A SUBCOMMITTEE OF THE BOARD OF TRUSTEES OF CAPE COD HEALTHCARE, PROVIDES OVERSIGHT AND INPUT TO ANNUAL PLANNING AND IMPLEMENTATION O F KEY INITIATIVES COMMUNITY BENEFITS STAFF ENSURES THAT ANNUAL PLANS, PRIORITIES, GOALS A ND ACTIVITIES COMPLY WITH MASS ATTORNEY GENERAL (AG) GUIDELINES, MEDICARE GUIDELINES AND I RS REQUIREMENTS GOALS FOR FY2015 1 CHRONIC AND INFECTIOUS DISEASE INVEST IN INITIATIVE S, CLINICAL PROGRAMMING AND COMMUNITY EDUCATION AND OUTREACH AIMED AT THE MANAGEMENT AND P REVENTION OF CHRONIC AND INFECTIOUS DISEASE 2 ACCESS TO CARE IMPROVE ACCESS TO PRIMARY AND SPECIALTY CARE FOR CAPE COD'S UNDERSERVED AND VULNERABLE POPULATIONS THROUGH PARTNERSH IPS AND SUPPORT OF COMMUNITY HEALTH CENTERS, INTERPRETER SERVICES, AND HEALTH CARE ENROLLM ENT EFFORTS 3 MENTAL HEALTH PROMOTE EDUCATION, COORDINATION, AND NAVIGATION OF SERVICES TARGETED AT INDIVIDUALS AND FAMILIES FACING MENTAL HEALTH ISSUES 4 SUBSTANCE ABUSE ENG AGE IN COLLABORATIVE EFFORTS TO SUPPORT COMMUNITY-BASED SUBSTANCE ABUSE PREVENTION AND EDU CATION EFFORTS 5 YOUTH AND SENIOR HEALTH SUPPORT INNOVATIVE AND PREVENTATIVE HEALTH INI TIATIVES FOR THE COMMUNITY WITH A SPECIFIC FOCUS ON YOUTH AGES 15-24 YEARS OLD AND SENIORS OVER THE AGE OF 65 6 SUPPORT REGIONAL HEALTH EFFORTS THROUGH DIRECT GRANT FUNDING AND A COMPETITIVE RFP GRANTS PROGRAM OPEN TO ALL COMMUNITY ORGANIZATIONS WITH PROGRAMS ALIGNED WITH COMMUNITY BENEFITS PRIORITIES 7 MAINTAIN AND DEVELOP COMMUNITY LEADERSHIP OPPORTUNI TIES TO IMPROVE THE HEALTH STATUS OF THE RESIDENTS OF BARNSTABLE COUNTY INCLUDING PARTICIP ATION WITH THE COMMUNITY HEALTH AREA NETWORK (CHNA 27) STEERING COMMITTEE, BEHAVIORAL HEAL TH PROVIDER COALITION OF CAPE COD & THE ISLANDS, THE BARNSTABLE COUNTY HUMAN SERVICES ADVI SORY COUNCIL, AND THE BARNSTABLE COUNTY REGIONAL SUBSTANCE ABUSE COUNCIL 8 ENGAGE PHYSIC IANS, NURSES AND CLINICAL STAFF THROUGHOUT CCHC TO INFORM AND ADVISE COMMUNITY BENEFITS PL ANNING AND PROGRAM DEVELOPMENT COMMUNITY BENEFITS LEADERSHIP/TEAM CAPE COD HEALTHCARE, CA PE COD HOSPITAL AND FALMOUTH HOSPITAL, ALONG WITH OUR AFFILIATES, FULFILL THE CRITICAL ROL E OF SAFETY NET PROVIDERS TO THE RESIDENTS OF BARNSTABLE COUNTY AND VISITORS TO OUR REGION THE DEVELOPMENT OF CAPE COD HEALTHCARE'S STRATEGIC INITIATIVES AND COMMUNITY COLLABORATI ONS, INCLUDING THE COMMUNITY BENEFITS PROGRAM, IS LED BY MICHAEL K LAUF, CHIEF EXECUTIVE OFFICER AND THERESA M AHERN, SENIOR VICE PRESIDENT, STRATEGY AND GOVERNMENTAL AFFAIRS MA NAGEMENT OF THE PROGRAM IS THE RESPONSIBILITY OF LISA GUYON, DIRECTOR OF COMMUNITY BENEFIT S THE COMMUNITY HEALTH COMMITTEE PROVIDES STRATEGIC OVERSIGHT TO THE COMMUNITY BENEFITS P ROGRAM AS A DESIGNATED SUBCOMMITTEE OF THE BOARD OF TRUSTEES THE COMMITTEE IS COMPRISED O F MEMBERS WHO WORK IN PUBLIC HEALTH ORGANIZATIONS, COMMUNITY-BASED ORGANIZATIONS, COMMUNIT Y ADVOCACY GROUPS AND COUNTY GOVERNMENT, AS WELL AS TWO CURRENT MEMBERS OF THE CCHC BOARD OF TRUSTEES THE COMMITTEE DEVELOPS AND RECOMMENDS POLICIES TO THE CAPE COD HEALTHCARE BOA RD OF TRUSTEES REGARDING COMMUNITY BENEFITS PROGRAMS, SETS PRIORITIES, AWARDS PRIORITY GRA NT FUNDING, AND ADVISES ON COMMUNITY HEALTH ISSUES AND INITIATIVES FY 14 COMMUNITY HEALTH COMMITTEE MEMBERS ELEANOR CLAUS (CHAIR) CCHC BOARD MEMBER KINLIN GROVER REAL ESTATE 927 ROUTE 6A, Y ARMOUTHPORT, MA 02675 508 362 3000 X203 ECLAUS@KINLINGROVER COM ELIZABETH ALBER T BARNSTABLE COUNTY HUMAN SERVICES P O BOX 427, B

Return Reference	Explanation	
	OVER 20 NON-PROFIT ORGANIZATIONS RECEIVED SUPPORT FROM CCHC THROUGH DIRECT	ARNSTABLE, MA 02630 508 375 6626 BALBERT@BARNSTABLECOUNTY ORG REPRESENTING COMMUNITY AT L ARGE & COUNTY DEPARTMENTS KAREN CARDEIRA FALMOUTH HUMAN SERVICES 65 TOWN HALL SQUARE, FALM OUTH, MA 02540 508 548 0533 KCARDEIRA@FALMOUTHHUMANSERVICES ORG REPRESENTING COMMUNITY AT LARGE & UPPER CAPE MARY DEVLIN PUBLIC HEALTH AND WELLNESS DIVISION, VISITING NURSE ASSOCI ATION OF CAPE COD 255 INDEPENDENCE DRIVE, HYANNIS, MA 02601 508 957 7619 MDEVLIN@VNACAPECO D ORG REPRESENTING PROVINCETOWN TO PLY MOUTH WITH EMPHASIS ON CHRONIC DISEASE AND HEALTHY AGING OF THE SENIOR POPULATION GEORGIA CARVALHO CAPE COD COMMUNITY COLLEGE 2240 IYANNOUGH ROAD, WEST BARNSTABLE, MA 02668 508 362 2131 EXT 4492 GCARVALHO@CAPECOD EDU REPRESENTING EDUCATION AND YOUNG ADULTS KAREN GARDNER COMMUNITY HEALTH CENTER OF CAPE COD 107 COMMERCI AL ST , MASHPEE, MA 02649 508 477 7090 KGARDNER@CHCOFCAPECOD ORG REPRESENTING COMMUNITY H EALTH CENTER NETWORK & UPPER CAPE SUZANNE FAY GLYNN, ESQ CCHC BOARD MEMBER GLYNN LAW OFFI CES 49 LOCUST STREET, FALMOUTH, MA 02540 508 548 8282 LJARVIS@GLYNNLAWOFFICES COM REPRESEN TING CCHC BOARD OF TRUSTEES CARMEN LEBRON CAPE COD IMMIGRANT CENTER 624 OSTERVILLE WEST B ARNSTABLE ROAD, UNIT E1 MARSTONS MILLS, MA 02648 508 428 0517 CLEBRON@CAPECOD EDU REPRESEN TING COMMUNITY AT LARGE WITH FOCUS ON IMMIGRANT POPULATIONS, HEALTH DISPARITIES AND EMERG ING HEALTH NEEDS HADLEY LUDDY BIG BROTHER BIG SISTERS 1934 FALMOUTH ROAD, CENTERVILLE, MA 02601 508-775-5150 HLUDDY@BBBSCCI ORG REPRESENTING YOUTH AND YOUNG ADULTS BRIAN O'MALLEY , MD 30 SHANK PAINTER ROAD, PROVINCETOWN, MA 02657 508-487-3505 BOMALLEY@CAPECODHEALTH ORG REPRESENTING COMMUNITY AT LARGE & OUTER CAPE CHRIS HOTTLE PROVINCETOWN COUNCIL ON AGING 2 6 ALDEN STREET, PROVINCETOWN, MA 02657 508-487-7080 CHOTTLE@PROVINCETOWN-MA GOV REPRESENTI NG SENIOR POPULATIONS & OUTER CAPE CAPE COD HEALTHCARE MEMBER THERESA M AHERN SENIOR VI CE PRESIDENT, STRATEGY AND GOVERNMENTAL AFFAIRS CAPE COD HEALTHCARE 88 LEWIS BAY ROAD HYAN NIS, MA 02601 508-862-5077 TAHERN@CAPECODHEALTH ORG COMMUNITY BENEFITS TEAM MEETINGS THE C OMMUNITY HEALTH COMMITTEE MEETING DATES FOR FY 2014 WERE NOVEMBER 19, 2013 9 00 - 11 00 A M FEBRUARY 20, 2014 4 00-5 30 PM JUNE 19, 2014 4 00-5 30 PM JULY 17, 2014 4 00-5 30 PM

Return Reference	Explanation	
	COMMUNITY PARTNERS	AIDS SUPPORT GROUP OF CAPE COD AMERICAN CANCER SOCIETY BARNSTABLE COUNTY CAPE COD COOPERAT IVE EXTENSION SERVICES BARNSTABLE COUNTY HUMAN SERVICES BARNSTABLE SCHOOL SYSTEM BEHAVIORA L HEALTH PROVIDER COALITION OF CAPE COD & THE ISLANDS BIG BROTHERS BIG SISTERS OF CAPE COD & THE ISLANDS BOYS AND GIRLS CLUB OF CAPE COD CALMER CHOICE CAPE AND ISLANDS EMS SYSTEMS, INC CAPE AND ISLANDS UNITED WAY CAPE COD CHAMBER OF COMMERCE CAPE COD CHILD DEVELOPMENT C APE COD FOUNDATION CAPE COD HUNGER NETWORK CHILDREN'S COVE COMMUNITY ACTION COMMITTEE OF C APE COD & ISLANDS COMMUNITY DEVELOPMENT PARTNERSHIP COMMUNITY HEALTH CENTER OF CAPE COD CO MMUNITY HEALTH NETWORK AREA 27 CAPE COD & ISLANDS (CHNA 27) DUFFY HEALTH CENTER ELDER SERV ICES OF CAPE COD & THE ISLANDS HARBOR COMMUNITY HEALTH CENTER - HYANNIS HELPING OUR WOMEN HOPE HEALTH DEMENTIA & ALZHEIMER'S SERVICES GOSNOLD ON CAPE COD MASSACHUSETTS DEPARTMENT O F PUBLIC HEALTH MOTHERS AND INFANTS RECOVERY NETWORK NATIONAL ALLIANCE ON MENTAL ILLNESS C APE COD ORAL HEALTH EXCELLENCE COLLABORATIVE OUTER CAPE HEALTH SERVICES PARKINSON SUPPORT NETWORK OF CAPE COD SIGHT LOSS SERVICES SPECIALTY NETWORK FOR THE UNINSURED COMMUNITY HEAL TH NEEDS ASSESSMENT DATE LAST ASSESMENT COMPLETED AND CURRENT STATUS THE 2014 - 2016 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTA TION PLAN WAS RELEASED AND MADE WIDELY AVAILABLE TO THE PUBLIC ON SEPTEMBER 27TH, 2013 CA PE COD HOSPITAL AND FALMOUTH HOSPITAL FOLLOWED IRS REGULATIONS AND MA ATTORNEY GENERAL GUI DELINES TO CONDUCT THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT OF POPULATIONS LIVING IN THE SERVICE AREA OF BARNSTABLE COUNTY SIGNIFICANT COMMUNITY INPUT WAS DOCUMENTED AND DATA WAS COLLECTED FROM NATIONAL, STATE, REGIONAL AND LOCAL SOURCES TO IDENTIFY THE SIGNIF ICANT HEALTH NEEDS OF BARNSTABLE COUNTY SPECIAL ATTENTION WAS GIVEN TO VULNERABLE POPULAT IONS, STATEWIDE PRIORITIES WERE CONSIDERED AND THE COMMUNITY ASSETS AVAILABLE TO MEET NEED S WERE IDENTIFIED AND ASSESSED AN IMPLEMENTATION PLAN RELATED TO THE SIGNIFICANT HEALTH N EEDS OF BARNSTABLE COUNTY RESIDENTS WAS DEVELOPED WITH OUTLINED GOALS, OBJECTIVES, INITIAT IVES, RESOURCES AND POTENTIAL COLLABORATORS THE OBJECTIVES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT WERE TO GATHER STATISTICALLY VALID INFORMATION AND ACCURATE COMPARISONS TO STAT E AND NATIONAL BENCHMARKS OF HEALTH AND QUALITY OF LIFE MEASURES FOR RESIDENTS OF BARNSTAB LE COUNTY AND TO INTEGRATE RESEARCH FINDINGS INTO COMMUNITY BENEFIT AND HOSPITAL PLANNING ACTIVITIES THAT ADDRESS SIGNIFICANT COMMUNITY NEEDS AND VULNERABLE POPULATIONS OVER 80 CO MMUNITY ORGANIZATIONS PARTICIPATED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT THROUGH FOCUS GROUPS, KEY INFORMATION INTERVIEWS AND COMMUNITY INPUT FORUMS DATA WAS COLLECTED THROUGH A HOUSEHOLD TELEPHONE SURVEY OF RESIDENTS OF BARNSTABLE COUNTY USING A SURVEY INSTRUMENT A DAPTED FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S BEHAVIORAL RISK FACTOR SURVEI LLANCE SYSTEM PRIMARY DATA COLLECTED THROUGH COMMUNITY INPUT AND THE HOUSEHOLD TELEPHONE SURVEY WAS HEAVILY AUGMENTED WITH SECONDARY DATA FROM NATIONAL, STATE, AND REGIONAL SOURCE S THE MOST CURRENT BARNSTABLE COUNTY HEALTH DATA AVAILABLE WAS COLLECTED, ANALYZED, SYNTH ESIZED AND COMPARED TO MA AND US DATA AS AVAILABLE. DATA COLLECTION EFFORTS FOCUSED ON DEM OGRAPHIC CHARACTERISTICS, BEHAVIORAL RISK FACTORS ASSOCIATED WITH HEALTH STATUS, DISEASE I NCIDENCE AND PREVALENCE RATES, ACCESS TO CARE, HEALTH STATUS INDICATORS, MORBIDITY/MORTALI TY RATES AND HOSPITAL UTILIZATION THE SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH DATA CO LLECTION AND COMMUNITY INPUT WERE DISTINGUISHED AND PRIORITIZED BASED ON THE FREQUENCY, UR GENCY, SCOPE, SEVERITY AND MAGNITUDE OF THE IDENTIFIED ISSUES THE SIGNIFICANT HEALTH NEED S AND ASSOCIATED TARGET AND VULNERABLE POPULATIONS ARE THE FOUNDATION FOR COMMUNITY BENEFI TS AND HOSPITAL PLANNING AND PROGRAM IMPLEMENTATION SPANNING FISCAL YEARS 2014 - 2016 KEY DATA SETS FEATURED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ARE UPDATED ON AN ONGOING BAS IS COMMUNITY BENEFITS AND HOSPITAL PLANNING ACTIVITIES WILL BE FURTHER DEFINED, UPDATED A ND 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 FO R DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), YOUT H RISK BEHAVIORAL SURVEILLANCE SYSTEM (YRBSS), NATIONAL CENTER FOR HEALTH STATISTICS, NATI ONAL PROGRAM OF CANCER REGISTRIES, CDC WONDER DATABASE, HEALTHY PEOPLE 2020 -FALMOUTH PREV ENTION PARTNERSHIP COMMUNITY PROFILE ON YOUTH SUBSTANCE ABUSE IN FALMOUTH 2009 -MASSACHUSE TTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION -MASSACHUSETTS DEPARTMENT OF LABOR AN D WORKFORCE DEVELOPMENT - MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH BUREAU OF SUBSTANCE A BUSE SERVICES, - MASSCHIP (MASSACHUSETTS COMMUNITY

Return Reference	Explanation	
	COMMUNITY PARTNERS	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 SURV EY OF BARNSTABLE COUNTY RESIDENTS - COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT AND LOCAL HEALTH AGENCIES CONSULTANTS/OTHER ORGANIZATIONS AIDS SUPPORT GROUP OF CAPE COD AMERICAN CA NCER SOCIETY BARNSTABLE COUNTY HUMAN RIGHTS COMMISSION BARNSTABLE COUNTY HUMAN SERVICES BA RNSTABLE COUNTY PUBLIC HEALTH NURSE BARNSTABLE SCHOOL SYSTEM BIG BROTHERS BIG SISTERS OF C APE COD AND THE ISLANDS BOURNE COUNCIL ON AGING BOYS & GIRLS CLUB OF CAPE COD CAPE & ISLAN DS EMERGENCY MEDICAL SERVICES SYSTEM CAPE & ISLANDS UNITED WAY CAPE AND ISLANDS SUICIDE PR EVENTION COALITION CAPE COD CENTER FOR WOMEN CAPE COD COMMUNITY COLLEGE CAPE COD COUNCIL O F 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 MEDICA L RESERVE CORPS CAPE COD NEIGHBORHOOD SUPPORT COALITION CAPE COD WIC CAPE& ISLANDS GAY STR AIGHT YOUTH ALLIANCE CCH PATIENT AND FAMILY ADVISORY COMMITTEE CHAMP HOMES CHILD AND FAMIL Y 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 TH E ISLANDS EMERALD PHY SICIANS FALMOUTH HOUSING AUTHORITY FALMOUTH HUMAN SERVICES FALMOUTH P OLICE DEPARTMENT FALMOUTH PREVENTION PARTNERSHIP FALMOUTH SERVICE CENTER FREEDOM FROM ADDI CTION NETWORK GOSNOLD ON CAPE COD HEALTH IMPERATIVES HEALTH IMPERATIVES - HY ANNIS FAMILY P LANNING HELPING OUR WOMEN HOPE DEMENTIA AND ALZHEIMER'S SERVICES OF CAPE COD HOPE HEALTH H YANNIS YOUTH 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 M ASHPEE HOUSING AUTHORITY MATERNAL DEPRESSION TASK FORCE NATIONAL MULTIPLE SCLEROSIS SOCIET Y ORAL HEALTH EXCELLENCE COLLABORATIVE PARISH NURSE MINISTRIES OF CAPE COD PROVINCETOWN CO UNCIL ON AGING REACHING ELDERS WITH ADDITIONAL COMMUNITY HELP (REACH) SAMARITANS ON CAPE C OD AND ISLANDS SANDWICH COUNCIL ON AGING SANDWICH HOUSING AUTHORITY SERVING THE HEALTH INF ORMATION NEEDS OF OTHERS (SHINE) SOUTH BAY MENTAL HEALTH SPECIALTY NETWORK FOR THE UNINSUR ED 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 CA PE COD Y MCA OF CAPE COD Y OUTH SUICIDE PREVENTION PROJECT

Return Reference	Explanation	
	DATA SOURCES	COMMUNITY FOCUS GROUPS, HOSPITAL, CONSUMER GROUP, INTERVIEWS, MASSCHIP, PUBLIC HEALTH PERS ONNEL, SURVEYS, CHINA COMMUNITY BENEFITS PROGRAMS COMMUNITY BASED INTERPRETER SERVICES PROG RAM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE, DIRECT SERVICES, GRANT/DON ATION/FOUNDATION/SCHOLARSHIP, HEALTH COVERAGE SUBSIDIES OR ENROLLMENT, OUTREACH TO UNDERSE RVED, PREVENTION STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIO NS, REDUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDES ANNUAL SUPPORT TO IMPROVE ACCESS TO PRIM ARY 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 LANG UAGE INTERPRETERS TO COMMUNITY-BASED PHYSICIAN PRACTICES TO ASSIST LIMITED AND NON-ENGLISH SPEAKING PATIENTS AND THEIR FAMILIES THE AVAILABILITY OF PROFICIENT AND PROFESSIONAL INT ERPRETER SERVICES ENSURES THE DELIVERY OF SAFE QUALITY HEALTH CARE AND POSITIVE CLINICAL O UTCOMES TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO H EALTH CARE, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUA GE ALL GOALS GOAL DESCRIPTION INCREASE ACCESS TO CARE BY PROVIDING MEDICAL INTERPRETATIO NS IN COMMUNITY-BASED PRIMARY CARE AND SPECIALTY CARE SETTINGS GOAL STATUS COLLABORATION WITH HEALTH CENTERS AND PHYSICIAN OFFICES RESULTED IN 950 LANGUAGE INTERPRETATIONS IN FY1 4 APPROXIMATELY, 79% OF INTERPRETATIONS WERE FOR RESIDENTS SPEAKING PORTUGUESE AND 21% FO R RESIDENTS SPEAKING SPANISH PROGRAM EFFORTS ARE ONGOING PARTNERS PARTNER NAME, DESCRIPT ION PARTNER 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 VARIO US HARBOR COMMUNITY HEALTH CENTER-HYANNIS HTTP //WWW HHSI US/CAPE-COD/HARBOR-COMMUNITY-HEA LTH-CENTER-HYANNIS/ CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODH EALTH ORG DETAILED DESCRIPTION NOT SPECIFIED SPECIALTY NETWORK FOR THE UNINSURED (SNU) PR OGRAM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE, DIRECT SERVICES,GRANT/DO NATION/FOUNDATION/SCHOLARSHIP,HEALTH COVERAGE SUBSIDIES OR ENROLLMENT,HEALTH SCREENING,OUT REACH TO UNDERSERVED,PREVENTION, SCHOOL/HEALTH CENTER PARTNERSHIP STATEWIDE PRIORITY ADDR ESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULA TIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDES ANNUAL GRANT SUPPORT TO INCREASE ACCESS TO SPECIALTY CARE FOR THE UNINSURED AND U NDER-INSURED RESIDENTS OF BARNSTABLE COUNTY THROUGH THE SPECIALTY NETWORK FOR THE UNINSURE D (SNU) THE PROGRAM IS MANAGED IN COLLABORATION WITH LOCAL COMMUNITY HEALTH CENTERS TO PR OVIDE APPOINTMENTS WITH SPECIALISTS WHO PROVIDE FREE OR SIGNIFICANTLY REDUCED SLIDING-SCAL E FEES FOR OFFICE VISITS, PROCEDURES AND CONTINUED CARE THE PROGRAM ALSO HOSTS CARDIOLOGY , ORTHOPEDIC AND DIABETIC EYE-EXAM CLINICS WITH SERVICES PROVIDED BY VOLUNTEER PHYSICIANS TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CAR E, IMMUNIZATION, OTHER ALZHEIMER DISEASE, OTHER ARTHRITIS, OTHER ASTHMA/ALLERGIES, OTHE R CANCER, OTHER CARDIAC DISEASE, OTHER CHRONIC PAIN , OTHER COLITIS/CROHN DISEASE, OTH ER CULTURAL COMPETENCY, OTHER DIABETES, OTHER HEPATITIS, OTHER HIV/AIDS, OTHER HYPERT ENSION, OTHER LYME DISEASE, OTHER OSTEOPOROSIS/MENOPAUSE, OTHER PARKINSON'S DISEASE, OT HER PULMONARY DISEASE/TUBERCULOSIS, OTHER STROKE, OTHER UNINSURED/UNDERINSURED, OTHER VISION , OVERWEIGHT AND OBESITY SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GO AL DESCRIPTION INCREASE ACCESS TO SPECIALTY CARE FOR LOW-INCOME, UNINSURED AND UNDER-INSU RED INDIVIDUALS GOAL STATUS THE SNU PROGRAM PROVIDED 578 PATIENT APPOINTMENTS WITH SPECI ALISTS IN FY14 PROGRAM EFFORTS ARE ONGOING GOAL DESCRIPTION PROVIDE ACCESS TO SPECIALIS TS FOR UNINSURED OR UNDER-INSURED RESIDENTS WHO FACE LANGUAGE BARRIERS TO CARE GOAL STATU S SEVENTY-FOUR PERCENT (74%) OF PROGRAM PARTICIPANTS SPOKE PORTUGUESE, 20% SPOKE ENGLISH AND 6% SPOKE SPANISH AS THEIR PRIMARY SPOKEN LANGUAGE PARTNERS PARTNER NAME, DESCRIPTION, PARTNER WEB ADDRESS COMMUNITY HEALTH CENTER OF CAPE COD HTTP //WWW CHCOFCAPECOD ORG/ HARB OR COMMUNITY HEALTH CENTER- HYANNIS WWW HHSI US DUFFY HEALTH CENTER WWW DUFFYHEALTHCENTER ORG NANTUCKET COTTAGE HOSPITAL WWW NANTUCKETHOSPITAL ORG ISLAND HEALTH CARE WWW IHIMV ORG CAPE COD HEALTHCARE WWW CAPECODHEALTH ORG CONTACT INFORMATION LISA GUYON, CAPE COD HEALTH CARE, 88 LEWIS BAY ROAD, HYANNIS, MA, 02601, PHONE

Return Reference	Explanation	
	DATA SOURCES	508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

Return Reference	Explanation	
	PRESCRIPTION ASSISTANCE PROGRAM CAPE COD HOSPITAL AND FALMOUTH HOSPITAL	PROGRAM TYPE DIRECT SERVICES,GRANT/DONATION/FOUNDATION/SCHOLARSHIP, HEALTH COVERAGE SUBSI DIES OR ENROLLMENT,OUTREACH TO UNDERSERVED STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNE SS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM BRIE F DESCRIPTION OR OBJECTIVE THE PRESCRIPTION ASSISTANCE PROGRAM IS AN INITIATIVE OF CAPE C OD HOSPITAL AND FALMOUTH HOSPITAL EMERGENCY, BEHAVIORAL HEALTH AND PHARMACY DEPARTMENTS AS A COMMUNITY BENEFIT TO HELP UNINSURED, UNDER-INSURED AND FINANCIALLY DISADVANTAGED PATIEN TS WHO HAVE NO OTHER VIABLE MEANS TO PAY FOR MEDICATIONS UPON DISCHARGE FROM HOSPITAL FACI LITIES TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HE ALTH CARE, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAG E ALL GOALS GOAL DESCRIPTION ASSIST RESIDENTS WHO ARE UNABLE TO AFFORD MEDICATIONS TO EN SURE COMPLIANCE WITH THEIR HOSPITAL DISCHARGE PLANS GOAL STATUS CAPE COD HOSPITAL AND FA LMOUTH HOSPITAL EMERGENCY AND BEHAVIORAL HEALTH DEPARTMENTS PROVIDED PRESCRIPTION ASSISTAN CE TOTALING $22,300 FOR UNINSURED, UNDERINSURED OR FINANCIALLY CHALLENGED PATIENTS PROGRA M EFFORTS ARE ONGOING PARTNERS PARTNER NAME, DESCRIPTION AND PARTNER WEB ADDRESS LOCAL PH ARMACIES N/A CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEA LTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601 PHONE 508-862-7896, LGUYON@CAPECODHEALTH OR G DETAILED DESCRIPTION NOT SPECIFIED TRANSPORTATION ASSISTANCE PROGRAM CAPE COD HOSPITAL AND FALMOUTH HOSPITAL PROGRAM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE, DIRECT SERVICES,GRANT/DONATION/FOUNDATION/SCHOLARSHIP,OUTREACH TO UNDERSERVED STATEWIDE PR IORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISADV ANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARIT Y, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE IN AN EFFORT TO ASSIST LOW -INCOME AND VULNERABLE POPULATIONS, CAPE COD HOSPITAL AND FALMOUTH HOSPITAL PROVIDE TRANSP ORTATION UPON DISCHARGE FROM EMERGENCY AND BEHAVIORAL HEALTH DEPARTMENTS, TO THOSE PATIENT S WITHOUT RESOURCES FOR TRANSPORTATION TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABL E HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER SAFETY, OTHER UNINSURED/UNDERINSURED SE X ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOALS GOAL DESCRIPTION ASSIST RESID ENTS WHO ARE UNABLE TO AFFORD OR ACCESS TRANSPORTATION TO ENSURE COMPLIANCE WITH THEIR DIS CHARGE PLAN GOAL STATUS CAPE COD HOSPITAL AND FALMOUTH HOSPITAL EMERGENCY AND BEHAVIORAL HEALTH DEPARTMENTS PROVIDED TAXI VOUCHERS TOTALING $34,000 FOR FINANCIALLY DISADVANTAGED PATIENTS UPON DISCHARGE PROGRAM EFFORTS ARE ONGOING PARTNERS PARTNER NAME, DESCRIPTION A ND PARTNER WEB ADDRESS LOCAL TAXI COMPANIES N/A CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA, 02601 PHONE 5 08-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED HEALTH INSURANCE ENROLLMENT SERVICES COMMUNITY ACTION COMMITTEE OF CAPE COD AND THE ISLANDS PROGRAM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,DIRECT SERVICES,GRANT/DONATION/FOUND ATION/SCHOLARSHIP,HEALTH COVERAGE SUBSIDIES OR ENROLLMENT,OUTREACH TO UNDERSERVED,PREVENTI ON,SCHOOL/HEALTH CENTER PARTNERSHIP STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF V ULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCR IPTION OR OBJECTIVE IN FY14, CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDED A GRANT TO S UPPORT HEALTH INSURANCE ENROLLMENT AND RE-ENROLLMENT SERVICES AT COMMUNITY ACTION COMMITTE E OF CAPE COD AND THE ISLANDS, A COMMUNITY BASED ORGANIZATION THAT PROVIDES ASSISTANCE IN THE NAVIGATION OF HEALTH INSURANCE OPTIONS FOR RESIDENTS OF BARNSTABLE COUNTY SERVICES IN CLUDE BI-LINGUAL HEALTH CARE ENROLLMENT AND RE-ENROLLMENT SERVICES, LINKAGES TO PRIMARY CA RE PROVIDERS, CONSUMER EDUCATION WORKSHOPS AND COUNSELING AND OUTREACH TO LOW-INCOME AND I MMIGRANT RESIDENTS TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER CULTURAL COMPETENCY, OTHER EDUCATION/LEARNING ISSUES, OTHER ELDER CARE, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANG UAGE ALL, PORTUGUESE, SPANISH GOALS GOAL DESCRIPTION ASSIST INDIVIDUALS WITH ACCESS TO H EALTH INSURANCE AND ENROLLMENT/RE-ENROLLMENT SERVICES AND EDUCATION GOAL STATUS ASSISTED 2,566 INDIVIDUALS WITH HEALTH INSURANCE ENROLLMENT AND RE-ENROLLMENT SERVICES AND EDUCATI ON IN BARNSTABLE COUNTY GOAL DESCRIPTION PROVIDE "ACCESS TO CARE" CONSUMER EDUCATION SES SIONS TO THOSE SERVED GOAL STATUS OVER 685 INDIVIDUALS RECEIVED ONE ON ONE COUNSELING/ED UCATION OR ATTENDED CONSUMER EDUCATION WORKSHOPS

Return Reference	Explanation	
	PRESCRIPTION ASSISTANCE PROGRAM CAPE COD HOSPITAL AND FALMOUTH HOSPITAL	GOAL DESCRIPTION LINK NEWLY INSURED INDIVIDUALS AND FAMILIES TO PRIMARY CARE PROVIDERS G OAL STATUS APPROXIMATELY 683 INDIVIDUALS RECEIVING ENROLLMENT SERVICES WERE LINKED TO PRI MARY CARE PROVIDERS PARTNERS PARTNER NAME, DESCRIPTION AND PARTNER WEB ADDRESS BARNSTABLE HIGH SCHOOL WWW BARNSTABLE K12 MA US/BHS/ FALMOUTH SERVICE CENTER WWW FALMOUTHSERVICECENT ER ORG/ HEALTH IMPERATIVES - CAPE COD WIC WWW HEALTHIMPERATIVES ORG COMMUNITY ACTION COMMI TTEE OF CAPE COD & ISLANDS WWW CACCI CC A BABY CENTER WWW ABABYCENTER ORG DUFFY HEALTH CEN TER WWW DUFFYHEALTHCENTER ORG HARBOR COMMUNITY HEALTH CENTER-HYANNIS WWW HHSI US/CAPECOD M ASSHEALTH TRAINING FORUMS WWW MASSHEALTHMTF ORG CAREER OPPORTUNITIES CENTER WWW CAPEJOBS C OM 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 DETAILE D DESCRIPTION NOT SPECIFIED SUPPORTING BEHAVIORAL HEALTH SERVICES FOR HOMELESS AND AT RIS K ADULTS AT THE DUFFY HEALTH CENTER PROGRAM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDIN G INITIATIVE, DIRECT SERVICES, GRANT/DONATION/FOUNDATION/SCHOLARSHIP, HEALTH COVERAGE SUBS IDIES OR ENROLLMENT, HEALTH SCREENING, OUTREACH TO UNDERSERVED, PREVENTION, SCHOOL/HEALTH CENTER PARTNERSHIP STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRON IC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULA TIONS, REDUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECT IVE THE DUFFY HEALTH CENTER PROVIDES PRIMARY CARE AND BEHAVIORAL HEALTH CARE TO HOMELESS ADULTS AND THOSE AT-RISK FOR HOMELESSNESS IN BARNSTABLE COUNTY IN FY14, COMMUNITY BENEFIT S FUNDING FROM CAPE COD HEALTHCARE SUPPORTED THE DUFFY HEALTH CENTERS BEHAVIORAL HEALTH SE RVICES INCLUDING THERAPY, PSYCHIATRY AND CASE MANAGEMENT SUPPORT OF PATIENTS WHO ARE FREQU ENT CONSUMERS OF EMERGENCY SERVICES IN THE COMMUNITY TARGET POPULATION REGIONS SERVED CO UNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, MENTAL HEALTH, OTHER ALCOHOL AND SUBSTANCE ABUSE, OTHER ELDER CARE, OTHER HOMELESSNESS, OTHER STRESS MANAGEMENT, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP ALL ADULTS ETHNIC GROUP ALL LANGUAGE ALL GOA LS GOAL DESCRIPTION DUFFY HEALTH CENTER WILL PROVIDE BEHAVIORAL HEALTH SERVICES TO 1,200 PATIENTS GOAL STATUS BEHAVIORAL HEALTH SERVICES WERE PROVIDED TO 1,820 INDIVIDUALS THROU GH 9,024 VISITS GOAL DESCRIPTION DUFFY HEALTH CENTER WILL PROVIDE PSYCHIATRIC SERVICES, PRIMARILY MEDICATION PRESCRIBING AND MONITORING, TO APPROXIMATELY 300 PATIENTS GOAL STATU S PSYCHIATRIC SERVICES, INCLUDING MEDICATION PRESCRIBING AND MONITORING, WERE PROVIDED TO 411 INDIVIDUALS THROUGH 1,894 VISITS GOAL DESCRIPTION ALL (100%) NEW DUFFY HEALTH CENTE R PATIENTS WILL BE SCREENED FOR BEHAVIORAL HEALTH NEEDS GOAL STATUS ALL NEW DUFFY HEALTH CENTER PATIENTS WERE SCREENED FOR BEHAVIORAL HEALTH NEEDS USING THE PHQ-9 TOOL TO DETECT DEPRESSION AND ANXIETY ANY PATIENTS MEETING A PARTICULAR SCORING THRESHOLD OF THE SCREENI NG TOOL WERE PROVIDED BEHAVIORAL HEALTH SERVICES PARTNERS PARTNER NAME, DESCRIPTION AND P ARTNER WEB ADDRESS VETERANS AFFAIRS VARIOUS THE DUFFY HEALTH CENTER WWW DUFFYHEALTHCENTER ORG HOUSING ASSISTANCE CORPORATION WWW HACONCAPECOD ORG CAPE COD COMMUNITY COLLEGE WWW CA PECOD EDU CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTH CARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

Return Reference	Explanation	
	SUPPORT GROUPS AND CLASSES AT CAPE COD HOSPITAL AND FALMOUTH HOSPITAL	PROGRAM TYPE COMMUNITY EDUCATION,COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,DIR ECT SERVICES,GRANT/DONATION/FOUNDATION/ SCHOLARSHIP,OUTREACH TO UNDERSERVED,SUPPORT GROUP STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMEN T IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEAL TH DISPARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE SUPPORT GROUPS FOR BEREAVEMENT AND CANCER SURVIVORSHIP, AND CLASSES AND COUNSELING FOCUSED ON BREASTFEEDI NG, FATHERHOOD AND HOLISTIC SERVICES TO COMPLEMENT TRADITIONAL MEDICAL CARE ARE CONDUCTED ON A REGULAR BASIS AND OPEN TO ALL MEMBERS OF THE COMMUNITY CLASSES ARE HOSTED AT HOSPITA LS AND IN THE COMMUNITY TO PROVIDE ACCESS FOR ALL POPULATIONS INFORMATION AND RESOURCES A RE AVAILABLE TO INDIVIDUALS, FAMILIES AND FRIENDS AND MANY INCLUDE IN-PERSON MEETINGS AND CONTACTS TO OFFER SUPPORT AND REASSURANCE THROUGH THEIR SPECIFIC DISEASE/HEALTH CARE SITUA TION TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR OTHER ARTHRIT IS, OTHER BEREAVEMENT, OTHER CANCER, OTHER CHILD CARE, OTHER CHRONIC PAIN , OTHER DIA BETES, OTHER HOSPICE, OTHER HY PERTENSION, OTHER NUTRITION, OTHER PARENTING SKILLS, OTH ER PREGNANCY, OTHER STRESS MANAGEMENT SEX ALL AGE GROUP ADULT, ADULT-ELDER, ADULT-YOUN G ETHNIC GROUP ALL LANGUAGE ALL GOALS GOAL DESCRIPTION PROVIDE SUPPORT GROUPS FOR INDIVI DUALS, FAMILIES AND CAREGIVERS ON A CONTINUUM OF ISSUES INCLUDING CANCER SURVIVORSHIP, PRE NATAL/NEW PARENTS, BEREAVEMENT AND CHRONIC DISEASE SELF MANAGEMENT GOAL STATUS IN FY14, OVER 2,800 HOURS OF SUPPORT GROUPS AND CLASSES WERE OFFERED AND FACILITATED FOR INDIVIDUAL S AND FAMILIES PROGRAM EFFORTS ARE ONGOING PARTNERS PARTNER NAME, DESCRIPTION AND PARTNE R WEB ADDRESS VISITING NURSES ASSOCIATION HTTP://WWW VNACAPECOD ORG AMERICAN CANCER SOCIET Y WWW CANCER ORG Y MCA CAPE COD HTTP://Y MCACAPECOD ORG/ CONTACT INFORMATION LISA GUY ON, DI RECTOR OF COMMUNITY BENEFITS, 88 LEWIS BAY ROAD, HY ANNIS, MA 02601, PHONE 508-862-7896, L GUY ON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED WORKFORCE DEVELOPMENT INITIATI VES PROGRAM TY PE COMMUNITY EDUCATION,COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE ,HEALTH PROFESSIONAL/STAFF TRAINING,MENTORSHIP/CAREER TRAINING/INTERNSHIP,OUTREACH TO UNDE RSERVED,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 D ESCRIPTION OR OBJECTIVE CAPE COD HEALTHCARE RECOGNIZES THE IMPORTANCE OF WORKFORCE DEVELO PMENT AND SUPPORTS THE OPPORTUNITY FOR STUDENTS FROM HIGH SCHOOL THROUGH GRADUATE SCHOOL T O HAVE A POSITIVE AND PROFESSIONAL EXPERIENCE THROUGH INTERNSHIPS, JOB SHADOWING AND TRAIN ING WITH HEALTH CARE PROVIDERS IN SEVERAL HOSPITAL DEPARTMENTS BY TRAINING AND MENTORING STUDENTS FOR FUTURE EMPLOY MENT, WE HOPE TO SUCCESSFULLY ENGAGE INDIVIDUALS SO THEY SELECT HEALTH CARE AS A VIABLE AND ADMIRABLE VOCATION, THUS DECREASING THE POTENTIAL RISK FOR PRE DICTED FUTURE SHORTAGES IN THE WORKPLACE TARGET POPULATION REGIONS SERVED COUNTY-BARNSTA BLE HEALTH INDICATOR ACCESS TO HEALTH CARE SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANG UAGE ALL GOALS GOAL DESCRIPTION INCREASE ACCESS TO SERVICES THROUGH WORKFORCE DEVELOPMEN T PARTNERSHIPS GOAL STATUS IN FY14, OVER 10,800 HOURS OF WORKFORCE DEVELOPMENT EFFORTS T OOK PLACE INCLUDING STUDENT TRAINING, MENTORING AND JOB SHADOWING PROGRAM EFFORTS ARE ONG OING IN FY15 PARTNERS PARTNER NAME, DESCRIPTION AND PARTNER WEB ADDRESS CAPE COD COMMUNIT Y COLLEGE WWW CAPECOD EDU/ UPPER CAPE REGIONAL TECHNICAL SCHOOL WWW UPPERCAPETECH COM/ CAP E COD REGIONAL TECHNICAL HIGH SCHOOL HTTP://WWW CAPETECH US/ MA COLLEGE OF PHARMACY AND HE ALTH SCIENCES WWW MCPHS EDU UMASS DARTMOUTH WWW UMASSD EDU BOSTON COLLEGE WWW BC EDU BARNS TABLE HIGH SCHOOL WWW BARNSTABLE K12 MA US ENDICOTT COLLEGE WWW ENDICOTT EDU QUINCY COLLEG E WWW QUINCY COLLEGE EDU BRISTOL COMMUNITY COLLEGE WWW BRISTOL MASS EDU CONTACT INFORMATION LISA GUY ON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HY AN NIS, MA 02601, PHONE 508-862-7896, LGUY ON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPE CIFIED HELPING HANDS IN-HOME CLINICAL SUPPORT FOR HIGH-RISK PATIENTS PROGRAM TY PE DIRECT SERVICES, OUTREACH TO UNDERSERVED, PREVENTION STATEWIDE PRIORITY ADDRESS UNMET HEALTH NE EDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WE LLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY BRIEF DESCRIPTION OR OBJECTIVE THIS PROGRAM OFFERS CLINICAL NURSE CASE MANAGEMENT AND MEDICATION REVIEW BY A PHARMACIST IN THE HOME FOR HIGH-RISK INDIVIDUALS WITH A CHRONIC DISEASE, COMPLEX MEDICATION REGIMEN, OR WHEN HIGH RISK OF FALLS HAS BEEN IDENTIFIED PATIENTS AND THEIR CAREGIVERS ARE PROVIDE D COACHING ON SELF-MANAGEMENT OF THEIR CHRONIC DIS

Return Reference	Explanation	
	SUPPORT GROUPS AND CLASSES AT CAPE COD HOSPITAL AND FALMOUTH HOSPITAL	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 GOAL DESCR IPTION PROVIDE HIGH-RISK INDIVIDUALS WITH IN-HOME MEDICATION MANAGEMENT, CHRONIC DISEASE EDUCATION, CLINICAL CARE COORDINATION AND CAREGIVER SUPPORT GOAL STATUS IN FY14, 745 IND IVIDUALS RECEIVED FREE SERVICES TO IMPROVE THEIR HEALTH STATUS THROUGH THE PROGRAM PROGRA M EFFORTS ARE ONGOING PARTNERS PARTNER NAME, DESCRIPTION AND PARTNER WEB ADDRESS ELDER SE RVICES OF CAPE COD AND THE ISLANDS WWW ESCCI ORG/ PHYSICIAN OFFICES ACROSS CAPE COD SKILLE D NURSING FACILITIES - VARIOUS VISITING NURSE ASSOCIATION OF CAPE COD WWW VNACAPECOD ORG/ CONTACT INFORMATION LISA GUYON, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA, 0260 1 PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED ONE TO ONE MENTORING FOR HIGH-RISK YOUTH BIG BROTHERS BIG SISTERS OF CAPE COD & THE ISLANDS PRO GRAM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE, DIRECT SERVICES,GRANT/DON ATION/FOUNDATION/SCHOLARSHIP,OUTREACH TO UNDERSERVED,SCHOOL/HEALTH CENTER PARTNERSHIP STAT EWIDE PRIORITY PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY B RIEF DESCRIPTION OR OBJECTIVE IN AN EFFORT TO REDUCE THE RISK FACTORS AND INCREASE THE RE SILIENCY FACTORS FOR YOUTH AT AN ELEVATED RISK OF SUBSTANCE USE AND ABUSE, CAPE COD HEALTH CARE COMMUNITY BENEFITS PROVIDED A GRANT TO BIG BROTHERS BIG SISTERS OF CAPE COD & THE ISL ANDS TO EXPAND MENTORING OPPORTUNITIES ON CAPE COD BIG BROTHERS BIG SISTERS FOCUSED SPECI FICALLY ON RECRUITING CHILDREN FOR MENTORING WHO MET A MINIMUM OF THREE OF THE FOLLOWING R ISK FACTORS ASSOCIATED WITH CHILDHOOD DRUG/ALCOHOL ABUSE LOW-INCOME HOUSEHOLD, SINGLE-PAR ENT HOUSEHOLD, ALCOHOL OR DRUG ABUSE IN THE HOUSEHOLD, LOW SELF-ESTEEM/MINIMAL CONFIDENCE AND/OR ISOLATION FROM PEERS/FEW CLOSE FRIENDS TARGET POPULATION REGIONS SERVED COUNTY-BA RNSTABLE HEALTH INDICATOR MENTAL HEALTH, OTHER ALCOHOL AND SUBSTANCE ABUSE, OTHER EDUCA TION/LEARNING ISSUES, OTHER SAFETY, SUBSTANCE ABUSE, TOBACCO USE SEX ALL AGE GROUP ADUL T-YOUNG, CHILD-PRETEEN, CHILD-PRIMARY SCHOOL ETHNIC GROUP ALL LANGUAGE ALL GOALS GOAL DE SCRIPTION RECRUIT AND MATCH CHILDREN AT ELEVATED RISK FOR SUBSTANCE USE AND ABUSE GOAL S TATUS IN FY14, 75 NEW MATCH RELATIONSHIPS WERE CREATED WITH 56% OF MATCHES MADE FOR YOUTH WITH ELEVATED RISKS FOR SUBSTANCE USE AND ABUSE GOAL DESCRIPTION RECRUIT A DIVERSE GROU P OF CHILDREN REPRESENTING DIFFERENT GENDERS, ETHNIC REPRESENTATION AND GEOGRAPHIC LOCATIO NS IN BARNSTABLE COUNTY GOAL STATUS APPROXIMATELY 60% OF CHILDREN RECRUITED WERE MALE AN D 40% WERE FEMALE, 53% WERE CAUCASIAN, 24% MULTI-RACIAL, 17% AFRICAN-AMERICAN AND 6% IDENT IFIED AS HISPANIC, ASIAN OR OTHER RACE PARTNERS PARTNER NAME, DESCRIPTION AND PARTNER WEB ADDRESS BIG BROTHERS BIG SISTERS CAPE COD & THE ISLANDS HTTP://WWW BBBSMB ORG/SITE/C 9GKM JZMXF7LUG/B 8485091/K 84FA/ABOUT_MENTORIN G_ON_CAPE_COD HTM CONTACT INFORMATION LISA GUYO N, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA, 02 601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

Return Reference	Explanation	
	SMILE ORAL HEALTH EXCELLENCE COLLABORATIVE	PROGRAM TYPE COMMUNITY EDUCATION,COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,DIR ECT SERVICES,GRANT/DONATION/FOUNDATION/SCHOLARSHIP, HEALTH COVERAGE SUBSIDIES OR ENROLLMEN T,HEALTH PROFESSIONAL/STAFF TRAINING,HEALTH SCREENING,OUTREACH TO UNDERSERVED,PREVENTION,S CHOOL/HEALTH CENTER PARTNERSHIP STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNIN SURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNE RABLE POPULATIONS, REDUCING HEALTH DISPARITY BRIEF DESCRIPTION OR OBJECTIVE CAPE COD HEAL THCARE COMMUNITY BENEFITS PROVIDED GRANT SUPPORT TO THE ORAL HEALTH EXCELLENCE COLLABORATI VE (OHEC) FOR EFFORTS TO EDUCATE LOW-INCOME SENIORS ABOUT THEIR ORAL HEALTH, HYGIENE ROUTI NES AND DENTAL CARE RESOURCES PROGRAM ACTIVITIES INCLUDED PLACING VOLUNTEER ORAL HEALTH E DUCATORS 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 C ARE THROUGH STRENGTHENING EDUCATION, INFORMATION, COORDINATION AND REFERRAL BETWEEN RESIDE NTS AND ORAL HEALTH PROVIDERS TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER DENTAL HEALTH, OTHER ELDER CARE, OTHER UNINSURE D/UNDERINSURED SEX ALL AGE GROUP ADULT-ELDER, ALL ETHNIC GROUP ALL LANGUAGE ALL GOALS GOAL DESCRIPTION RECRUIT, TRAIN AND SECURE SMILE COUNSELORS IN EACH COUNCIL ON AGING ON C APE COD GOAL STATUS VOLUNTEER SMILE COUNSELORS WERE TRAINED, MENTORED AND PLACED IN EACH OF THE 15 COUNCIL ON AGING OFFICES ACROSS CAPE COD VOLUNTEERS INCLUDE RETIREES, DENTAL H YGIENISTS, HEALTH CARE PROFESSIONALS AND HEALTH EDUCATORS GOAL DESCRIPTION IMPROVE THE O RAL HYGIENE ROUTINES OF SENIORS THROUGH ONE ON ONE COUNSELING SESSIONS WITH SMILE COUNSELO RS FACILITATE ACCESS TO DENTAL CARE AND FOLLOW-UP SERVICES FOR SENIORS WITH UNTREATED DEN TAL DISEASE GOAL STATUS OVER 203 LOW-INCOME RESIDENTS AGES 65+ RECEIVED ONE ON ONE DENTA L HYGIENE COUNSELING FROM A SMILE COUNSELOR SEVENTY-FIVE (75) SENIORS WERE LINKED TO DENT AL CARE THROUGH SMILE COUNSELORS PARTNERS PARTNER NAME, DESCRIPTION AND PARTNER WEB ADDRE SS ORAL HEALTH EXCELLENCE COLLABORATIVE WWW ORALHEALTHEXCELLENCE NET CAPE COD DISTRICT DEN TAL SOCIETY WWW MASSDENTAL ORG/CAPECOD COUNCILS ON AGING SERVING TOGETHER (COAST) WWW CAPE COAST TUMBLR COM SERVING HEALTH INFORMATION NEEDS OF ELDERS WWW CAPECODSENIORS ORG ELDER S ERVICES OF CAPE COD WWW ESCCI ORG CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY B ENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, L GUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED SUPPORTING ADOLESCENT HEALTH A ND CHRONIC DISEASE MANAGEMENT INITIATIVES AT HARBOR COMMUNITY HEALTH CENTER - HYANNIS PROG RAM TYPE COMMUNITY EDUCATION,COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,DIRECT SERVICES,GRANT/DONATION/FOUNDATION/SCHOLARSHIP, HEALTH COVERAGE SUBSIDIES OR ENROLLMENT,HE ALTH SCREENING,OUTREACH TO UNDERSERVED,PREVENTION,SCHOOL/HEALTH CENTER PARTNERSHIP STATEWI DE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DI SADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISP ARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE CAPE COD HEALTHCARE CO MMUNITY BENEFITS PROVIDED A GRANT TO HARBOR COMMUNITY HEALTH CENTER-HYANNIS (HCHC-H) TO IM PROVE ADOLESCENT HEALTH EDUCATION OUTREACH AND CHRONIC DISEASE MANAGEMENT OF PATIENTS HCH C-H OFFERED UNDERAGE DRINKING AND SUBSTANCE USE/ABUSE PREVENTION SERVICES TO AT-RISK MINOR ITY YOUTH AND RISK REDUCTION COUNSELING RELATED TO THE TRANSMISSION OF SEXUALLY TRANSMITTE D DISEASES IN ADDITION, THE GRANT SUPPORTED THE EFFORTS OF HCHC-H TO IMPROVE THE CARE COO RDINATION OF HIGH-RISK PATIENTS WITH DIABETES, HYPERTENSION AND PEDIATRIC ASTHMA TARGET P OPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, MENTAL HEALTH, OTHER ALCOHOL AND SUBSTANCE ABUSE, OTHER ASTHMA/ALLERGIES, OTHER CULTURAL COMP ETENCY, OTHER DIABETES, OTHER DRUNK DRIVING, OTHER HEPATITIS, OTHER HIV/AIDS, OTHER H YPERTENSION, OTHER LANGUAGE/LITERACY, OTHER PREGNANCY, OTHER PUBLIC SAFETY, OTHER SAFE TY, OTHER SEXUALLY TRANSMITTED DISEASES, OTHER SMOKING/TOBACCO, OTHER STRESS MANAGEMENT , OTHER STROKE, OTHER UNINSURED/UNDERINSURED, RESPONSIBLE SEXUAL BEHAVIOR, SUBSTANCE ABU SE, TOBACCO USE SEX ALL AGE GROUP ADULT, ADULT-YOUNG, ALL ADULTS, CHILD-PRETEEN, CHILD-T EEN ETHNIC GROUP ALL LANGUAGE ALL GOALS GOAL DESCRIPTION REACH 200 YOUTH THROUGH MOBILE OUTREACH AND HEALTH EDUCATION INITIATIVES GOAL STATUS HCHC-H SERVED 541 YOUTH UNDER THE AGE OF 19 YEARS DURING THE GRANT PERIOD IN ADDITION TO COMMUNITY EDUCATION INITIATIVES, HCHC-H LAUNCHED A WALK-IN HIV AND HEPATITIS C VIRUS TESTING AND COUNSELING SITE FOR ADOLES CENTS GOAL DESCRIPTION DEVELOP CHRONIC DISEASE HIGH-RISK REGISTRIES TO IDENTIFY AND MONI TOR PATIENTS IN NEED OF INCREASED CARE COORDINATIO

Return Reference	Explanation	
	SMILE ORAL HEALTH EXCELLENCE COLLABORATIVE	N GOAL STATUS HCHC-H DEVELOPED A DIABETES REGISTRY WITH 130 PATIENTS AND A HYPERTENSION REGISTRY WITH 217 PATIENTS IDENTIFIED FOR MONITORING BY STAFF NURSES A 'TOP PRIORITY' REG ISTRY OF 43 PATIENTS WAS DEVELOPED TO MANAGE THE CARE OF HCHC-H'S MOST COMPLEX PATIENTS P ARTNERS PARTNER NAME, DESCRIPTION AND PARTNER WEB ADDRESS HARBOR COMMUNITY HEALTH CENTER - HYANNIS WWW HHSI US CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECOD HEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED SUPPORTING ACCESS TO CARE AND CHRONIC DISEA SE MANAGEMENT INITIATIVES AT THE COMMUNITY HEALTH CENTER OF CAPE COD PROGRAM TYPE COMMUNI TY EDUCATION,COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,DIRECT SERVICES,GRANT/DO NATION/FOUNDATION/SCHOLARSHIP, HEALTH SCREENING,OUTREACH TO UNDERSERVED,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 OR OBJECTIVE CAPE COD HEALTHCARE PROVIDED COMMUNITY BENEFITS FUNDING TO THE COMMUNITY HEALTH CENTER OF CAPE COD (CHCCC) TO SUPPORT EFFORTS TO ASSESS BARRIERS TO CARE SUCH AS TRANSPOR TATION, MEDICATION ASSISTANCE, INSURANCE STATUS AND LITERACY FOR NEW PATIENTS AND TO EXPAN D SCREENING AND CARE COORDINATION FOR HIGH RISK PATIENTS WITH CHRONIC DISEASE OR BEHAVIORA L HEALTH NEEDS TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, MENTAL HEALTH, OTHER ALCOHOL AND SUBSTANCE ABUSE, OTHER ASTHMA/ALLERGIE S, OTHER CANCER, OTHER CARDIAC DISEASE, OTHER CHRONIC PAIN , OTHER CULTURAL COMPETENCY , OTHER DENTAL HEALTH, OTHER DIABETES, OTHER HOMELESSNESS, OTHER HYPERTENSION, OTHER NUTRITION, OTHER SAFETY, OTHER SMOKING/TOBACCO, OTHER STRESS MANAGEMENT, OTHER STROKE, OTHER UNINSURED/UNDERINSURED, OTHER VISION , SUBSTANCE ABUSE SEX ALL AGE GROUP ALL ET HNIC GROUP ALL LANGUAGE ALL GOALS GOAL DESCRIPTION ASSESS BARRIERS TO CARE AND PROVIDE ORIENTATION WHICH INCLUDES AN OVERVIEW OF THE PRINCIPLES OF PATIENT CENTERED MEDICAL HOME MODELS AND ACCESSING CARE AFTER NORMAL BUSINESS HOURS FOR ALL NEW HEALTH CENTER PATIENTS GOAL STATUS CHCCC CONDUCTED BARRIER TO CARE ASSESSMENTS, INCLUDING ASSESSMENT OF INCOME S TATUS, LANGUAGE, INSURANCE STATUS, HOUSING STATUS, TRANSPORTATION NEEDS, AND PRESCRIPTION ASSISTANCE FOR 100% OF THE CURRENT AND NEW PATIENTS REGISTERED GOAL DESCRIPTION EXPAND S CREENINGS AND TREATMENT FOR CHRONIC CONDITIONS OF DEPRESSION, DIABETES AND HYPERTENSION G OAL STATUS OVER 5,000 PATIENTS WERE SCREENED FOR DEPRESSION, ANXIETY, SUBSTANCE ABUSE AND SUICIDAL IDEATION CHCCC ACHIEVED NEARLY 90% OF REQUIRED PREVENTATIVE TESTING FOR DIABETE S AND NEARLY 100% OF PATIENTS RECEIVED BLOOD PRESSURE SCREENINGS PARTNERS PARTNER NAME, D ESCRIPTION AND PARTNER WEB ADDRESS FALMOUTH SERVICE CENTER WWW FALMOUTHHUMANSERVICES ORG B ARNSTABLE COUNTY SHERIFFS DEPARTMENT WWW BSHERIFF NET VARIOUS SCHOOL SYSTEMS N/A COMMUNITY HEALTH CENTER OF CAPE COD HTTP //WWW CHCOFCAPECOD ORG/ SANDWICH SENIOR CENTER HTTP //WWW SANDWICHMASS ORG COMMUNITY ACTION COMMITTEE OF CAPE COD & THE ISLANDS WWW CACCI CC/ CONTAC T INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS B AY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIP TION NOT SPECIFIED SUPPORTING COMPLEX CARE MANAGEMENT AT OUTER CAPE HEALTH SERVICES PROGR AM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE, DIRECT SERVICES, GRANT/DONA TION/FOUNDATION/SCHOLARSHIP, HEALTH COVERAGE SUBSIDIES OR ENROLLMENT, HEALTH SCREENING, OU TREACH TO UNDERSERVED, PREVENTION, SCHOOL/HEALTH CENTER PARTNERSHIP STATEWIDE PRIORITY AD DRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPU LATIONS, PROMOTING WELLNESS OF VULNERABL

Return Reference	Explanation	
	MEDICAL TRANSPORTATION FOR THE CHRONICALLY ILL FROM THE OUTER CAPE	HELPING OUR WOMEN PROGRAM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE, DIRE CT SERVICES, GRANT/DONATION/FOUNDATION/SCHOLARSHIP, HEALTH COVERAGE SUBSIDIES OR ENROLLMEN T, OUTREACH TO UNDERSERVED STATEWIDE PRIORITY CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY, SUPP ORTING HEALTHCARE REFORM 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 BENEFITS PROVIDED A GRANT IN FY14 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 RESID E FROM EASTHAM TO PROVINCETOWN TARGET POPULATION REGIONS SERVED EASTHAM, PROVINCETOWN, T RURO, WELLFLEET HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER CANCER, OTHER CARDIAC DIS EASE, OTHER DIABETES, OTHER ELDER CARE, OTHER SAFETY - AUTO/PASSENGER, OTHER STROKE SE X ALL AGE GROUP ADULT, ADULT-ELDER ETHNIC GROUP ALL LANGUAGE ALL GOALS GOAL DESCRIPTIO N PROVIDE TRANSPORTATION TO MEDICAL APPOINTMENTS TO RESIDENTS FROM EASTHAM TO PROVINCETOW N GOAL STATUS IN FY14, 272 UNITS OF TRANSPORTATION WERE PROVIDED FOR 199 INDIVIDUALS FRO M THE OUTER CAPE CLIENTS FROM THE FOLLOWING TOWNS WERE ASSISTED PROVINCETOWN (115), WELL FLEET (47), TRURO (22), AND EASTHAM (15) GOAL DESCRIPTION ESTABLISH AND MAINTAIN RELATIO NSHIPS WITH OTHER REGIONAL TRANSPORTATION ORGANIZATIONS TO DEVELOP A TRANSPORTATION SAFETY NET FOR RESIDENTS TO ACCESS HEALTH CARE GOAL STATUS RELATIONSHIPS ESTABLISHED OR MAINTA INED WITH CAPE COD REGIONAL TRANSPORTATION AUTHORITY, CAPE AIR, AND COMMUNITY-BASED VOLUNT EER TRANSPORTATION ORGANIZATIONS PARTNERS PARTNER NAME, DESCRIPTION AND PARTNER WEB ADDRE SS PROVINCETOWN COUNCIL ON AGING WWW PROVINCETOWN-MA GOV EASTHAM COUNCIL ON AGING WWW EAST HAM-MA GOV TRURO COUNCIL ON AGING WWW TRURO-MA GOV/COUNCIL-ON-AGING WELLFLEET COUNCIL ON A GING WWW WELLFLEETMA ORG CAPE COD REGIONAL TRANSIT AUTHORITY WWW CAPECODTRANSIT ORG CONTAC T INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS B AY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIP TION NOT SPECIFIED SCHOOL BASED EARLY INTERVENTION AND PREVENTION PROGRAM GOSNOLD PROGRA M TYPE COMMUNITY EDUCATION,GRANT/DONATION/FOUNDATION/SCHOLARSHIP, HEALTH SCREENING, OUTREA CH TO UNDERSERVED,PREVENTION,SCHOOL/HEALTH CENTER PARTNERSHIP STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIO NS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY, SUPPORTING HE ALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE IN AN EFFORT TO ADDRESS SUBSTANCE USE AND ABUSE BY YOUTH AND YOUNG ADULTS, CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDED A FY14 GR ANT TO GOSNOLD ON CAPE COD TO PILOT EARLY INTERVENTION AND PREVENTION SERVICES IN A HIGH S CHOOL SETTING THE MODEL, DEVELOPED BY GOSNOLD ON CAPE COD, PROVIDED ONSITE ACCESS TO COUN SELING SERVICES, IDENTIFIED AND PROVIDED CLINICAL INTERVENTION WITH STUDENTS WHOSE LIVES A RE NEGATIVELY IMPACTED BY SUBSTANCE ABUSE AND ENCOURAGED AND SUPPORTED THE 'CLEAN AND SOBE R' STUDENTS IN THE SCHOOL TO HELP BUILD A CULTURE TO FOSTER HEALTHY BEHAVIORS AMONGST PEER S TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, MENTAL HEALTH, OTHER ALCOHOL AND SUBSTANCE ABUSE, OTHER SAFETY, OTHER STRESS MANA GEMENT, OTHER UNINSURED/UNDERINSURED, SUBSTANCE ABUSE SEX ALL AGE GROUP ADULT-YOUNG, CH ILD-PRETEEN, CHILD-TEEN ETHNIC GROUP ALL LANGUAGE ALL GOALS GOAL DESCRIPTION PROVIDE ON SITE COUNSELING TO SUPPORT, ASSESS AND PROVIDE CLINICAL COUNSELING FOR STUDENTS IDENTIFIED AS ABUSING SUBSTANCES OR AT RISK FOR ABUSING SUBSTANCES GOAL STATUS THIRTY STUDENTS WER E REFERRED TO THE GOSNOLD CLINICIAN DURING THE SCHOOL YEAR OF THOSE STUDENTS, TWENTY CONT INUED TO RECEIVE ONGOING COUNSELING AND ATTENDED MULTIPLE INDIVIDUAL SESSIONS GOAL DESCRI PTION PROVIDE ONSITE COUNSELING TO SUPPORT, ASSESS AND PROVIDE CLINICAL COUNSELING FOR ST UDENTS IDENTIFIED AS ABUSING SUBSTANCES OR AT RISK FOR ABUSING SUBSTANCES GOAL STATUS FO RTY PERCENT OF THE THIRTY STUDENTS SERVED WERE IN THE 11TH GRADE WITH AN EQUAL GENDER MIX SIXTY PERCENT OF THE STUDENTS WERE REFERRED BY A GUIDANCE COUNSELOR AND THIRTEEN PERCENT OF THE STUDENTS WERE SELF-REFERRED GOAL DESCRIPTION ESTABLISH A CHAPTER OF PROJECT PURPL E AT THE SCHOOL IN AN EFFORT TO BUILD A CULTURE OF SOBRIETY AND PREVENTION OF ALCOHOL AND DRUG USE GOAL STATUS THE GOSNOLD CLINICIAN AND SCHOOL ADJUSTMENT COUNSELOR ESTABLISHED A PROJECT PURPLE CHAPTER AT THE SCHOOL AND 120 STUDENTS JOINED THE CHAPTER IN THE FIRST YEA R PARTNERS PARTNER NAME, DESCRIPTION AND PARTNER WEB ADDRESS GOSNOLD ON CAPE COD WWW GOSN OLD ORG CAPE COD REGIONAL TECHNICAL HIGH SCHOOL WW

Return Reference	Explanation	
	MEDICAL TRANSPORTATION FOR THE CHRONICALLY ILL FROM THE OUTER CAPE	W CAPETECH US PROJECT PURPLE WWW GOPROJECTPURPLE COM 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

Return Reference	Explanation	
	EVIDENCE-BASED PROGRAMS FOR SENIORS	ELDER SERVICES OF CAPE COD & THE ISLANDS PROGRAM TYPE COMMUNITY PARTICIPATION/CAPACITY BU ILDING INITIATIVE, DIRECT SERVICES, GRANT/DONATION/FOUNDATION/SCHOLARSHIP, OUTREACH TO UND ERSERVED, PREVENTION STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHR ONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPU LATIONS, REDUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJE CTIVE CAPE COD HEALTHCARE COMMUNITY BENEFITS SUPPORTED THE EFFORTS OF ELDER SERVICES OF C APE COD & THE ISLANDS TO OFFER TWO EVIDENCE-BASED PROGRAMS TO RESIDENTS OF BARNSTABLE COUN TY HEALTH EATING FOR SUCCESSFUL LIVING AND POWERFUL TOOLS FOR CAREGIVERS THESE PROGRAMS SUPPORT ELDERS AGES 60+ IN THE SELF MANAGEMENT OF THEIR NUTRITIONAL HEALTH AND TO PROVIDE CAREGIVERS THE TOOLS FOR SELF-CARE AND CAREGIVING TARGET POPULATION REGIONS SERVED COUNT Y-BARNSTABLE HEALTH INDICATOR MENTAL HEALTH, OTHER ALZHEIMER DISEASE, OTHER CANCER, OTH ER ELDER CARE, OTHER HOMEBOUND, OTHER HOSPICE, OTHER HYPERTENSION, OTHER NUTRITION, O THER PARKINSON'S DISEASE, OTHER SAFETY, OTHER SAFETY - HOME, OTHER STRESS MANAGEMENT S EX ALL AGE GROUP ADULT, ADULT-ELDER ETHNIC GROUP ALL LANGUAGE ALL GOALS GOAL DESCRIPTI ON THIRTY INDIVIDUALS WILL PARTICIPATE IN THE HEALTH EATING FOR SUCCESSFUL LIVING PROGRAM AT ONE OF THE THREE PROGRAM SITES LOCATED IN THE MID-CAPE, LOWER CAPE AND UPPER CAPE REGI ONS GOAL STATUS FOURTEEN INDIVIDUALS PARTICIPATED IN 2 PROGRAMS OFFERED ON THE MID AND U PPER CAPE PROGRAM GOALS WERE ASSESSED AND MET ACCORDING TO PARTICIPANT SURVEY DATA GOAL DESCRIPTION THIRTY INDIVIDUALS WILL PARTICIPATE IN THE POWERFUL TOOLS FOR CAREGIVERS PROG RAM AT ONE OF THE THREE PROGRAM SITES LOCATED IN THE MID-CAPE, LOWER CAPE AND UPPER CAPE R EGIONS GOAL STATUS THIRTY INDIVIDUALS PARTICIPATED IN THREE PROGRAMS OFFERED ON THE MID- CAPE, LOWER CAPE AND UPPER CAPE PROGRAM GOALS WERE ASSESSED AND MET OR SURPASSED EXPECTAT IONS ACCORDING TO SURVEY RESULTS PARTNERS PARTNER NAME, DESCRIPTION AND PARTNER WEB ADDRE SS ELDER SERVICES OF CAPE COD & THE ISLANDS 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 TRIPLE AIM OF HEALTHY PHYSICAL, MENTAL AND EMOTIONAL BEHAVIORS IN YOUTH THE BOYS AND GIRLS CLUB OF CAPE COD PROGRAM TYPE DIRECT SERVICES, GRANT/DONATION/FOUNDATION/SCHOLARSHIP, OUTREACH TO UNDERSERVED, PREVENTION STATEWIDE PRIORITY CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY BRIE F DESCRIPTION OR OBJECTIVE IN AN EFFORT TO INCREASE LOCAL PROGRAMS THAT EMPHASIZE GOOD HE ALTH BEHAVIOR IN YOUTH, CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDED A GRANT TO SUPPORT THE TRIPLE AIM PROGRAM AT THE BOYS AND GIRLS CLUB OF CAPE COD TRIPLE AIM IS A HEALTH AND FITNESS PROGRAM THAT INCLUDES STRATEGIES THAT EMPHASIZE HEALTHY EATING AND EXERCISE AS WE LL AS PREVENTING ALCOHOL AND DRUG USE YOUTH, AGES 6 -18 YEARS OLD, ENGAGED IN HEALTHY EAT ING AND COOKING CLASSES, FITNESS CHALLENGES, ORGANIZED SPORTS LEAGUES, AND SMART MOVES, A DRUG AND ALCOHOL RESISTANCE PROGRAM TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE H EALTH INDICATOR MENTAL HEALTH, OTHER ALCOHOL AND SUBSTANCE ABUSE, OTHER NUTRITION, OTHE R SAFETY, OTHER SAFETY - SPORTS, PHYSICAL ACTIVITY SEX ALL AGE GROUP ADULT-YOUNG, CHIL D-PRETEEN, CHILD-PRIMARY SCHOOL, CHILD-TEEN ETHNIC GROUP ALL LANGUAGE ALL GOALS GOAL DES CRIPTION SERVE APPROXIMATELY 170 YOUTH PER DAY AND APPROXIMATELY 840 YOUTH PER YEAR GOAL STATUS DURING THE GRANT CYCLE, APPROXIMATELY 838 YOUTH WERE SERVED WITH AN AVERAGE OF 13 6 YOUTH IN ATTENDANCE DAILY GOAL DESCRIPTION OVER 100 YOUTH WILL PARTICIPATE IN THE SMAR T MOVES DRUG AND ALCOHOL RESISTANCE PROGRAM GOAL STATUS FIFTY-NINE YOUTH TOOK PART IN FO RMAL SMART MOVES PROGRAM ACTIVITIES WITH ALL CLUB MEMBERS EXPOSED TO ACTIVITIES THROUGHOUT THE YEAR GOAL DESCRIPTION USE OF DRUGS AND ALCOHOL BY CAPE BOYS AND GIRLS CLUB MEMBERS WILL BE COMPARED TO NATIONAL STATISTICS VIA THE YOUTH AT RISK SURVEY GOAL STATUS SURVEY RESULTS INDICATE A HIGHER RATE OF SUBSTANCE USE AMONGST CAPE-BASED MEMBERS COMPARED TO NAT IONAL STATISTICS SEVENTY-FOUR PERCENT OF CAPE CLUB MEMBERS ABSTAINED FROM USING MARIJUANA COMPARED TO 91% NATIONAL ABSTENTION RATES GOAL DESCRIPTION OVER 90 YOUTH WILL PARTICIPA TE IN THE HEALTHY HABITS EDUCATION AND COOKING PROGRAM GOAL STATUS ONE HUNDRED AND TWENT Y ONE YOUTH PARTICIPATED IN THE HEALTH HABITS PROGRAM GOAL DESCRIPTION HEALTHY FOOD CONS UMPTION OF CAPE CLUB MEMBERS WILL BE MEASURED VIA THE YOUTH AT RISK SURVEY GOAL STATUS F ORTY-EIGHT PERCENT OF CAPE-BASED CLUB MEMBERS SELF-REPORTED THAT THEY CONSUMED 3 OR MORE D AIRY PRODUCTS PER DAY COMPARED TO 39% NATIONWIDE ALSO ONLY 36% OF MEMBERS ARE EATING MORE THAN 3 VEGETABLES PER DAY COMPARED TO NATIONAL NO

Return Reference	Explanation	
	EVIDENCE-BASED PROGRAMS FOR SENIORS	RM OF 39% GOAL DESCRIPTION OVER 200 YOUTH WILL PARTICIPATE IN DAILY FITNESS ACTIVITIES GOAL STATUS ONE HUNDRED AND EIGHTY-SEVEN YOUTH PARTICIPATED IN DAILY FITNESS CHALLENGES D URING THE SCHOOL YEAR AND 198 PARTICIPATED DURING THE SUMMER GOAL DESCRIPTION PHYSICAL A CTIVITY LEVELS OF CAPE CLUB MEMBERS WILL BE MEASURED VIA THE YOUTH AT RISK SURVEY GOAL ST ATUS SEVENTY PERCENT OF CAPE CLUB MEMBERS SELF REPORTED THAT THEY WERE PHYSICALLY ACTIVE 5+ DAYS PER WEEK, AS COMPARED TO A NATIONAL AVERAGE OF 63% GOAL DESCRIPTION APPROXIMATEL Y 270 YOUTH WILL PARTICIPATE IN ORGANIZED SPORTS LEAGUE ACTIVITIES GOAL STATUS TWO-HUNDR ED AND SEVENTY-SIX YOUTH PARTICIPATED IN ORGANIZED SPORTS LEAGUE ACTIVITIES INCLUDING BASK ETBALL LEAGUES AND FLAG FOOTBALL LEAGUES PARTNERS PARTNER NAME, DESCRIPTION AND PARTNER W EB ADDRESS BOYS AND GIRLS CLUB OF CAPE COD HTTP://WWW BOYSGIRLSCLUBCAPECOD ORG CONTACT INF ORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY RO AD, HYANNIS, MA 02601 PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

Return Reference	Explanation
MENTAL HEALTH CONSULTATION FOR CHILDREN IN DISTRESS	CAPE COD CHILD DEVELOPMENT PROGRAM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE, GRANT/DONATION/FOUNDATION/SCHOLARSHIP, HEALTH SCREENING, OUTREACH TO UNDERSERVED, 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 OR OBJECTIVE CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDED A GRANT TO CAPE COD CHILD DEVELOPMENT TO SUPPORT A 5-MONTH PILOT PROGRAM TO INTEGRATE AND ADOPT AN EARLY CHILDHOOD MENTAL HEALTH CONSULTATION MODEL INTO THE AGENCY'S PRESCHOOL AND HEAD START PROGRAMS TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, MENTAL HEALTH, OTHER CHILD CARE, OTHER CULTURAL COMPETENCY, OTHER EDUCATION/LEARNING ISSUES, OTHER PARENTING SKILLS, OTHER SAFETY - HOME, OTHER STRESS MANAGEMENT SEX ALL AGE GROUP ALL CHILDREN, CHILD-PRIMARY SCHOOL ETHNIC GROUP ALL LANGUAGE ALL GOALS GOAL DESCRIPTION IDENTIFY SPECIFIC CHILDREN EXPERIENCING SIGNIFICANT BEHAVIORAL HEALTH ISSUES AND PROVIDE INDIVIDUAL TREATMENT PLANS THAT INCLUDE TEACHERS AND FAMILY MEMBERS GOAL STATUS THE MENTAL HEALTH CONSULTANT WORKED WITH 33 CHILDREN TWELVE OF THE CHILDREN MET SCHOOL READINESS GOALS THROUGH THE HELP OF TEACHERS, THERAPISTS AND FAMILY MEMBERS WHO COLLECTIVELY WORKED TO ADDRESS AGGRESSION, ANXIETY, AND ENGAGEMENT OF THE CHILD GOAL DESCRIPTION PROVIDE CLASSROOM CONSULTATION AND STRENGTHEN SKILL SETS OF TEACHERS TO ADDRESS BEHAVIORAL HEALTH ISSUES OF YOUNG STUDENTS GOAL STATUS ALL HEAD START CLASSROOM STUDENTS (AGES 3-5) WERE OBSERVED AND ALL TEACHERS WERE PROVIDED CONSULTATION AND TRAINING IN IMPLEMENTING FRAMEWORKS, SKILLS AND CONCEPTS TO SUPPORT POSITIVE LEARNING AND TRAUMA-INFORMED CARE ENVIRONMENTS PARTNERS PARTNER NAME, DESCRIPTION AND PARTNER WEB ADDRESS CAPE COD CHILD DEVELOPMENT WWW CCCDP 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 SUPPORT OF CHNA 27 AND COMMUNITY-BASED AGENCIES DETERMINATION OF NEED PROGRAM TYPE COMMUNITY EDUCATION,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, PREVENTION, SCHOOL/HEALTH CENTER PARTNERSHIP, SUPPORT GROUP 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 OR OBJECTIVE 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 AREA27 (CAPE COD AND THE ISLANDS) THIS PROGRAM WAS SPECIFIED AS A PART OF THE DETERMINATION OF NEED REQUIREMENT FOR THE CLARK CANCER CENTER DEVELOPMENT AND LICENSURE TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER ELDER CARE, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOAL DESCRIPTION ISSUE AN RFP SUPPORTING COLLABORATIVE, MEASURABLE AND EVIDENCE-BASED REGIONAL PROGRAMS FOR SENIORS AND/OR DISABLED INDIVIDUALS THAT PROVIDE AN IMPACT ON THE MOST URGENT NEEDS OF THE IDENTIFIED TARGET POPULATION GOAL STATUS GRANT AWARDS WERE MADE IN 2014 TO FOUR ORGANIZATIONS WHICH MET RFP CRITERIA THE GRANT AWARDS RANGED FROM $15,000 TO $25,000 AND TOTALED $70,000 THE CAPE COD FOUNDATION MANAGED THE GRANT REVIEW AND SELECTION PROCESS GOAL DESCRIPTION EXPAND COMMUNITY CAPACITY BUILDING AND PROGRAM SUPPORT FOR COMMUNITY HEALTH NETWORK AREA 27 GOAL STATUS DETERMINATION OF NEED FUNDS SUPPORTED A CHNA 27 PART-TIME COORDINATOR AND GRANTS MANAGER TO ADD CAPACITY AND PROCESS TO ONGOING EFFORTS PARTNERS PARTNER NAME, DESCRIPTION AND PARTNER WEB ADDRESS CHNA 27 WWW BCHUMANSERVICES NET/COMMUNITY-HEALTH-NETWORK-AREA-CHNA/ CAPE COD FOUNDATION WWW CAPECODFOUNDATION 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

Return Reference	Explanation
FUNCTIONAL EXPENSE NOTE	FORM 990 PART I AND PART IX FUNDRAISING IS CONDUCTED ON BEHALF OF CAPE COD HEALTHCARE, INC 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 'S VOLUNTEERS INCLUDE ITS TRUSTEES FORM 990, PART VI, LINE 2 TRUSTEES SIT ON THE BOARD OF THE FOLLOWING EMERALD PHYSICIAN MEMBER TRUST THOMAS WROE JR ROBERT BIRMINGHAM PHILIP MCLOUGHLIN JOEL CROWELL CAPE HEALTH INSURANCE COMPANY MICHAEL K LAUF MICHAEL L CONNORS MICHAEL G JONES DOUGLAS G MANN, MD PATRICK J FLYNN, MD PHILIP MCLOUGHLIN SUMNER B TILTON, JR THE MEMBERS OF CAPE COD HEALTHCARE, INC 'S BOARD ALSO SIT ON THE BOARD OF CAPE COD MEDICAL OFFICE BUILDING, A FOR-PROFIT RELATED ORGANIZATION 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

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

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

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 FORM 990, PART VII, SECTION A WILLIAM ZAMMER Full title Vice Chairman until 5/14, Chair from 5/14, Trustee FORM 990, PART VII, SECTION B WITH THE EXCEPTION OF REPORTING FOR VISITING NURSE ASSOCIATION OF CAPE COD, INC, CAPE COD HEALTHCARE, INC PAYS INDEPENDENT CONTRACTORS ON BEHALF OF ITS AFFILIATES WHO FILE AS PART OF A GROUP FORM 990 AS CAPE COD HEALTHCARE, INC AND AFFILIATES

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES NET ASSETS RELEASED FROM RESTRICTION $176,300 TRANSFERS TO/FROM AFFILIATES (16,544,026) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 1,332,389 CHANGE IN VALUE OF BENEFICIAL INTEREST 614,318 INVESTMENT IN AFFILIATE 14,500,499 OTHER CHANGES TO NET ASSETS (62,001) ---------- $17,479

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 0 4-2104159 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: 93493226023885

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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	15,000	100 000 %	Yes	
(3) POOLED INCOME FUNDS (2)	SUPPORT	MA	NA	T					
(4) EMERALD PHYSICIAN SERVICES LLC 433 WEST MAIN STREET HYANNIS, MA 02601 04-3369730	PRIMARY CARE	MA	EMERALD TRUST	S CORP	27,558,024	16,780,525	100 000 %	Yes	
(5) EMERALD PHYSICIANS MEMBER TRUST 27 PARK STREET HYANNIS, MA 02601 46-7220648	EMRLD SHAREHOLDER	MA	MACC	TRUST	0	0	100 000 %	Yes	

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CAPE HEALTH INSURANCE COMPANY	R	3,475,656	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493226023885

TY 2013 Affiliate Listing

Name: CAPE COD HEALTHCARE INC & AFFILIATES

EIN: 90-0054984

TY 2013 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, 2014 and 2013

Cape Cod Healthcare, Inc. and Affiliates
Index
September 30, 2014 and 2013

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 Affiliates ("Healthcare"), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, 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, 2014 and 2013, 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 16, 2015

Cape Cod Healthcare, Inc. and Affiliates
Consolidated Balance Sheets
September 30, 2014 and 2013

	2014	2013
Assets		
Current assets		
Cash and cash equivalents	$ 50,121,651	$ 44,960,636
Short-term investments	23,472,893	22,589,911
Patient accounts receivable, less allowance for doubtful accounts of $26,720,604 and $24,789,366 in 2014 and 2013, respectively	75,163,877	73,140,356
Current portion of pledges receivable, net	4,290,685	4,042,879
Other receivables, net	15,602,877	9,664,661
Current portion of funds whose use is limited or restricted	21,674,598	16,935,201
Supplies	9,871,301	9,497,008
Prepaid expenses and other current assets	9,720,789	8,221,360
Total current assets	209,918,671	189,052,012
Long-term investments	270,151,964	235,220,631
Funds whose use is limited or restricted	46,320,775	47,215,926
Property and equipment, net	302,944,886	294,672,218
Deferred financing costs, net	3,542,466	3,484,797
Pledges receivable, net of current portion	7,900,561	10,343,401
Goodwill and intangible assets	22,778,859	7,978,952
Other assets	21,090,707	19,097,083
Total assets	$ 884,648,889	$ 807,065,020
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt and capital lease obligations	$ 9,629,202	$ 9,016,117
Accounts payable and accrued expenses	107,181,334	91,643,492
Estimated settlements with third-party payors	16,762,521	17,121,517
Other current liabilities	529,849	558,254
Total current liabilities	134,102,906	118,339,380
Interest rate swap liabilities	2,585,149	2,971,303
Other liabilities	27,033,320	25,349,918
Long-term debt and capital lease obligations, net of current portion	186,384,142	170,947,364
Total liabilities	350,105,517	317,607,965
Net assets		
Unrestricted	465,949,029	424,844,954
Temporarily restricted	37,281,235	35,937,257
Permanently restricted	31,313,108	28,674,844
Total net assets	534,543,372	489,457,055
Total liabilities and net assets	$ 884,648,889	$ 807,065,020

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, 2014 and 2013

	2014	2013
Operating Revenue		
Net patient service revenue	$ 723,319,909	$ 670,934,360
Less provision for bad debts	8,344,071	10,702,957
Net patient service revenue after provision for bad debts	714,975,838	660,231,403
Other revenue	13,958,648	11,477,268
Net assets released from restrictions used for operations	1,371,900	2,028,166
Total operating revenue	730,306,386	673,736,837
Operating Expenses		
Salaries and wages	280,594,617	267,157,113
Physicians' salaries and fees	77,033,210	69,823,245
Employee benefits	102,996,917	87,724,003
Supplies and other	207,726,342	189,413,292
Depreciation and amortization	28,100,301	26,718,466
Interest	7,512,543	7,203,912
Total operating expenses	703,963,930	648,040,031
Income from operations	26,342,456	25,696,806
Nonoperating gains (losses)		
Investment income	1,479,254	1,951,417
Realized gains on investments, net	6,265,413	5,791,482
Net contributions	1,524,380	3,939,096
Change in fair value of interest rate swaps	386,154	1,294,824
Other nonoperating losses	(623,976)	(1,240,983)
Total nonoperating gains, net	9,031,225	11,735,836
Excess of revenue and gains over expenses and losses	35,373,681	37,432,642
Change in net unrealized gains on investments	3,682,803	2,054,930
Net assets released from restrictions used for purchase of property and equipment	2,047,591	3,357,216
Increase in unrestricted net assets	$ 41,104,075	$ 42,844,788

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, 2014 and 2013

	2014	2013
Unrestricted net assets		
Excess of revenue and gains over expenses and losses	$ 35,373,681	$ 37,432,642
Change in net unrealized gains on investments	3,682,803	2,054,930
Net assets released from restrictions used for purchase of property and equipment	2,047,591	3,357,216
Increase in unrestricted net assets	41,104,075	42,844,788
Temporarily restricted net assets		
Net contributions	2,570,224	11,063,705
Investment income	149,063	184,691
Net realized and change in net unrealized gains on investments	815,639	658,714
Net assets released from restrictions	(3,419,491)	(5,385,382)
Change in value of split interest agreements	1,228,543	808,400
Increase in temporarily restricted net assets	1,343,978	7,330,128
Permanently restricted net assets		
Net contributions	1,925,651	60,508
Change in value of beneficial interest in perpetual trusts	614,318	640,364
Change in value of split interest agreements	98,295	(9,312)
Increase in permanently restricted net assets	2,638,264	691,560
Increase in net assets	45,086,317	50,866,476
Net assets		
Beginning of year	489,457,055	438,590,579
End of year	$ 534,543,372	$ 489,457,055

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, 2014 and 2013

	2014	2013
Cash flows from operating activities		
Increase in net assets	$ 45,086,317	$ 50,866,476
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Change in fair value of interest rate swaps	(386,154)	(1,294,824)
Loss on disposal of property and equipment	195,230	109,725
Impairment of computer software	3,120,863	-
Receipt of noncash contributions	(1,772,201)	(1,409,817)
Loss on extinguishment of debt	-	1,122,667
Premium received upon issuance of debt	-	831,729
Depreciation and amortization	28,100,301	26,718,466
Restricted contributions received and investment income	(5,382,147)	(7,531,449)
Net realized and change in net unrealized gains on investments	(10,444,724)	(9,484,869)
Provision for bad debts	8,291,709	10,907,131
Increase (decrease) in cash resulting from a change in		
Patient accounts receivable	(9,247,825)	(12,202,821)
Pledges and other receivables	(3,690,820)	(6,488,932)
Supplies	(374,293)	(985,002)
Prepaid expenses and other current assets	(1,499,429)	(2,394,375)
Other assets	(417,347)	(655,876)
Accounts payable and accrued expenses	15,804,647	(6,545,801)
Estimated settlements with third-party payors	(358,996)	(1,526,221)
Other liabilities	1,654,997	1,724,930
Net cash provided by operating activities	68,680,128	41,761,137
Cash flows from investing activities		
Acquisition of business, net of cash acquired	(22,323,075)	-
Additions to property and equipment	(33,710,774)	(37,757,672)
Proceeds from sale of equipment	399,027	326,491
Purchase of investments	(159,891,771)	(166,425,803)
Proceeds from sale of investments	131,184,325	138,115,312
Net cash used in investing activities	(84,342,268)	(65,741,672)
Cash flows from financing activities		
Use of proceeds to refinance debt	(16,429,265)	(23,175,300)
Proceeds from issuance of debt	41,200,000	50,000,000
Repayment of long-term debt and capital leases	(9,006,582)	(9,297,830)
Restricted contributions received and investment income	5,382,147	7,531,449
Payments of debt issuance costs	(323,145)	(496,315)
Net cash provided by financing activities	20,823,155	24,562,004
Net increase in cash and cash equivalents	5,161,015	581,469
Cash and cash equivalents		
Beginning of year	44,960,636	44,379,167
End of year	$ 50,121,651	$ 44,960,636
Supplemental disclosure of noncash activities		
Purchases of property and equipment included in accounts payable	$ 535,473	$ 701,920
Cash paid for interest	7,192,057	7,191,909

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 Consolidated in CCH is the not-for-profit Cape Cod Cardiology Services LLC
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 Consolidated within MACC are the not-for-profit The Cardiovascular Specialists, LLC ("TCS") and the for-profit Emerald Physicians Member Trust (the "Trust") and Emerald Physician Services, LLC ("Emerald") The Trust is the sole shareholder of Emerald MACC is the sole investor / beneficiary of the Trust
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 Consolidated within Falmouth Hospital is the not-for-profit Bayside Surgical Center
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 for-profit 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 CCH 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

On January 10, 2014 Healthcare acquired Emerald, a primary care practice located on Cape Cod The acquisition will provide additional access to care to the residents of the Cape Emerald is wholly owned by the Trust and the MACC is the sole beneficiary of the Trust Both Emerald and the Trust are taxable entities, Emerald is taxed as a subchapter S corporation and the Trust is taxed as an electing small business trust

MACC recorded the fair value of assets acquired and liabilities assumed, including $12,139,000 of goodwill and $1,482,000 of indefinite-life intangible assets

On May 31, 2014, Healthcare purchased substantially all of the assets owned by TCS, a cardiology practice that owned and operated accredited nuclear, vascular and echocardiogram laboratories in Hyannis, Massachusetts Healthcare recorded the fair value of the assets acquired and liabilities assumed, including goodwill of $1,179,000

The following summarizes the assets acquired and the liabilities assumed in connection with both acquisitions

	Emerald	TCS	Total
Assets			
Patient accounts receivable, net	$ 1,119,767	$ -	$ 1,119,767
Property, plant and equipment	537,142	6,110,170	6,647,312
Other Assets	310,467	-	310,467
Goodwill	12,139,131	1,178,877	13,318,008
Intangibles - tradename	1,481,899	-	1,481,899
Total assets acquired	$ 15,588,406	$ 7,289,047	$ 22,877,453
Liabilities			
Accounts payable and accrued expenses	268,726	-	268,726
Notes payable	285,652	-	285,652
Total liabilities assumed	$ 554,378	$ -	$ 554,378
Equity			
Unrestricted	15,034,028	7,289,047	22,323,075
Total liabilities and equity	$ 15,588,406	$ 7,289,047	$ 22,877,453

A summary of the financial results of Emerald from the period January 10, 2014 through September 30, 2014 and of TCS from the period May 31, 2014 through September 30, 2014 that is included in the consolidated statement of operations is as follows

	Emerald	TCS	Total
Total operating revenues	$ 12,046,661	$ 1,085,140	$ 13,131,801
Total operating expenses	12,580,192	757,973	13,338,165
(Deficit) excess of revenue and gains over expenses and losses	$ (533,531)	$ 327,167	$ (206,364)

A summary of the consolidated financial results of CCHC for the years ended September 30, 2014 and 2013, as if the acquisitions had occurred on October 1, 2012 is as follows (unaudited)

	2014	2013
Total revenue	$748,245,268	$693,675,719
Total expenses	721,672,401	667,748,502
Income from operations	26,572,867	25,927,217
Non-operating gains	9,031,225	11,735,836
Excess of revenue and gains over expenses and losses	$ 35,604,092	$ 37,663,053
Change in net unrealized gains and losses on investments	3,682,803	2,054,930
Net assets released from restrictions used for purchase of property and equipment	2,047,591	3,357,216
Increase in unrestricted net assets	$ 41,334,486	$ 43,075,199

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 2014 and 2013, changes in prior year estimates increased net patient service revenue by approximately $5,959,000 and $4,298,000, 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 $3,315,000 and $3,125,000 for the years ended September 30, 2014 and 2013, 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, distributions from perpetual trusts, 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 $12,191,000 and $14,386,000 at

September 30, 2014 and 2013, 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, 2014 and 2013, 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 The earnings from the perpetual trusts are recorded in other revenue as they are available and used for health care services

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, 2014 and 2013, amounted to approximately $729,000 and $713,000, 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, perpetual trusts 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) for assets under Healthcare's control 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 over the following estimated useful lives

Buildings	40 years
Building improvements	5-20 years
Furniture and equipment	3-20 years
Software	3 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 Emerald, TCS, 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* 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, 2014 and 2013

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 $628,000 and $348,000 were recorded for the years ended September 30, 2014 and 2013, 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

Self-Insurance Reserves
Healthcare is generally self-insured for employee healthcare, workers' compensation and certain other employee benefits These costs are accounted for on an accrual basis to include estimates of future payments for claims incurred prior to year end

Income Taxes
CCHC and its affiliates, other than MOB, CHICO, the Trust and Emerald, 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 Income tax provisions have not been provided on the operating results of the MOB or Emerald 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

Reclassifications
Certain amounts in the accompanying 2013 financial statements have been reclassified in order to be consistent with the 2014 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, 2014 and 2013

	2014	2013
Receivables		
Patients	$ 11,802,969	$ 8,263,758
Third-party payors	90,081,512	89,665,964
	101,884,481	97,929,722
Allowance for doubtful accounts	(26,720,604)	(24,789,366)
	$ 75,163,877	$ 73,140,356

Net patient service revenue before the provision for bad debts for the years ended September 30, 2014 and 2013 is summarized as follows

	2014	2013
Net patient service revenue		
Patients	$ 14,534,980	$ 15,789,185
Third-party payors	708,784,929	655,145,175
	$ 723,319,909	$ 670,934,360

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 2014 and 2013, Healthcare provided approximately $6,184,000 and $7,418,000 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 2014 and 2013, Healthcare received approximately $3,339,000 and $2,741,000, respectively, from the HSN for reimbursement of charity care

5. Property and Equipment

Property and equipment at September 30, 2014 and 2013 consisted of the following

	2014	2013
Land	$ 22,740,222	$ 22,080,743
Land improvements	12,623,019	12,117,909
Buildings and improvements	333,885,265	317,837,095
Fixed equipment	52,177,063	50,955,425
Major movable equipment	214,400,249	212,282,813
Assets under capital leases	11,581,599	11,581,599
	647,407,417	626,855,584
Accumulated depreciation and amortization	(361,541,212)	(341,031,922)
Property and equipment, net	285,866,205	285,823,662
Construction in progress	17,078,681	8,848,556
	$ 302,944,886	$ 294,672,218

At September 30, 2014 and 2013, Healthcare had commitments totaling approximately $20,133,000 and $21,781,000, respectively, related to construction projects Depreciation expense for the years ended September 30, 2014 and 2013 was $27,835,000 and $26,454,000, respectively During the year ended September 30, 2014, Healthcare disposed of $10,955,000 of gross property, plant and equipment In conjunction with these disposals, Healthcare recorded a $3,316,000 loss within supplies and other expense

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, 2014 and 2013, the composition of these investments is as follows

	September 30, 2014 Carrying Value			
	Cost	At Fair Value	At Cost	Total
Cash and temporary investments	$ 25,275,920	$ 25,275,920	$ -	$ 25,275,920
Mutual funds	164,565,270	179,711,182	-	179,711,182
U S government securities	9,829,765	9,814,150	-	9,814,150
Common and preferred stock	13,003	26,473	-	26,473
Private equity partnerships	1,031,400	-	1,031,400	1,031,400
Pooled income fund	429,839	445,941	-	445,941
Collective trusts	47,931,927	54,066,014	-	54,066,014
Limited liability companies and limited partnerships	71,984,132	-	71,984,132	71,984,132
	321,061,256	269,339,680	73,015,532	342,355,212
Perpetual trusts held by third party	-	19,265,018	-	19,265,018
	$321,061,256	$288,604,698	$ 73,015,532	$361,620,230

	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 trusts held by third party	-	16,878,500	-	16,878,500
	$288,539,716	$267,784,976	$ 54,176,693	$321,961,669

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 $17,710,000 and $12,045,000 as of September 30, 2014 and 2013, 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 at September 30, 2013 At September 30, 2014, the investments with a fair value less than cost were as follows

	12 Months or Greater	
At September 30, 2014	**Fair Value**	**Unrealized Depreciation**
Mutual funds	$ 37,845,514	$ (980,015)
Collective trusts	7,353,585	(1,108,716)
	$ 45,199,099	$ (2,088,731)

At September 30, 2014 and 2013, investments are reported in the accompanying consolidated balance sheets as follows

	2014	2013
Short-term investments	$ 23,472,893	$ 22,589,911
Funds whose use is limited or restricted		
Current portion	21,674,598	16,935,201
Noncurrent portion	46,320,775	47,215,926
Long-term investments	270,151,964	235,220,631
	$ 361,620,230	$ 321,961,669

For the years ended September 30, 2014 and 2013, investment income, gains, and losses consisted of the following

	2014	2013
Investment return recorded in unrestricted net assets		
Nonoperating gains and losses		
Investment income	$ 1,479,254	$ 1,951,417
Realized gains on investments, net	6,265,413	5,791,482
	7,744,667	7,742,899
Changes in net unrealized gains on investments	3,682,803	2,054,930
Total investment return recorded within unrestricted net assets	11,427,470	9,797,829
Investment return recorded in temporarily restricted net assets		
Investment income	149,063	184,691
Net realized and change in net unrealized gains on investments	802,797	648,560
Change in value of split interest agreements	12,842	10,154
Total investment return recorded within temporarily restricted net assets	964,702	843,405
Investment return recorded in permanently restricted net assets		
Change in value of beneficial interest in perpetual trusts	614,318	640,364
Total investment return recorded within permanently restricted net assets	614,318	640,364
	$ 13,006,490	$ 11,281,598

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, 2014 or September 30, 2013

Funds whose use is limited consist of the following

	September 30, 2014		September 30, 2013	
	Current Portion	Long-Term Portion	Current Portion	Long-Term Portion
Externally designated funds				
Funds whose use is limited	$ 18,675,152	$ 6,842,534	$ 16,935,201	$ 7,187,472
Temporarily restricted investments	2,999,446	8,602,801	-	11,706,627
Permanently restricted investments	-	11,610,422	-	11,443,327
Perpetual trusts held by third party	-	19,265,018	-	16,878,500
	$ 21,674,598	$ 46,320,775	$ 16,935,201	$ 47,215,926

As of September 30, 2014 and 2013, Healthcare has outstanding commitments of approximately $203,000 and $338,000, 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

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, 2014 and 2013 for financial assets and liabilities measured at fair value on a recurring basis

	2014			
	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, 2014
Assets				
Investments				
Cash and temporary investments	$ 25,275,920	$ -	$ -	$ 25,275,920
Mutual funds	156,575,298	23,135,884	-	179,711,182
U S government securities	9,814,150	-	-	9,814,150
Common and preferred stock	26,473	-	-	26,473
Pooled income fund	445,941	-	-	445,941
Collective trusts	-	54,066,014	-	54,066,014
Total investments, fair value	192,137,782	77,201,898	-	269,339,680
Perpetual trusts held by third party	-	-	19,265,018	19,265,018
Beneficial interest lead trusts held by third party	-	-	11,723,788	11,723,788
Total assets, fair value	$ 192,137,782	$ 77,201,898	$ 30,988,806	$ 300,328,486
Liabilities				
Interest rate swaps	$ -	$ 2,585,149	$ -	$ 2,585,149
Total liabilities, fair value	$ -	$ 2,585,149	$ -	$ 2,585,149

	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 trusts held by third party	-	-	16,878,500	16,878,500
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

The following table is a rollforward of investments classified by Healthcare within Level 3 as defined previously for the year ended September 30, 2014 and 2013

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
Change in value of perpetual trust held by third party	2,386,518
Change in value of beneficial lead trusts held by third party	1,265,810
Balances at September 30, 2014	$30,988,806

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, 2014 and 2013, 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, 2014 or 2013

The following table summarizes all investments recorded at net asset value ("NAV") at September 30, 2014, 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	$ 54,066,014	Monthly	5-10 days
Equity mutual funds	9,869,828	Weekly	None
Bond mutual funds	13,266,056	Weekly	5 days
	$ 77,201,898		

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 $9,731,000 and $9,027,000 in 2014 and 2013, 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, 2014 and 2013, respectively

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

Long-term debt at September 30, 2014 and 2013 consisted of the following

Issue	2014 Rate	2013 Rate	Final Maturity	2014	2013
Massachusetts Development Finance Agency ("MDFA") Hospital Revenue Bonds					
Fixed Rate					
Cape Cod Healthcare Obligated Group—Series D	2.5-6%	2.5-6%	2036	56,530,000	58,090,000
Cape Cod Healthcare Obligated Group—Series 2012A	2.66%	2.66%	2022	20,640,000	23,220,000
Cape Cod Healthcare Obligated Group—Series 2013	4-5.25%	4-5.25%	2042	50,000,000	50,000,000
Cape Cod Healthcare Obligated Group—Series 2014	3.37%	n/a	2029	24,000,000	-
Variable Rate direct placement with commercial lender					
Cape Cod Healthcare Obligated Group —Series E	104%	104%	2022	21,589,333	24,533,333
Notes payable					
Cape Cod Hospital	3.65	3.65%	2022	1,662,885	1,851,104
Cape Cod Healthcare Obligated Group	n/a	3.15-3.56%	n/a	-	10,204,475
Falmouth Hospital	n/a	5.96%	n/a	-	4,615,460
Cape Cod Healthcare (variable rate)	n/a	2.26%	n/a	-	2,526,157
Cape Cod Healthcare	3.53%	n/a	2024	17,200,000	-
Capital Lease obligations	n/a	n/a	n/a	3,284,457	3,778,464
				194,906,675	178,818,993
Unamortized premium (original issue discount), net				1,106,669	1,144,488
Current portion				(9,629,202)	(9,016,117)
Total long-term debt				$ 186,384,142	$ 170,947,364

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 this debt in 2012 of $574,000 related to this transaction

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 this debt in 2012 of $1,025,000 related to this transaction

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 Falmouth Hospital including emergency room expansions

On September 23, 2014, the Cape Cod Healthcare Obligated Group entered into a 10 year, $17,200,000 term loan agreement with a commercial bank at a fixed rate of 3 53% The proceeds net of issuance costs of $76,000 were used to refinance three outstanding notes totaling $16,429,000 Healthcare reported a nonoperating loss for the pre-payment penalty on the extinguishment of debt of $670,000

On September 29, 2014, the Cape Cod Healthcare Obligated group issued 15 year, $24,000,000 direct placement Series 2014 bonds with a fixed rate of 3 37% The bonds are fully amortized upon final maturity in 2029 Bond issuance costs of $243,000 are recorded in prepaid expenses and other current assets and will be amortized over the life of the bonds

The fair value of interest rate swap agreements at September 30, 2014 and 2013 are as follows

	2014	2013
Series A Swap	$ (2,585,149)	$ (2,971,303)

The effects of interest rate swap arrangements on the consolidated statements of operations and changes in net assets for 2014 and 2013 are as follows

	Location of Gain (Loss) in Statements of Operations	Amount of Gain (Loss) Recognized in Excess of Revenues and Gains Over Expenses and Losses for Years Ended September 30, 2014	2013
Series A Swap	Change in fair value of interest rate swaps	$ 386,154	$ 1,275,084
Series C Swap	Change in fair value of interest rate swaps	-	19,740
		$ 386,154	$ 1,294,824

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 $34,000 and $51,000 in 2014 and 2013, 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, 2013 and 2014 Bonds are equally and ratably collateralized under the loan and trust agreements At September 30, 2014, 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

2015	$ 9,629,202
2016	9,684,953
2017	9,952,490
2018	10,207,794
2019	10,424,160
Thereafter	145,008,076
	$ 194,906,675

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 $204,521,000 and $181,078,000 at September 30, 2014 and 2013, respectively The long-term debt is considered a Level 2 instrument

11. Funds Held by Trustee Under Bond Indenture Agreements

At September 30, 2014 and 2013, 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

	2014	2013
Debt service fund	$ 3,203,815	$ 4,324,343
Debt service reserve fund	6,842,534	7,187,472
Project and construction funds	15,471,337	12,610,858
	$ 25,517,686	$ 24,122,673

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 $1,852,000 and $1,935,000 at September 30, 2014 and 2013, 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 $273,000 and $303,000 at September 30, 2014 and 2013, 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, 2014 and 2013, and are recorded net of an allowance for uncollectible amounts Pledges receivable at September 30, 2014 and 2013 are expected to be collected as follows

	2014	2013
Amounts due		
Within one year	$ 4,681,991	$ 4,517,318
In one to five years	7,715,527	10,195,310
In more than five years	646,000	800,000
	13,043,518	15,512,628
Present value discount	(460,966)	(651,909)
Allowance for uncollectible amounts	(391,306)	(474,439)
	$ 12,191,246	$ 14,386,280

14. Restricted Net Assets

Restricted net assets are available for the following purposes

	2014	2013
Temporarily restricted		
Healthcare services	$ 23,435,785	$ 19,217,803
Buildings	13,572,998	16,513,838
Purchase of equipment	272,452	205,616
	$ 37,281,235	$ 35,937,257
Permanently restricted		
Healthcare services	$ 31,313,108	$ 28,674,844

Endowment

Healthcare's endowment consists of approximately 41 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, 2014 and 2013 and the changes in endowment assets for the years ended September 30, 2014 and 2013

	Temporarily Restricted	Permanently Restricted	Total
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
Investment return			
Investment income	100,878	-	100,878
Net realized and unrealized depreciation	800,508	712,613	1,513,121
Total investment return	901,386	712,613	1,613,999
Gifts	-	1,925,651	1,925,651
Appropriation of endowment assets for expenditure	(728,633)	-	(728,633)
Endowment net assets at September 30, 2014	$ 7,558,895	$ 31,313,108	$ 38,872,003

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, 2014 and 2013

15. Functional Expenses

Total operating expenses by function are as follows

	2014	2013
Healthcare services	$ 620,068,260	$ 570,942,803
General and administrative	83,895,670	77,097,228
	$ 703,963,930	$ 648,040,031

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 $8,156,000 and $5,345,000 in 2014 and 2013, respectively

At September 30, 2014, the aggregate future rental commitments under noncancelable leases were

	Capital Leases	Operating Leases
2015	$ 1,197,579	$ 4,180,314
2016	914,748	3,877,933
2017	380,990	2,644,293
2018	281,664	1,365,231
2019	246,948	145,758
Thereafter	1,061,804	47,507
Total lease payments	4,083,733	$ 12,261,036
Less Amount representing interest	(799,276)	
Capital lease obligations at September 30, 2014	$ 3,284,457	

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, 2014 and 2013, resulting in a recorded professional liability reserve of $24,296,000 and $21,749,000 at September 30, 2014 and 2013, 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, 2014 and 2013, of approximately $7,955,000 and $7,518,000, 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 $11,480,000 and $7,924,000 for claims incurred but not reported at September 30, 2014 and 2013, 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, 2014 and 2013, were as follows

	2014	2013
BlueCross and BlueShield	10 %	11 %
Medicare	36	34
Medicaid	6	10
Other third-party payors	36	37
Patients	12	8
	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, 2014, 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 16, 2015, 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, 2014

	Total	Eliminations and Reclassifications	CCHC	Healthcare Foundation	Cape Cod Hospital	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	$ 50,121,651	$ -	$ 2,985,266	$ 4,951,158	$ 28,262,511	$ 2,679,350	$ 1,269,096	$ 1,585,768	$ 393,146	$ 3,279,925	$ 1,273,573	$ -	$ 1,055,646	$ 2,386,212
Short-term investments	23,472,893	-	-	-	-	-	-	-	-	-	-	-	23,472,893	-
Patient accounts receivable, net	75,163,877	-	-	-	42,732,921	16,363,550	-	7,463,508	157,974	39,370	2,001,447	-	-	6,405,107
Current portion of pledges receivable, net	4,290,685	-	-	4,290,685	-	-	-	-	-	-		-	-	-
Other receivables, net	15,602,877	(3,642,700)	7,126,559	-	6,225,487	2,185,326	9,137	-	-	-		-	2,618,055	1,081,013
Insurance recovery receivable	-	(21,169,186)	21,169,186	-	-	-	-	-	-	-		-	-	-
Current portion of investments whose use is limited or restricted	-													
funds held by trustee under bond indenture agreements	21,674,598	-	-	2,995,472	13,712,453	4,890,532	-	-	72,167	-	3,974	-	-	-
Supplies	9,871,301	-	132,256	-	7,173,464	2,504,488	31,578	-	-	-	29,515	-	-	-
Prepaid expenses and other current assets	9,720,789	-	2,276,955	3,169	4,716,755	1,103,031	4,333	281,781	1,371	11,811	28,057	-	27,468	1,266,058
Due from affiliates	-	(15,843,973)	9,008,461	301,548	1,991,706	3,878,704	647,430	-	6,188	127	-	1,109	-	8,700
Total current assets	209,918,671	(40,655,859)	42,698,683	12,542,032	104,815,297	33,604,981	1,961,574	9,331,057	630,846	3,331,233	3,336,566	1,109	27,174,062	11,147,090
Long-term investments	270,151,964	(106,237,097)	106,162,633	-	133,630,871	111,963,216	-	14,084,909	-	5,682,116	4,865,316	-	-	-
Investments whose use is limited or restricted														
Funds held by trustee under bond indenture agreements, net of current portion	6,842,534	-	-	-	6,577,845	264,689	-	-	-	-	-	-	-	-
Temporarily restricted investments	8,602,801	(35,938,358)	8,181,005	-	15,259,696	19,913,288	-	512,125	99,786	322,010	253,249	-	-	-
Permanently restricted investments	11,610,422	(31,313,108)	11,610,422	-	21,172,412	4,600,988	-	2,782,507	-	-	2,757,201	-	-	-
Permanently restricted beneficial interest in perpetual trusts	19,265,018	-	19,265,018	-	-	-	-	-	-	-		-	-	-
Total assets whose use is limited or restricted	46,320,775	(67,251,466)	39,056,445	-	43,009,953	24,778,965	-	3,294,632	99,786	322,010	3,010,450	-	-	-
Property and equipment, net	302,944,886	-	20,528,004	220,930	199,743,124	69,910,652	319,296	1,759,219	180,691	3,698,356	4,363,805	15,000	-	2,205,809
Other assets														
Deferred financing costs, net	3,542,466	-	10,349	-	3,234,496	297,621	-	-	-	-	-	-	-	-
Pledges receivable, net of current portion	7,900,561	-	-	7,900,561	-	-	-	-	-	-	-	-	-	-
Goodwill	22,778,859	-	-	-	5,843,363	2,085,484	-	-	-	-	-	-	-	14,850,012
Other assets	21,090,707	-	20,327,446	-	725,761	16,000	-	-	-	-	-	-	-	21,500
Total other assets	55,312,593	-	20,337,795	7,900,561	9,803,620	2,399,105	-	-	-	-	-	-	-	14,871,512
Total assets	$ 884,648,889	$ (214,144,422)	$ 228,783,560	$ 20,663,523	$ 491,002,865	$ 242,656,919	$ 2,280,870	$ 28,469,817	$ 911,323	$ 13,033,715	$ 15,576,137	$ 16,109	$ 27,174,062	$ 28,224,411

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Balance Sheet
September 30, 2014

	Total	Eliminations and Reclassifications	CCHC	Healthcare Foundation	Cape Cod Hospital	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	$ 9,629,202	$ -	$ 172,973	$ -	$ 7,639,609	$ 1,703,011	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 113,609
Accounts payable and accrued expenses	107,181,334	-	40,203,445	154,960	38,514,095	15,265,521	1,198,458	3,671,726	192,896	283,243	1,489,407	800	144,961	6,061,822
Professional Liability Claims	-	(21,169,186)	21,169,186	-	-	-	-	-	-	-	-	-	-	-
Estimated settlements with third-party payors	16,762,521	-	-	-	9,611,825	6,048,682	-	1,102,014	-	-	-	-	-	-
Due to affiliates	-	(15,843,973)	-	-	6,272,053	1,841,270	631,576	1,954,265	716,765	561,923	729,139	819	-	3,136,163
Other current liabilities	529,849	-	309,763	-	33,857	42,574	1,107	-	1,662	-	136,338	-	-	4,548
Total current liabilities	134,102,906	(37,013,159)	61,855,367	154,960	62,071,439	24,901,058	1,831,141	6,728,005	911,323	845,166	2,354,884	1,619	144,961	9,316,142
Other liabilities														
Interest rate swaps	2,585,149	-	-	-	2,585,149	-	-	-	-	-	-	-	-	-
Other liabilities	27,033,320	(3,642,700)	3,444,909	-	-	-	-	-	-	322,010	-	-	26,909,101	-
Total other liabilities	29,618,469	(3,642,700)	3,444,909	-	2,585,149	-	-	-	-	322,010	-	-	26,909,101	-
Long-term debt and capital lease obligations, net of current portion	186,384,142	-	2,079,891	-	147,854,666	36,277,484	-	-	-	-	-	-	-	172,101
Total liabilities	350,105,517	(40,655,859)	67,380,167	154,960	212,511,254	61,178,542	1,831,141	6,728,005	911,323	1,167,176	2,354,884	1,619	27,054,062	9,488,243
Net assets														
Unrestricted	465,949,029	(106,237,097)	110,224,211	3,093,402	242,059,503	156,964,101	449,729	18,447,180	-	11,866,539	10,210,803	14,490	120,000	18,736,168
Temporarily restricted	37,281,235	(35,938,358)	19,946,074	17,335,161	15,259,696	19,913,288	-	512,125	-	-	253,249	-	-	-
Permanently restricted	31,313,108	(31,313,108)	31,233,108	80,000	21,172,412	4,600,988	-	2,782,507	-	-	2,757,201	-	-	-
Total net assets	534,543,372	(173,488,563)	161,403,393	20,508,563	278,491,611	181,478,377	449,729	21,741,812	-	11,866,539	13,221,253	14,490	120,000	18,736,168
Total liabilities and net assets	$ 884,648,889	$ (214,144,422)	$ 228,783,560	$ 20,663,523	$ 491,002,865	$ 242,656,919	$ 2,280,870	$ 28,469,817	$ 911,323	$ 13,033,715	$ 15,576,137	$ 16,109	$ 27,174,062	$ 28,224,411

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Statement of Operations
For the Year Ended September 30, 2014

	Total	Eliminations and Reclassifications	CCHC	Healthcare Foundation	Cape Cod Hospital	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	$ 723,319,909	$ -	$ -	$ -	$ 444,014,236	$ 152,045,289	$ -	$ 47,416,745	$ 2,223,014	$ 3,925,392	$ 15,288,908	$ -	$ -	$ 58,406,325
Less provision for bad debts	8,344,071	-	-	-	4,989,151	1,669,120	-	183,136	15,343	-	114,546	-	-	1,372,775
Net patient service revenue after provision for bad debts	714,975,838	-	-	-	439,025,085	150,376,169	-	47,233,609	2,207,671	3,925,392	15,174,362	-	-	57,033,550
Other revenue	13,958,648	(64,546,683)	54,650,897	-	7,439,424	3,519,954	9,022,968	1,378,927	437,976	374,548	318,051	15,000	-	1,347,586
Net assets released from restrictions used for operations	1,371,900	-	-	-	158,841	436,964	-	658,130	-	-	117,965	-	-	-
Total revenue	730,306,386	(64,546,683)	54,650,897	-	446,623,350	154,333,087	9,022,968	49,270,666	2,645,647	4,299,940	15,610,378	15,000	-	58,381,136
Expenses														
Salaries and wages	280,594,617	-	19,959,306	-	141,901,235	56,316,162	4,615,194	30,719,607	1,474,936	1,450,039	9,170,702	-	-	14,987,436
Physicians' salaries and fees	77,033,210	-	536,458	-	40,204,431	10,633,301	51,996	67,105	258,975	-	93,150	-	-	25,187,794
Employee benefits	102,996,917	-	12,213,727	-	50,849,921	17,266,269	2,710,031	9,277,967	291,386	483,208	2,463,721	-	-	7,440,687
Supplies and other	207,726,342	(63,963,983)	18,483,613	-	165,037,470	52,055,872	1,550,743	9,024,931	946,623	1,089,346	3,460,960	20,515	190	20,020,062
Depreciation and amortization	28,100,301	-	2,875,647	-	17,584,877	5,711,347	95,004	667,108	25,209	352,799	415,112	-	-	373,198
Interest	7,512,543	(554)	-	-	6,188,718	1,310,432	-	-	-	-	-	-	-	13,947
Total expenses	703,963,930	(63,964,537)	54,068,751	-	421,766,652	143,293,383	9,022,968	49,756,718	2,997,129	3,375,392	15,603,645	20,515	190	68,023,124
Income (loss) from operations	26,342,456	(582,146)	582,146	-	24,856,698	11,039,704	-	(486,052)	(351,482)	924,548	6,733	(5,515)	(190)	(9,641,988)
Nonoperating gains (losses)														
Investment income	1,479,254	(688,390)	697,196	21	823,827	545,142	-	57,372	-	20,134	23,762	-	190	-
Realized gains (losses) on investments, net	6,265,413	(2,458,829)	2,458,828	(4,199)	3,006,495	2,722,221	-	301,919	-	116,216	122,762	-	-	-
Net contributions	1,524,380	(969,157)	-	1,524,200	511,569	304,871	-	133,842	180	11,030	7,845	-	-	-
Change in fair value of interest rate swaps	386,154	-	-	-	386,154	-	-	-	-	-	-	-	-	-
Other nonoperating gains (losses)	(623,976)	-	(316,848)	-	(103,693)	(205,962)	-	-	-	-	-	-	-	2,527
Total nonoperating gains (losses), net	9,031,225	(4,116,376)	2,839,176	1,520,022	4,624,352	3,366,272	-	493,133	180	147,380	154,369	-	190	2,527
Excess (deficit) of revenue and gains over expenses and losses	35,373,681	(4,698,522)	3,421,322	1,520,022	29,481,050	14,405,976	-	7,081	(351,302)	1,071,928	161,102	(5,515)	-	(9,639,461)
Change in net unrealized gains and losses on investments	3,682,803	(1,358,637)	1,412,965	-	1,697,872	1,642,041	-	138,314	-	74,916	75,332	-	-	-
Net assets released from restrictions used for purchase of property and equipment	2,047,591	-	-	-	1,274,062	773,529	-	-	-	-	-	-	-	-
Transfer to (from) affiliates	-	(3,225,308)	7,050,777	(3,828,345)	(19,236,544)	(7,168,924)	450,309	(924)	351,303	1,470,657	-	(3,459)	-	24,140,458
Increase (decrease) in unrestricted net assets	$ 41,104,075	$ (9,282,467)	$ 11,885,064	$ (2,308,323)	$ 13,216,440	$ 9,652,622	$ 450,309	$ 144,471	$ 1	$ 2,617,501	$ 236,434	$ (8,974)	$ -	$ 14,500,997

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Balance Sheet - Cape Cod Healthcare Obligated Group
September 30, 2014

	Total	Other Entities and Eliminations	Total Obligated Group	Eliminations and Reclassifications	CCHC	Healthcare Foundation	Cape Cod Hospital	Falmouth Hospital Association
Assets								
Current assets								
Cash and cash equivalents	$ 50,121,651	$ 11,243,366	$ 38,878,285	$ -	$ 2,985,266	$ 4,951,158	$ 28,262,511	$ 2,679,350
Short-term investments	23,472,893	23,472,893	-	-	-	-	-	-
Patient accounts receivable	75,163,877	16,067,406	59,096,471	-	-	-	42,732,921	16,363,550
Current portion of pledges receivable, net	4,290,685	-	4,290,685	-	-	4,290,685	-	-
Other receivables, net	15,602,877	65,505	15,537,372	-	7,126,559	-	6,225,487	2,185,326
Insurance recovery receivable	-	-	-	(21,169,186)	21,169,186	-	-	-
Current portion of investments whose use is limited or restricted funds held by trustee under bond indenture agreements	21,674,598	76,141	21,598,457	-	-	2,995,472	13,712,453	4,890,532
Supplies	9,871,301	61,093	9,810,208	-	132,256	-	7,173,464	2,504,488
Prepaid expenses and other current assets	9,720,789	1,620,879	8,099,910	-	2,276,955	3,169	4,716,755	1,103,031
Due from affiliates	-	(7,967,837)	7,967,837	(7,212,582)	9,008,461	301,548	1,991,706	3,878,704
Total current assets	209,918,671	44,639,446	165,279,225	(28,381,768)	42,698,683	12,542,032	104,815,297	33,604,981
Long-term investments	270,151,964	-	270,151,964	(81,604,756)	106,162,633	-	133,630,871	111,963,216
Investments whose use is limited or restricted								
Funds held by trustee under bond indenture agreements, net of current portion	6,842,534	-	6,842,534	-	-	-	6,577,845	264,689
Temporarily restricted investments	8,602,801	421,796	8,181,005	(35,172,984)	8,181,005	-	15,259,696	19,913,288
Permanently restricted investments	11,610,422	-	11,610,422	(25,773,400)	11,610,422	-	21,172,412	4,600,988
Permanently restricted beneficial interest in perpetual trusts	19,265,018	-	19,265,018	-	19,265,018	-	-	-
Total assets whose use is limited or restricted	46,320,775	421,796	45,898,979	(60,946,384)	39,056,445	-	43,009,953	24,778,965
Property and equipment, net	302,944,886	12,542,176	290,402,710		20,528,004	220,930	199,743,124	69,910,652
Other assets								
Deferred financing costs, net	3,542,466	-	3,542,466	-	10,349	-	3,234,496	297,621
Pledges receivable, net of current portion	7,900,561	-	7,900,561	-	-	7,900,561	-	-
Goodwill	22,778,859	14,850,012	7,928,847	-	-	-	5,843,363	2,085,484
Other assets	21,090,707	21,500	21,069,207	-	20,327,446	-	725,761	16,000
Total other assets	55,312,593	14,871,512	40,441,081	-	20,337,795	7,900,561	9,803,620	2,399,105
Total assets	$ 884,648,889	$ 72,474,930	$ 812,173,959	$ (170,932,908)	$ 228,783,560	$ 20,663,523	$ 491,002,865	$ 242,656,919

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Balance Sheet - Cape Cod Healthcare Obligated Group
September 30, 2014

	Total	Other Entities and Eliminations	Total Obligated Group	Eliminations and Reclassifications	CCHC	Healthcare Foundation	Cape Cod Hospital	Falmouth Hospital Association
Liabilities and Net Assets								
Current liabilities								
Current portion of long-term debt and capital lease obligations	$ 9,629,202	$ 113,609	$ 9,515,593	$ -	$ 172,973	$ -	$ 7,639,609	$ 1,703,011
Accounts payable and accrued expenses	107,181,334	13,043,313	94,138,021	-	40,203,445	154,960	38,514,095	15,265,521
Professional Liability Claims	-	-	-	(21,169,186)	21,169,186	-	-	-
Estimated settlements with third-party payors	16,762,521	1,102,014	15,660,507	-	-	-	9,611,825	6,048,682
Due to affiliates	-	(900,741)	900,741	(7,212,582)	-	-	6,272,053	1,841,270
Other current liabilities	529,849	143,655	386,194	-	309,763	-	33,857	42,574
Total current liabilities	134,102,906	13,501,850	120,601,056	(28,381,768)	61,855,367	154,960	62,071,439	24,901,058
Other liabilities								
Interest rate swaps	2,585,149	-	2,585,149	-	-	-	2,585,149	-
Other liabilities	27,033,320	23,588,411	3,444,909	-	3,444,909	-	-	-
Total other liabilities	29,618,469	23,588,411	6,030,058	-	3,444,909	-	2,585,149	-
Long-term debt and capital lease obligations, net of current portion	186,384,142	172,101	186,212,041	-	2,079,891	-	147,854,666	36,277,484
Total liabilities	350,105,517	37,262,362	312,843,155	(28,381,768)	67,380,167	154,960	212,511,254	61,178,542
Net assets								
Unrestricted	465,949,029	35,212,568	430,736,461	(81,604,756)	110,224,211	3,093,402	242,059,503	156,964,101
Temporarily restricted	37,281,235	-	37,281,235	(35,172,984)	19,946,074	17,335,161	15,259,696	19,913,288
Permanently restricted	31,313,108	-	31,313,108	(25,773,400)	31,233,108	80,000	21,172,412	4,600,988
Total net assets	534,543,372	35,212,568	499,330,804	(142,551,140)	161,403,393	20,508,563	278,491,611	181,478,377
Total liabilities and net assets	$ 884,648,889	$ 72,474,930	$ 812,173,959	$ (170,932,908)	$ 228,783,560	$ 20,663,523	$ 491,002,865	$ 242,656,919

Cape Cod Healthcare, Inc. and Affiliates
Consolidating Statement of Operations - Cape Cod Healthcare Obligated Group
For the Year Ended September 30, 2014

	Total	Other Entities and Eliminations	Total Obligated Group	Eliminations and Reclassifications	CCHC	Healthcare Foundation	Cape Cod Hospital	Falmouth Hospital Association
Revenue								
Net patient service revenue	$ 723,319,909	$ 127,260,384	$ 596,059,525	$ -	$ -	$ -	$ 444,014,236	$ 152,045,289
Less provision for bad debts	8,344,071	1,685,800	6,658,271	-	-	-	4,989,151	1,669,120
Net patient service revenue after provision for bad debts	714,975,838	125,574,584	589,401,254	-	-	-	439,025,085	150,376,169
Other revenue	13,958,648	(761,636)	14,720,284	(50,889,991)	54,650,897	-	7,439,424	3,519,954
Net assets released from restrictions used for operations	1,371,900	776,095	595,805	-	-	-	158,841	436,964
Total revenue	730,306,386	125,589,043	604,717,343	(50,889,991)	54,650,897	-	446,623,350	154,333,087
Expenses								
Salaries and wages	280,594,617	62,417,914	218,176,703	-	19,959,306	-	141,901,235	56,316,162
Physicians' salaries and fees	77,033,210	25,659,020	51,374,190	-	536,458	-	40,204,431	10,633,301
Employee benefits	102,996,917	22,667,000	80,329,917	-	12,213,727	-	50,849,921	17,266,269
Supplies and other	207,726,342	22,461,071	185,265,271	(50,311,684)	18,483,613	-	165,037,470	52,055,872
Depreciation and amortization	28,100,301	1,928,430	26,171,871	-	2,875,647	-	17,584,877	5,711,347
Interest	7,512,543	13,393	7,499,150	-	-	-	6,188,718	1,310,432
Total expenses	703,963,930	135,146,828	568,817,102	(50,311,684)	54,068,751	-	421,766,652	143,293,383
Income (loss) from operations	26,342,456	(9,557,785)	35,900,241	(578,307)	582,146	-	24,856,698	11,039,704
Nonoperating gains (losses)								
Investment income	1,479,254	348,529	1,130,725	(935,461)	697,196	21	823,827	545,142
Realized gains (losses) on investments, net	6,265,413	-	6,265,413	(1,917,932)	2,458,828	(4,199)	3,006,495	2,722,221
Net contributions	1,524,380	180	1,524,200	(816,440)	-	1,524,200	511,569	304,871
Change in fair value of interest rate swaps	386,154	-	386,154	-	-	-	386,154	-
Other nonoperating gains (losses)	(623,976)	(345,813)	(278,163)	348,340	(316,848)	-	(103,693)	(205,962)
Total nonoperating gains (losses), net	9,031,225	2,896	9,028,329	(3,321,493)	2,839,176	1,520,022	4,624,352	3,366,272
Excess (deficit) of revenue and gains over expenses and losses	35,373,681	(9,554,889)	44,928,570	(3,899,800)	3,421,322	1,520,022	29,481,050	14,405,976
Change in net unrealized gains and losses on investments	3,682,803	-	3,682,803	(1,070,075)	1,412,965	-	1,697,872	1,642,041
Net assets released from restrictions used for purchase of property and equipment	2,047,591	-	2,047,591	-	-	-	1,274,062	773,529
Transfer to (from) affiliates	-	24,410,964	(24,410,964)	(1,227,928)	7,050,777	(3,828,345)	(19,236,544)	(7,168,924)
Increase (decrease) in unrestricted net assets	$ 41,104,075	$ 14,856,075	$ 26,248,000	$ (6,197,803)	$ 11,885,064	$ (2,308,323)	$ 13,216,440	$ 9,652,622