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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CAPE COD HEALTHCARE INC & AFFILIATES
% MICHAEL L CONNORS
Doing business as

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

City or town, state or 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 $ 839,170,520

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	5,511
6	Total number of volunteers (estimate if necessary)	**6**	806
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,632,584
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	798,057

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,572,146	13,584,232
9	Program service revenue (Part VIII, line 2g)	769,456,161	813,097,623
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,228,163	10,134,688
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,124,349	2,193,542
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	793,380,819	839,010,085
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)	412,045,456	421,295,177
16a	Professional fundraising fees (Part IX, column (A), line 11e)	107,645	120,968
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,319,958		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	332,632,591	362,645,424
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	744,785,692	784,061,569
19	Revenue less expenses Subtract line 18 from line 12	48,595,127	54,948,516

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	858,605,441	904,223,714
21	Total liabilities (Part X, line 26)	290,745,257	270,275,550
22	Net assets or fund balances Subtract line 21 from line 20	567,860,184	633,948,164

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: 2017-08-09

MICHAEL L CONNORS SENIOR VP FIN / 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	GWEN SPENCER	2017-08-07		P00641463

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

Firm's address ▶ 101 SEAPORT BOULEVARD
BOSTON, MA 02210

Phone no (617) 530-5000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 $ 705,647,856 including grants of $ 0) (Revenue $ 813,097,623)

See Additional Data

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 ▶** 705,647,856

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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	143		
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	5,511		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring 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**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
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, address, and telephone number of the person who possesses the organization's books and records ▶ 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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								6,187,152	7,882,235	1,556,522

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 ▶ 745

			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 HEALTHCARE INC, 25 COMMUNICATION WAY HYANNIS, MA 02601	PURCHASED SERVICES	52,647,895
CORE MEDICAL GROUP, 2 KEEWAYDIN DRIVE SALEM, NH 03079	CONTRACT RN, PT, OT	586,232
QUALITY IN REAL TIME, 495 CASS STREET BATTLECREEK, MI 49037	CODING REVIEW SVCS	439,340
DELTA HEALTH, 400 LAKEMOUNT PARK BOULEVARD ALTOONA, PA 06602	MIS-SUPPORT	264,591
CARDIOCOM, EB 113 PO BOX 1691 MINNEAPOLIS, MN 55480	TELEMEDICINE SVCS	225,780

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 ▶ 11

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 92,441				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 1,338,433				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 12,153,358				
	g	Noncash contributions included in lines 1a-1f $ 211,039				
	h	**Total.** Add lines 1a-1f . . . . . ▶	13,584,232			
Program Service Revenue		Business Code				
	2a	PATIENT SERVICE REVENUE 900099	787,513,020	787,513,020		
	b	LABORATORY SERVICES 621500	9,388,292	6,809,458	2,578,834	
	c	QUALITY EARNED PAYMENTS 900099	5,518,314	5,518,314		
	d	PROGRAM RELATED RENTAL INCOME 900099	3,430,917	3,377,167	53,750	
	e	MEANINGFUL USE 900099	1,322,528	1,322,528		
	f	All other program service revenue	5,924,552	5,924,552		
	g	**Total.** Add lines 2a-2f . . . . . ▶	813,097,623			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	5,368,273			5,368,273
	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 4,766,415				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss) 4,766,415				
	d	Net gain or (loss) . . . . . ▶	4,766,415			4,766,415
	8a	Gross income from fundraising events (not including $ 92,441 of contributions reported on line 1c) See Part IV, line 18 . . a 267,550				
	b	Less direct expenses . . . b 160,435				
	c	Net income or (loss) from fundraising events . . ▶	107,115			107,115
	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	1,672,825			1,672,825
	b	MEDICAL RECORDS 900099	99,634			99,634
	c	EMPLOYEE PHARMACY 900099	313,968			313,968
	d	All other revenue				
	e	**Total.** Add lines 11a-11d . . . . . ▶	2,086,427			
	12	**Total revenue.** See Instructions . . . . . ▶	839,010,085	810,465,039	2,632,584	12,328,230

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 domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	1,260,126	1,260,126		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	254,865	254,865		
7 Other salaries and wages	333,962,413	297,636,401	34,991,608	1,334,404
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,910,482	8,457,442	1,399,664	53,376
9 Other employee benefits	53,623,678	47,606,809	5,790,932	225,937
10 Payroll taxes	22,283,613	19,504,673	2,676,858	102,082
11 Fees for services (non-employees)				
a Management	5,958,411	2,688,718	3,269,693	
b Legal	221,757	6,312	215,445	
c Accounting	771,341	131,369	639,972	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	120,968			120,968
f Investment management fees	855,829	81,349	774,480	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,442,411	31,039,486	402,925	
12 Advertising and promotion	796,453	740,512	55,941	
13 Office expenses	4,831,522	4,432,492	312,847	86,183
14 Information technology	9,390,988	8,484,763	906,225	
15 Royalties	0			
16 Occupancy	16,163,877	14,873,706	1,148,685	141,486
17 Travel	5,021,326	4,719,633	301,693	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	8,473,081	7,638,755	834,326	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	28,190,506	25,583,774	2,589,965	16,767
23 Insurance	6,233,738	5,698,255	535,483	
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	106,706,765	106,706,765		
b PURCHASED SERVICES	49,509,047	46,213,469	3,269,036	26,542
c ADMINISTRATION OFFICE	53,438,306	40,217,841	12,674,377	546,088
d REPAIRS AND MAINTENANCE	12,836,965	11,655,692	1,181,273	
e All other expenses	21,803,101	20,014,649	1,122,327	666,125
25 **Total functional expenses.** Add lines 1 through 24e	784,061,569	705,647,856	75,093,755	3,319,958
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		48,422,773	1	41,486,722
	2	Savings and temporary cash investments		1,401,964	2	1,407,662
	3	Pledges and grants receivable, net		11,419,529	3	13,712,338
	4	Accounts receivable, net		70,183,932	4	88,033,760
	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		5,956,495	7	5,375,686
	8	Inventories for sale or use		10,858,391	8	11,108,863
	9	Prepaid expenses and deferred charges		6,857,352	9	7,950,467
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 620,424,777			
	b	Less accumulated depreciation	10b 327,732,083	298,319,535	10c	292,692,694
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		363,963,703	12	400,979,488
	13	Investments—program-related See Part IV, line 11		11,118,346	13	9,294,601
	14	Intangible assets		9,157,829	14	9,346,552
	15	Other assets See Part IV, line 11		20,945,592	15	22,834,881
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		858,605,441	16	904,223,714
Liabilities	17	Accounts payable and accrued expenses		67,214,459	17	57,125,221
	18	Grants payable		0	18	0
	19	Deferred revenue		719,573	19	781,816
	20	Tax-exempt bond liabilities		166,678,346	20	156,420,826
	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		16,874,390	23	15,137,718
	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		39,258,489	25	40,809,969
	26	**Total liabilities.** Add lines 17 through 25		290,745,257	26	270,275,550
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		497,943,893	27	564,517,008
	28	Temporarily restricted net assets		38,531,451	28	37,490,718
	29	Permanently restricted net assets		31,384,840	29	31,940,438
		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		567,860,184	33	633,948,164
	34	Total liabilities and net assets/fund balances		858,605,441	34	904,223,714

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	839,010,085
2	Total expenses (must equal Part IX, column (A), line 25)	2	784,061,569
3	Revenue less expenses Subtract line 2 from line 1	3	54,948,516
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	567,860,184
5	Net unrealized gains (losses) on investments	5	19,824,054
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	-8,684,590
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	633,948,164

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 III, Line 4a

4a	(Code	) (Expenses $	705,647,856	including grants of $	0) (Revenue $	813,097,623)	
	PATIENT SERVICES - SEE SCHEDULES H AND O						

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			
ELEANOR CLAUS TRUSTEE	2 0 2 0	X						0	0	0
HOWARD CROW JR TRUSTEE	2 0 2 0	X						0	0	0
PHILIP MCLOUGHLIN TRUSTEE	2 0 2 0	X						0	0	0
MICHAEL K LAUF PRESIDENT/CEO/TRUSTEE	55 0 5 0	X		X				0	1,726,957	238,606
NATE RUDMAN MD TRUSTEE	2 0 2 0	X						0	0	0
JOEL CROWELL TREAS/CLERK AS OF 5/16/TRUSTEE	2 0 2 0	X		X				0	0	0
SUZANNE FAY GLYNN ESQ TRUSTEE	2 0 2 0	X						0	0	0
PATRICK M FLYNN MD TRUSTEE	40 0 2 0	X						44,332	0	919
DEWITT DAVENPORT VICE CHAIRMAN/TRUSTEE	2 0 2 0	X		X				0	0	0
DIANE COLETTI TRUSTEE	2 0 2 0	X						0	0	0

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			
WILLIAM ZAMMER Jr CHAIRMAN/TRUSTEE	2 0 2 0	X		X				0	0	0
SUMNER B TILTON JR TREASURER UNTIL 5/16 / TRUSTEE	2 0 2 0	X		X				0	0	0
PAUL EVANS MD TRUSTEE	2 0 2 0	X						0	0	0
JAMES MULCAHY MD TRUSTEE	2 0 2 0	X						0	0	0
GARY VACON MD TRUSTEE	2 0 2 0	X						0	0	0
ROBERT TALERMAN TRUSTEE AS OF 5/16	2 0 2 0	X						0	0	0
ROBERT WILSTERMAN MD TRUSTEE AS OF 1/16	40 0 2 0	X						91,572	0	2,810
GROVER BAXLEY MD TRUSTEE UNTIL 1/16	40 0 2 0	X						200,278	0	9,380
ROBERT BIRMINGHAM TRUSTEE UNTIL 5/16	2 0 2 0	X						0	0	0
MICHAEL G JONES Sr VP Chief Legal OffICER	55 0 5 0			X				0	406,684	78,218

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			
MICHAEL L CONNORS SENIOR VP FINANCE/CFO	55 0 5 0			X				0	526,685	89,857
DIANNE C KOLB President VNA	45 0 5 0				X			0	267,984	61,715
EMILY SCHORER SVP HUMAN RESOURCES	45 0 5 0				X			0	313,078	56,834
JEANNE FALLON SR VP & CIO	45 0 5 0				X			0	306,361	69,235
JEFFREY S DYKENS SEE SCHEDULE O	45 0 5 0				X			0	292,218	63,044
PATRICK KANE SVP OF MRKTG, COMMUN & DEVLP	45 0 5 0				X			0	397,702	68,813
ARTHUR MOMBOURQUETTE COO UNTIL 1/15	45 0 5 0				X			0	458,522	10,775
THERESA M AHERN SVP, STRAT, COMMUNITY/GOV REL	45 0 5 0				X			0	306,017	48,236
VICTOR OLIVEIRA VP PATIENT SERVICES	45 0 5 0				X			0	308,464	72,433
JOHN LIPOMI SR VP MANAGED CARE UNT 12/15	45 0 5 0				X			0	452,903	74,119

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			
DONALD GUADAGNOLI MD CMO CAPE COD HOSPITAL	45 0 5 0				X			0	530,387	91,519
KEVIN J MULROY See Sch O for title	45 0 5 0				X			0	466,062	73,555
CARTER HUNT SEE SCHEDULE O FOR TITLE	45 0 5 0				X			0	200,307	59,015
ALEXANDER HEARD MD CMO FALMOUTH HOSPITAL	45 0 5 0				X			37,655	179,951	3,737
CHRISTIAN BROWN SR VP MANAGED CARE AS OF 11/15	45 0 5 0				X			0	320,333	76,339
KEVIN RALPH SVP DEVELOPMENT	45 0 5 0				X			0	302,145	47,865
EMILY TIERNEY MD PHYSICIAN	40 0 0 0					X		1,724,614	0	41,609
RICHARD B ZELMAN MD PHYSICIAN	40 0 0 0					X		1,410,820	0	47,724
ACHILLE PAPAVASILIOU MD PHYSICIAN	40 0 0 0					X		968,348	0	64,724
PAUL HOULE MD PHYSICIAN	40 0 0 0					X		856,626	0	64,724

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			
NICHOLAS COPPA MD PHYSICIAN	40 0 0 0					X		852,907	0	39,192
MARY FRANCO FORMER SVP DEVELOPMENT	0 0 0 0						X	0	119,475	1,525

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TY 2015 Affiliate Listing

Name: CAPE COD HEALTHCARE INC & AFFILIATES

EIN: 90-0054984

TY 2015 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

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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.**

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

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	13,524,136	17,223,613	9,458,675	15,572,146	13,584,232	69,362,802
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	13,524,136	17,223,613	9,458,675	15,572,146	13,584,232	69,362,802
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)						1,610,927
6 **Public support.** Subtract line 5 from line 4						67,751,875

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	13,524,136	17,223,613	9,458,675	15,572,146	13,584,232	69,362,802
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,203,229	680,260	3,486,933	4,951,524	5,368,273	16,690,219
9 Net income from unrelated business activities, whether or not the business is regularly carried on	814,019	187,290	1,059,076	1,000,152	798,057	3,858,594
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,261,728	2,163,050	2,189,718	2,271,023	2,353,977	11,239,496
11 **Total support.** Add lines 7 through 10						101,151,111

12	Gross receipts from related activities, etc (see instructions)	12	3,703,439,578

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	66 981 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	69 034 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		No

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		No
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		No

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0	
2	Recoveries of prior-year distributions	2	0	
3	Other gross income (see instructions)	3	0	
4	Add lines 1 through 3	4	0	
5	Depreciation and depletion	5	0	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	0	
7	Other expenses (see instructions)	7	0	
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8	0	

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a	0	
b	Average monthly cash balances	1b	0	
c	Fair market value of other non-exempt-use assets	1c	0	
d	**Total** (add lines 1a, 1b, and 1c)	1d	0	
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) 0			
2	Acquisition indebtedness applicable to non-exempt use assets	2	0	
3	Subtract line 2 from line 1d	3	0	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6	Multiply line 5 by 035	6	0	
7	Recoveries of prior-year distributions	7	0	
8	**Minimum Asset Amount** (add line 7 to line 6)	8	0	

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2	Enter 85% of line 1	2		0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4	Enter greater of line 2 or line 3	4		0
5	Income tax imposed in prior year	5		0
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 **Total annual distributions.** Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2015 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. 0			
e From 2014. 0			
f **Total** of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2015 distributable amount			0
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2015 from Section D, line 7 $ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2015 distributable amount			0
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c	0		
8 Breakdown of line 7			
a			
b			
c Excess from 2013. 0			
d From 2014. 0			
e From 2015. 0			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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-
2				
3				
4				
5				
6				

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on 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		107,025
j	Total Add lines 1c through 1i			107,025
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1I	Cape Cod Hospital and Falmouth Hospital Association, Inc pay membership dues to the Massachusetts Hospital Association which engages in lobbying purposes as defined by Medicare Per the MHA advisory, 32 43% of dues paid should be allocated to lobbying activity For FY16 for Cape Cod Hospital and Falmouth Hospital Association, Inc combined, the lobbying portion equals $ 107,025

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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, for escrow or custodial account liability? ☐ 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	37,495,620	38,872,003	36,060,986	35,475,473	32,638,639
b	Contributions	57,261	1,523,222	1,925,651	60,508	435,091
c	Net investment earnings, gains, and losses	2,000,285	-2,217,064	1,613,999	1,238,094	3,092,757
d	Grants or scholarships					
e	Other expenditures for facilities and programs	744,077	682,541	728,633	713,089	691,014
f	Administrative expenses					
g	End of year balance	38,809,089	37,495,620	38,872,003	36,060,986	35,475,473

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 82 350 %
- c Temporarily restricted endowment ▶ 17 650 %

The percentages on 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" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		23,303,713		23,303,713
b Buildings		386,317,293	168,293,309	218,023,984
c Leasehold improvements		4,915,703	2,473,914	2,441,789
d Equipment		201,826,031	155,444,164	46,381,867
e Other		4,062,037	1,520,696	2,541,341
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				292,692,694

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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	334,413,841	F
(B) AGREEMENT / INDENTURE	9,986,822	F
(C) TEMP RESTRICTED INVESTMENTS	23,909,957	F
(D) PERM RESTRICTED INVESTMENTS	31,900,830	F
(E) SHORT TERM INVESTMENTS - FDN	768,038	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	400,979,488	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on 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' on 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' on 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	17,308,147
EST SETTLEMENTS W 3RD PARTIES	20,661,410
ABANDONED PROPERTY	69,069
OTHER CURRENT LIABILITIES	462,222
INTEREST RATE SWAPS	2,309,121
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	40,809,969

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' on 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 (losses) 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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO FURTHER THE HEALTHCARE MISSIO N OF CAPE COD HEALTHCARE INC , AND ITS AFFILIATES

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE ORGANIZATION DOES NOT HAVE A FIN 48 FOOTNOTE AS ANY UNCERTAIN TAX POSITIONS WERE DEEMED IMMATERIAL

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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	0	Program Services	CAPTIVE INSURANCE	6,164,733
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	1	0			6,164,733
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	1	0			6,164,733

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, do not file with Form 990)*	☐ 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, do not file with Form 990)*	☐ 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" on 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

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

OMB No 1545-0047

2015

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" on 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	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	Borns GroupVDM	DIRECT MAIL Solicitatio		No	275,292	120,968	154,324
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶	275,292	120,968	154,324

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, MA, SC

Part II Fundraising Events.
Complete if the organization answered "Yes" on 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	359,991			359,991
	2 Less Contributions	92,441			92,441
	3 Gross income (line 1 minus line 2)	267,550			267,550
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,625			2,625
	7 Food and beverages	50,158			50,158
	8 Entertainment	7,500			7,500
	9 Other direct expenses	100,152			100,152
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				160,435
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				107,115

Part III Gaming.
Complete if the organization answered "Yes" on 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 Noncash 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 conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226010357

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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)			8,724,617	3,664,469	5,060,148	0 650 %
b Medicaid (from Worksheet 3, column a)			93,588,894	76,642,185	16,946,709	2 180 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			9,261,877	7,402,574	1,859,303	0 240 %
d **Total** Financial Assistance and Means-Tested Government Programs			111,575,388	87,709,228	23,866,160	3 070 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,422,471		2,422,471	0 310 %
f Health professions education (from Worksheet 5)			1,668,101	114,244	1,553,857	0 200 %
g Subsidized health services (from Worksheet 6)			203,145,714	186,241,020	16,904,694	2 180 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,481,085		4,481,085	0 580 %
j **Total.** Other Benefits			211,717,371	186,355,264	25,362,107	3 270 %
k **Total.** Add lines 7d and 7j			323,292,759	274,064,492	49,228,267	6 340 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			28,368		28,368	
7	Community health improvement advocacy						
8	Workforce development			861,711		861,711	0 110 %
9	Other						
10	**Total**			890,079		890,079	0 110 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	7,491,768		
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	4,121,932		
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	263,277,213
6	Enter Medicare allowable costs of care relating to payments on line 5	6	262,002,490
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	1,274,723
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	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)

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	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) SEE PART V, SECTION C			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, 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 (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
13	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 included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

A

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (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)			
f	☑ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

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 THE PERCENTAGE IN LINE 7, COLUMN F WAS $7,491,768 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 6	Cape Cod Healthcare clinical, community benefits and support staff participated in a variety of coalition building activities within the service area to address and improve care related to womens health, behavioral health, chronic disease self management and substance use disorders Coalition activities ranged from new program development to reach medically underserved populations to the expansion of existing activities to strengthen collaboration between regional health care providers and human service agencies 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 $4,121,932 of bad debt expense that meets its financial assistance policy This amount is related to bad debt from both hospitals during FY16 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 PAGE 15 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 2017-2019 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH N EEDS ASSESSMENT REPORT (CHNA REPORT) AND IMPLEMENTATION PLAN WAS RELEASED AND MADE WIDELY AVAILABLE TO THE PUBLIC ON SEPTEMBER 30, 2016 THE GOALS OF THE COMMUNITY HEALTH NEEDS ASS ESSMENT PROJECT ARE TO MONITOR REGIONAL HEALTH DATA, ENGAGE HOSPITAL STAKEHOLDERS, PROMOTE PARTNERSHIPS BETWEEN THE HOSPITALS AND COMMUNITY ORGANIZATIONS AND DEVELOP MULTI-YEAR IMP LEMENTATION STRATEGIES TO GUIDE HOSPITAL INITIATIVES TO IMPROVE THE HEALTH OF BARNSTABLE C OUNTY RESIDENTS THE METHODOLOGY FOR CONDUCTING THE ASSESSMENT INCLUDED THE COLLECTION AND ANALYSIS OF PRIMARY AND SECONDARY HEALTH DATA, GATHERING SIGNIFICANT INPUT FROM THE COMMU NITY, AND THE IDENTIFICATION AND PRIORITIZATION OF KEY HEALTH NEEDS FOR THE REGION OVER 2 0 DATA SOURCES WERE UTILIZED TO COLLECT BARNSTABLE COUNTY AND TOWN-LEVEL HEALTH STATISTICS ON DISEASE INCIDENCE AND PREVALENCE, HOSPITAL UTILIZATION, MORBIDITY AND MORTALITY, BARRI ERS TO ACCESSING CARE, AND BEHAVIORAL RISK FACTORS REGIONAL STATISTICS WERE ANALYZED AND COMPARED TO STATE AND NATIONAL STATISTICS TO IDENTIFY WHERE DEMOGRAPHIC AND HEALTH DISPARI TIES EXIST ONCE COLLECTED, STATISTICAL DATA WAS VETTED AND AUGMENTED WITH COMMUNITY INPUT MORE THAN 140 INDIVIDUALS AND 90 COMMUNITY ORGANIZATIONS REPRESENTING LOW-INCOME, MEDICA LLY UNDERSERVED AND VULNERABLE POPULATIONS PROVIDED CRITICAL INSIGHT AND FEEDBACK ON THE R EGIONAL HEALTH NEEDS THROUGH KEY INFORMATION INTERVIEWS AND COMMUNITY INPUT FORUMS THROUG H THIS COLLECTION OF DATA AND COMMUNITY INPUT THE SIGNIFICANT HEALTH NEEDS OF BARNSTABLE C OUNTY RESIDENTS WERE DISTINGUISHED AND PRIORITIZED BASED ON THE FREQUENCY, URGENCY, SCOPE, SEVERITY AND MAGNITUDE OF THE IDENTIFIED ISSUES THE SIGNIFICANT HEALTH NEEDS AND ASSOCIA TED TARGET POPULATIONS IDENTIFIED THROUGH THE CHNA REPORT WILL SERVE AS THE FOUNDATION FOR COMMUNITY BENEFITS AND HOSPITAL PLANNING SPANNING FISCAL YEARS 2017-2019 THE FOLLOWING S OURCES WERE UTILIZED IN THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENTS - CAPE COD HOS PITAL AND FALMOUTH HOSPITAL UTILIZATION DATA - BARNSTABLE COUNTY DEPARTMENT OF HUMAN SERVI CES ANALYSIS OF SUBSTANCE ABUSE ON CAPE COD, A BASELINE ASSESSMENT, BARNSTABLE COUNTY BEH AVIORAL HEALTH WEB PORTAL, BARNSTABLE COUNTY PUBLIC HEALTH AND WELLNESS WEB PORTAL - CAPE COD FOUNDATION CONNECT CAPE COD - UNIVERSITY OF MASSACHUSETTS (UMASS) DONAHUE INSTITUTE LO NG-TERM PROJECTIONS FOR MASSACHUSETTS REGIONAL AND MUNICIPALITIES - MASSACHUSETTS DEPARTME NT OF PUBLIC HEALTH MASSACHUSETTS COMMUNITY HEALTH INFORMATION PROFILE (MASS CHIP), MASSA CHUSETTS BEHAVIORAL HEALTH RISK FACTOR SURVEILLANCE SYSTEM - US CENSUS BUREAU US CENSUS 2 010, AMERICAN COMMUNITY SURVEY ONCE COLLECTED, STATISTICAL DATA WAS VETTED AND AUGMENTED W ITH COMMUNITY INPUT CAPE COD HOSPITAL AND FALMOUTH HOSPITAL SELECTED JOHN SNOW, INC (JSI) A PUBLIC HEALTH RESEARCH FIRM, TO CONDUCT PRIMARY RESEARCH INCLUDING HEALTH DATA RESEARC H, KEY INFORMANT INTERVIEWS AND FACILITATION OF COMMUNITY AND PROVIDER FORUMS JSI INTERVI EWED OVER 25 REGIONAL LEADERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY AND WHO OF FER INFORMATION OR EXPERTISE RELATIVE TO THE SIGNIFICANT HEALTH NEEDS OF VULNERABLE POPULA TIONS THEY INCLUDED SUCH ENTITIES AS MUNICIPAL PUBLIC HEALTH DEPARTMENTS, HUMAN SERVICE A GENCIES, SCHOOLS AND LAW ENFORCEMENT AGENCIES, FEDERALLY QUALIFIED HEALTH CENTERS, COMMUNI TY ORGANIZATIONS SERVING LOW-INCOME, VULNERABLE AND MEDICALLY UNDERSERVED POPULATIONS, ELE CTED OFFICIALS, AND HOSPITAL CLINICIANS AND ADMINISTRATORS FIVE COMMUNITY INPUT FORUMS WE RE HELD ACROSS BARNSTABLE COUNTY MORE THAN 140 INDIVIDUALS AND 90 COMMUNITY ORGANIZATIONS ATTENDED THESE FORUMS PROVIDED AN OPPORTUNITY TO PRESENT STATISTICAL HEALTH FINDINGS TO PARTICIPANTS AND IDENTIFY GAPS IN SERVICES ADDITIONALLY, THE FORUMS FACILITATED DIALOGUE ON ISSUES NOT IDENTIFIED AND TARGET POPULATIONS MOST IMPACTED BY HEALTH ISSUES A POST-FOR UM SURVEY WAS PROVIDED TO PARTICIPANTS TO IDENTIFY AND RANK HEALTH PRIORITIES IN THE REGIO N FEEDBACK AND INPUT FROM THE KEY INFORMANT INTERVIEWS AND FROM ATTENDEES OF THE COMMUNIT Y AND PROVIDER FORUMS WAS USED TO INFORM THE SELECTION AND PRIORITIZATION OF SIGNIFICANT H EALTH NEEDS PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE FOR THOSE PA TIENTS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH THEM TO ASSIST WITH APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER THEIR UNPAID HOSPITAL BILLS IN ORDER TO ASSIST UNINSURED AND UNDERINSURED PATIENTS IN FINDING AVAILABLE AND AP PROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL PROVIDE ALL PATIENTS WITH A GEN ERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE INITIAL BILL THAT IS SENT TO PATIE NTS AS WELL AS IN GENERAL NOTICES POSTED THROUGHOUT THE HOSPITAL THE GOAL OF THESE NOTICE S IS TO INFORM PATIENTS THAT THEY MAY BE ELIGIBLE TO APPLY FOR COVERAGE WITHIN A FINANCIAL ASSISTANCE PROGRAM, SUCH AS, BUT NOT LIMITED TO,

Form and Line Reference	Explanation
PART VI, LINE 2	MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAF ETY NET, OR MEDICAL HARDSHIP THROUGH THE HEALTH SAFETY NET THE HOSPITAL WILL PROVIDE, UPO N REQUEST, SPECIFIC INFORMATION ABOUT THE ELIGIBILITY PROCESS TO BE DESIGNATED A LOW INCOM E PATIENT UNDER EITHER THE STATE HEALTH SAFETY NET PROGRAM OR THROUGH THE HOSPITAL'S OWN I NTERNAL CHARITY CARE PROGRAM THE HOSPITAL WILL ALSO NOTIFY THE PATIENT ABOUT PAYMENT PLAN S THAT MAY BE AVAILABLE TO HIM OR HER BASED ON THE SIZE OF HIS OR HER FAMILY AND FAMILY IN COME

Form and Line Reference	Explanation
PART VI, LINE 4	DEMOGRAPHICS OF THE SERVICE AREA CAPE COD HEALTHCARE IS THE COMMUNITY SAFETY-NET PROVIDER OF HEALTH CARE SERVICES FOR THE YEAR-ROUND RESIDENTS AND MILLIONS OF ANNUAL VISITORS TO BA RNSTABLE COUNTY, ALSO KNOWN AS "CAPE COD " CAPE COD HOSPITAL AND FALMOUTH HOSPITAL, THE ON LY TWO ACUTE-CARE, NON-PROFIT HOSPITALS IN THE REGION, TOGETHER SHARE THE 15 TOWNS OF BARN STABLE COUNTY AS THEIR PRIMARY SERVICE AREA THE UPPER CAPE REGION INCLUDES THE MASHPEE WA MPANOAG TRIBAL REGION CAPE COD HOSPITAL, LOCATED IN HYANNIS, MA, IS A 259-BED ACUTE-CARE, NON-PROFIT HOSPITAL FALMOUTH HOSPITAL, LOCATED IN FALMOUTH, MA, IS A 95-BED ACUTE-CARE, NON-PROFIT HOSPITAL BARNSTABLE COUNTY IS A GEOGRAPHICALLY ISOLATED REGION LOCATED ON THE EASTERN SEABOARD OF MASSACHUSETTS THE NARROW PENINSULA SPANS OVER 70 MILES IN LENGTH AND HOSTS A YEAR-ROUND POPULATION OF 215,449 RESIDENTS BARNSTABLE COUNTY CONSISTS OF 15 TOWNS THAT VARY IN YEAR-ROUND POPULATION SIZE FROM ABOUT 45,000 RESIDENTS (BARNSTABLE) TO SLIGH TLY MORE THAN 1,700 RESIDENTS (TRURO) IN ADDITION TO SERVING YEAR-ROUND RESIDENTS, THE RE GIONAL COMMUNITY INFRASTRUCTURE, INCLUDING CAPE COD HOSPITAL AND FALMOUTH HOSPITAL, MUST M EET THE DEMANDS OF A SIGNIFICANT INFLUX OF SEASONAL RESIDENTS AND VISITORS EACH YEAR THE CAPE COD COMMISSION PRODUCED ESTIMATES, USING SURVEY DATA FROM SECOND HOMEOWNERS TO INDICA TE THAT THE POPULATION OF SUMMER RESIDENTS ON CAPE COD, WHEN AVERAGED OVER A FULL YEAR, IS EQUIVALENT TO AN ADDITIONAL 68,856 FULL-TIME RESIDENTS THIS COUPLED WITH DAY VISITORS AN D SHORT TERM TRAVELER VOLUME RESULTS IN AN ESTIMATED 7 MILLION VISITORS AND RESIDENTS ON C APE COD IN A GIVEN SUMMER SEASON THIS SEASONAL POPULATION EXPANSION AND CONTRACTION CREAT ES UNIQUE CHALLENGES FOR THE CAPES HEALTH CARE SYSTEM, TRANSPORTATION NETWORK, WORKFORCE, BUSINESS COMMUNITY, AND HOUSING MARKET POPULATION TRENDS AND AGE DEMOGRAPHIC ANALYSIS REV EALS TWO STRIKING TRENDS THAT WILL IMPACT BARNSTABLE COUNTY IN THE NEAR FUTURE CURRENT DA TA AND FUTURE DEMOGRAPHIC PREDICTIONS FOR THE REGION DEMONSTRATE THAT BARNSTABLE COUNTYS O VERALL POPULATION IS DECLINING AND INCREASING IN AGE ACCORDING TO THE LONG-TERM POPULATIO N PROJECTIONS FOR MASSACHUSETTS REGIONS AND MUNICIPALITIES, A PUBLICATION BY THE UMASS DON AHUE INSTITUTE, ALL REGIONS IN MA WILL EXPERIENCE POSITIVE POPULATION GROWTH FROM 2010-203 5 EXCEPT FOR BARNSTABLE COUNTY AND THE ISLANDS OF NANTUCKET AND MARTHAS VINEYARD A PROJEC TED NET LOSS OF 13% OF THE OVERALL POPULATION OF BARNSTABLE COUNTY IS PREDICTED BETWEEN 20 10 AND 2035 BY 2035, THE TOTAL YEAR-ROUND POPULATION IS EXPECTED TO DECREASE TO APPROXIMA TELY 188,000 RESIDENTS, A POPULATION SIMILAR TO HISTORIC 1990 NUMBERS THIS DECLINE IS ATT RIBUTED TO TWO FACTORS, AN OUTFLOW OF YOUNG PEOPLE FROM THE REGION, AND DEATHS CONTINUING TO OUTNUMBER BIRTHS IN ADDITION TO THE DECLINING POPULATION, THE YEAR-ROUND POPULATION OF BARNSTABLE COUNTY WILL CONTINUE TO HAVE A SIGNIFICANTLY LARGER PROPORTION OF SENIORS OVER THE AGE OF 65 THAN THE STATE OF MASSACHUSETTS (MA) AND THE UNITED STATES (U S) ACCORDIN G TO 2009-2013 AMERICAN COMMUNITY SURVEY ESTIMATES, NEARLY 26% OF THE YEAR-ROUND POPULATIO N OF BARNSTABLE COUNTY IS OVER THE AGE OF 65 COMPARED TO 14% IN MA AND 13% IN THE U S IT IS PREDICTED THAT BY THE YEAR 2035, NEARLY 35% OF THE POPULATION OF BARNSTABLE COUNTY WILL BE OVER THE AGE OF 65 4 IN MA, 58% OF THE OVERALL POPULATION IS COMPRISED OF RESIDENTS BE TWEEN THE AGES OF 044 YEARS COMPARED TO ONLY 42% IN BARNSTABLE COUNTY 'BABY BOOMERS', WHO ARE CURRENTLY INCLUDED IN THE AGE BRACKET OF 45 TO 64 YEAR-OLD RESIDENTS, REPRESENT AN AD DITIONAL 32% OF THE CAPES POPULATION THESE COMBINED POPULATION STATISTICS SKEW BARNSTABLE COUNTYS MEDIAN AGE TO OVER 50 YEARS OLD, THE HIGHEST FOR ALL COUNTIES IN MASSACHUSETTS T HIS IS MORE THAN A DECADE OLDER THAN THE MA MEDIAN AGE OF 39 YEARS AND THE U S MEDIAN AGE OF 37 YEARS A COMMON THEME DISCUSSED IN STAKEHOLDER INTERVIEWS AND COMMUNITY/PROVIDER FO RUMS WAS THAT PERSONS OVER THE AGE OF 65 AND YOUTH (15-24 YEARS OLD) REPRESENTED TWO OF TH E MOST VULNERABLE POPULATIONS IN THE SERVICE AREA YOUTH WERE IDENTIFIED AS A TARGET POPUL ATION DUE TO CONCERNS RELATED TO EARLY ONSET OF MENTAL HEALTH CONDITIONS, SUBSTANCE USE AN D RISKY HEALTH BEHAVIORS BARNSTABLE COUNTYS GENDER DEMOGRAPHICS MIRROR THOSE OF MA, 52% O F RESIDENTS ARE FEMALE AND 48% ARE MALE NEARLY 12% OF BARNSTABLE COUNTY RESIDENTS OVER TH E AGE OF 18 ARE VETERANS WHICH IS HIGHER THAN THE PERCENTAGE IN BOTH MA (7%) AND THE U S (9%) IN BARNSTABLE COUNTY, 13% OF RESIDENTS REPORT THAT THEY ARE LIVING WITH A DISABILITY COMPARED TO 11% IN MA BARNSTABLE COUNTY MUST MEET THE UNIQUE HEALTH NEEDS OF VETERANS AN D PERSONS LIVING WITH DISABILITIES WHO MAY BE AT A GREATER RISK OF DEVELOPING COMORBID CON DITIONS AND OFTEN ENCOUNTER LIMITED ACCESS OR BARRIERS TO CARE INCOME AND POVERTY ALTHOUG H BARNSTABLE COUNTY HAS A LOWER PROPORTION OF LOW-INCOME RESIDENTS THAN DOES MA (9% VS 11 %), REPRESENTATIVES OF ORGANIZATIONS THAT SERVE VU

Form and Line Reference	Explanation
PART VI, LINE 4	LNERABLE, LOW-INCOME AND MEDICALLY UNDERSERVED POPULATIONS REPORT A GROWING NUMBER OF RESI DENTS WHO STRUGGLE TO SECURE AND MAINTAIN STABLE EMPLOYMENT THEY ALSO RELY ON PUBLIC ASSI STANCE PROGRAMS TO AFFORD HEALTH INSURANCE, FOOD AND HOUSING ACCORDING TO FIVE-YEAR CENSU S ESTIMATES (2009-2013), THE MEDIAN HOUSEHOLD INCOME OF BARNSTABLE COUNTY RESIDENTS WAS $6 0,526 COMPARED TO $66,866 FOR ALL MASSACHUSETTS RESIDENTS IN 2014, A HIGHER PERCENT OF PE R CAPITA INCOME WAS DERIVED FROM TRANSFER PAYMENTS (SOCIAL SECURITY, DISABILITY PENSIONS, HOUSING AND FOOD SUBSIDY PROGRAMS, AND UNEMPLOYMENT BENEFITS) IN BARNSTABLE COUNTY (19%) C OMPARED TO MA (15%) AND THE U S (17%) VULNERABLE POPULATIONS ARE FURTHER CHALLENGED BY E MPLOYMENT OPPORTUNITIES ON CAPE COD WHICH DECREASE DURING WINTER MONTHS DUE TO CHARACTERIS TICS INHERENT IN A SEASONAL ECONOMY DEPENDENT ON TOURISM AND OTHER FACTORS IN 2015, THE U NEMPLOYMENT RATE IN BARNSTABLE COUNTY RANGED FROM 9% IN JANUARY TO 5% IN JULY COMPARED TO A STEADY ANNUAL RATE OF 6% UNEMPLOYMENT FOR MA OVERALL ACCORDING TO FIVE-YEAR ESTIMATES (2009-2013) OF THE AMERICAN COMMUNITY SURVEY * MORE THAN 48% OF BARNSTABLE COUNTY RESIDENT WHO RENT AND 38% WHO OWN A HOUSING UNIT ARE COST-BURDENED, SPENDING 35% OR MORE OF THEIR TOTAL INCOME ON HOUSING ACCORDING TO THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT , FAMILIES WHO PAY MORE THAN 30% OF THEIR INCOME FOR HOUSING ARE CONSIDERED COST-BURDENED AND MAY HAVE DIFFICULTY AFFORDING NECESSITIES SUCH AS FOOD, CLOTHING, TRANSPORTATION AND M EDICAL CARE * 42% OF BARNSTABLE COUNTY RESIDENTS RECEIVE PUBLICILY-FUNDED HEALTH INSURANC E COVERAGE COMPARED TO 32% OF RESIDENTS IN MA OVERALL, AND * 42% OF RESIDENT RECEIVE SOCIA L SECURITY PAYMENTS COMPARED TO 28% IN MA OVERALL COMBINED TOGETHER, THESE INDICATORS PAI NT A PICTURE OF MANY RESIDENTS IN NEED THE COMMUNITY INPUT COLLECTION PHASE OF THE PROJEC T IDENTIFIED NUMEROUS TARGET POPULATIONS IN NEED OF HEALTH INTERVENTIONS THESE INCLUDED F INANCIALLY DISADVANTAGED POPULATIONS, INCLUDING INDIVIDUALS WITH TRANSITIONAL EMPLOYMENT, CHILDREN UNDER THE AGE OF 18, INDIVIDUALS/FAMILIES WITH HOUSING INSECURITIES, AND THOSE LI VING ON FIXED INCOMES RACE, ETHNICITY AND LANGUAGE IN ADDITION TO AGE AND INCOME, RACE, E THNICITY, AND LANGUAGE PLAY A ROLE IN DETERMINING HEALTH OUTCOMES FOR RESIDENTS COMPARED TO MA, BARNSTABLE COUNTY HAS A RELATIVELY HOMOGENEOUS POPULATION WITH 92% IDENTIFYING AS C AUCASIAN IN 2009-2013 CENSUS ESTIMATES MASSACHUSETTS IS MORE RACIALLY DIVERSE WITH ONLY 7 6% OF RESIDENTS IDENTIFYING AS CAUCASIAN ACCORDING TO FIVE-YEAR ESTIMATES OF THE AMERICAN COMMUNITY SURVEY (2009-2013) THE LARGEST RACIAL/ETHNIC MINORITY GROUPS ON CAPE COD ARE HI SPANICS/LATINOS AND AFRICAN-AMERICAN RESIDENTS WITH EACH GROUP REPRESENTING ABOUT 2% OF TH E POPULATION IN THAT SAME TIME PERIOD, 7% OF THE POPULATION LIVING IN BARNSTABLE COUNTY W AS FOREIGN-BORN, COMPARED TO 15% FOR THE COMMONWEALTH OF MASSACHUSETTS SLIGHTLY MORE THAN 8% OF THE POPULATION FIVE YEARS OR OLDER IN BARNSTABLE COUNTY SPEAKS A LANGUAGE OTHER THA N ENGLISH AT HOME COMPARED TO 22% IN THE COMMONWEALTH WHILE DIVERSITY MAY BE LOW COMPARAT IVELY, PUBLIC HEALTH EXPERTS AND INDIVIDUALS REPRESENTING LOW-INCOME, VULNERABLE, AND MEDI CALLY UNDERSERVED POPULATIONS ON CAPE COD CITE THAT FOREIGN-BORN RESIDENTS AND RACIAL/ETHN IC MINORITIES ON CAPE COD (E G , HISPANICS, AFRICAN AMERICANS, AND PORTUGUESE-SPEAKING BRA ZILIANS) WERE MOST LIKELY TO EXPERIENCE BARRIERS TO ACCESSING CARE AND ARE DISPROPORTIONAL LY IDENTIFIED WITHIN HIGH NEEDS POPULATIONS AS COMPARED TO OTHERS

Form and Line Reference	Explanation
INSURANCE STATUS	MASSACHUSETTS LEADS THE NATION AS THE STATE WITH THE LOWEST RATE OF UNINSURED RESIDENTS IN 2014, ONLY 4% OF RESIDENTS IN THE COMMONWEALTH LACKED MEDICAL HEALTH INSURANCE, COMPARED TO 10% NATIONALLY, DUE TO THE STATES EARLY HEALTH REFORM EFFORTS WHICH BEGAN IN 2006 HOWEVER, THERE IS VARIATION IN INSURED POPULATIONS ACROSS THE STATE OF MA ACCORDING TO THE GEOGRAPHY OF UNINSURANCE IN MASSACHUSETTS 2009-2013, A PUBLICATION BY THE BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION AND THE URBAN INSTITUTE ACCORDING TO THE STUDY, BARNSTABLE COUNTY, AT 3 4%, HAS THE HIGHEST PERCENTAGE OF UNINSURED CHILDREN (0-17 YEARS) IN THE STATE COMPARED TO ALL OTHER COUNTIES BARNSTABLE COUNTY, WITH AN OVERALL 5% UNINSURED RATE (ADULTS AND CHILDREN), IS ALSO THE 4TH HIGHEST RANKING COUNTY IN MA FOR THE NUMBER OF UNINSURED PERSONS OF ALL AGES INPUT FROM PUBLIC HEALTH EXPERTS AND INDIVIDUALS REPRESENTING LOW-INCOME, VULNERABLE, AND MEDICALLY-UNDERSERVED POPULATIONS ON CAPE COD NOTE THAT BEYOND INDIVIDUALS AND CHILDREN WHO ARE UNINSURED, THERE ARE MANY RESIDENTS WHO ARE 'UNDER-INSURED' THIS POPULATION STRUGGLES WITH THE COST OF PUBLICLY AVAILABLE HEALTH PLANS, COVERAGE OF DEDUCTIBLES AND PRESCRIPTIONS, AND WITH MAINTAINING INSURANCE COVERAGE UNDER CONTINUOUS ENROLLMENT CHANGES CAPE COD HOSPITAL AND FALMOUTH HOSPITAL DERIVE APPROXIMATELY 67% OF PATIENT SERVICE REVENUES FROM PUBLIC PAYERS FROM FY2013 TO FY2015 THE HOSPITALS PERCENTAGE OF MEDICAID AND MEDICARE STEADILY INCREASED WHILE THE PERCENTAGE FROM NON-GOVERNMENT SOURCES STEADILY DECREASED AS BOTH STATE AND FEDERAL PAYERS FACE BUDGETING CONCERNS, PUBLIC PAYER REIMBURSEMENT IS FORECASTED TO REMAIN FLAT OR DECLINE MANY OF THE KEY SERVICES USED BY VULNERABLE POPULATIONS SUCH AS BEHAVIORAL HEALTH ARE POORLY REIMBURSED THESE TRENDS DEMONSTRATE CONTINUED RELIANCE ON SOURCES OF PUBLIC HEALTH COVERAGE AS THE AREA DEMOGRAPHICS BECOME MORE CHALLENGING CONCLUSION UNDERSTANDING THE COMMUNITY NEED AND HEALTH STATUS OF BARNSTABLE COUNTY RESIDENTS BEGINS WITH IDENTIFYING THE DEMOGRAPHIC PROFILE AND UNDERLYING SOCIO-ECONOMIC DRIVERS THAT IMPACT HEALTH AND HEALTH EQUITY ASSESSING SOCIAL DETERMINANTS OF HEALTH SUCH AS AGE, INCOME, RACE/ETHNICITY, LANGUAGE, INCOME, POVERTY, UNEMPLOYMENT, INSURANCE COVERAGE, AND HOUSING STATUS PROVIDES CRITICAL INFORMATION FOR IDENTIFYING TARGET POPULATIONS AND COMMUNITY SETTINGS FOR HEALTH IMPROVEMENT INTERVENTIONS AND ACTIVITIES

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 information and accurate comparisons to state and national benchmarks of health and quality of life measures for residents of Barnstable County The target populations, significant 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 FY16 target populations - INDIVIDUALS MANAGING OR AT RISK OF DEVELOPI NG CHRONIC AND INFECTIOUS DISEASES SUCH AS CANCER, CARDIOVASCULAR DISEASE, ALZHEIMER'S DIS EASE, HEPATITIS C, OR TICK-BORNE DISEASE - RESIDENTS FACING BARRIERS TO CARE DUE TO LANGU AGE, COST, OR AGE, INCLUDING THOSE WHO ARE UNINSURED OR UNDER-INSURED - INDIVIDUALS WITH MENTAL HEALTH DISORDERS AND CO-OCCURRING DISORDERS - INDIVIDUALS WITH SUBSTANCE USE DISOR DERS - SENIOR POPULATION, AGES 65 AND OLDER - YOUTH AND YOUNG ADULTS, AGES 15 TO 24 YEAR S OLD Cape Cod Healthcare and the Cape Cod Healthcare Community Benefits department suppo rted the following programs in FY16 INTERPRETER SERVICES FOR COMMUNITY-BASED PHYSICIAN OF FICES CCHC COMMUNITY BENEFITS PROVIDES ANNUAL SUPPORT TO IMPROVE ACCESS TO PRIMARY AND SPE CIALTY CARE FOR INDIVIDUALS WHO FACE BARRIERS TO CARE DUE TO LANGUAGE THROUGH THE COMMUNIT Y BASED INTERPRETER SERVICES PROGRAM THE PROGRAM DISPATCHES FREE MEDICAL LANGUAGE INTERPR ETERS TO COMMUNITY-BASED PHYSICIAN PRACTICES TO ASSIST LIMITED AND NON-ENGLISH SPEAKING PA TIENTS AND THEIR FAMILIES THE AVAILABILITY OF PROFICIENT AND PROFESSIONAL INTERPRETER SER VICES ENSURES THE DELIVERY OF SAFE, QUALITY HEALTH CARE AND POSITIVE CLINICAL OUTCOMES Sp ecialty Network for the Uninsured CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDES ANNUAL G RANT SUPPORT TO HARBOR COMMUNITY HEALTH CENTER - HYANNIS TO COORDINATE THE SPECIALTY NETWO RK FOR THE UNINSURED (SNU) THE SNU PROGRAM INCREASES ACCESS TO SPECIALTY CARE FOR UNINSUR ED AND UNDER-INSURED RESIDENTS OF BARNSTABLE COUNTY THROUGH MANAGING A NETWORK OF MEDICAL SPECIALISTS WHO WILL PROVIDE FREE OR SIGNIFICANTLY REDUCED SLIDING-SCALE FEES FOR OFFICE V ISITS, PROCEDURES AND CONTINUED CARE OF UNINSURED AND UNDER-INSURED INDIVIDUALS Prescript ion Assistance Program THE PRESCRIPTION ASSISTANCE PROGRAM IS AN INITIATIVE OF CAPE COD HO SPITAL AND FALMOUTH HOSPITAL EMERGENCY, BEHAVIORAL HEALTH AND PHARMACY DEPARTMENTS AS A CO MMUNITY BENEFIT TO ASSIST UNINSURED, UNDER-INSURED AND FINANCIALLY DISADVANTAGED PATIENTS WHO HAVE NO OTHER VIABLE MEANS TO PAY FOR MEDICATIONS UPON DISCHARGE FROM HOSPITAL FACILIT IES Transportation Assistance Program IN AN EFFORT TO ASSIST LOW-INCOME AND VULNERABLE PO PULATIONS, CAPE COD HOSPITAL AND FALMOUTH HOSPITAL PROVIDE TRANSPORTATION UPON DISCHARGE F ROM EMERGENCY AND BEHAVIORAL HEALTH DEPARTMENTS, TO THOSE PATIENTS WITHOUT RESOURCES FOR T RANSPORTATION DUFFY HEALTH CENTER SUPPORTING BEHAVIORAL HEALTH SERVICES FOR HOMELESS AND AT RISK ADULTS THE DUFFY HEALTH CENTER PROVIDES PRIMARY CARE AND BEHAVIORAL HEALTH CARE T O HOMELESS ADULTS AND THOSE AT-RISK FOR HOMELESSNESS IN BARNSTABLE COUNTY IN FY16, COMMUN ITY BENEFITS FUNDING FROM CAPE COD HEALTHCARE SUPPORTED THE DUFFY HEALTH CENTERS BEHAVIORA L HEALTH SERVICES INCLUDING THERAPY, PSYCHIATRY AND CASE MANAGEMENT SUPPORT FOR HEALTH CEN TER PATIENTS SUPPORT GROUPS AND HEALTH EDUCATION CLASSES AT CAPE COD HOSPITAL AND FALMOUT H HOSPITAL AT CAPE COD AND FALMOUTH HOSPITAL, SUPPORT GROUPS FOR BEREAVEMENT AND CANCER SU RVIVORSHIP, CLASSES AND COUNSELING FOCUSED ON BREASTFEEDING AND FATHERHOOD AND HOLISTIC SE RVICES TO COMPLEMENT TRADITIONAL MEDICAL CARE ARE CONDUCTED ON A REGULAR BASIS AND OPEN TO ALL MEMBERS OF THE COMMUNITY CLASSES AND GROUPS ARE AVAILABLE TO INDIVIDUALS, FAMILIES A ND CAREGIVERS INCLUDE IN-PERSON MEETINGS AND CONTACTS TO OFFER SUPPORT AND REASSURANCE THR OUGH THEIR SPECIFIC DISEASE/HEALTH CARE SITUATION WORKFORCE AND CAREER DEVELOPMENT INITIA TIVES CAPE COD HEALTHCARE RECOGNIZES THE IMPORTANCE OF WORKFORCE DEVELOPMENT AND SUPPORTS THE OPPORTUNITY FOR STUDENTS FROM HIGH SCHOOL THROUGH GRADUATE SCHOOL TO HAVE A POSITIVE AND PROFESSIONAL EXPERIENCE THROUGH INTERNSHIPS, JOB SHADOWING AND TRAINING WITH HEALTH CA RE PROVIDERS IN SEVERAL HOSPITAL DEPARTMENTS BY TRAINING AND MENTORING STUDENTS FOR FUTUR E EMPLOYMENT, WE HOPE TO SUCCESSFULLY ENGAGE INDIVIDUALS SO THEY SELECT HEALTH CARE AS A V IABLE AND ADMIRABLE VOCATION, THUS DECREASING THE POTENTIAL RISK FOR PREDICTED FUTURE SHOR TAGES IN THE WORKPLACE SUPPORTING THE HEALTH INSURANCE NEEDS OF EVERYONE (SHINE) CAPE CO D HEALTHCARE COMMUNITY BENEFITS PROVIDED A GRANT TO THE REGIONAL SHINE PROGRAM TO EXPAND I NFORMATION, COUNSELING AND ASSISTANCE TO BARNSTABL

Form and Line Reference	Explanation
PART VI, LINE 5	E COUNTY RESIDENTS WITH MEDICARE AND THEIR CAREGIVERS Growing a dementia friendly communi ty hope dementia and Alzheimers services Cape Cod healthcare community benefits awarded a grant to hope dementia and Alzheimers services to offer community trainings for caregive rs and emergency responders titled Alzheimers disease what you need to know FOODS TO ENC OURAGE - NUTRITION'S ROLE IN DIABETES AND HYPERTENSION TREATMENT AND PREVENTION PILOT PROG RAM CAPE COD HUNGER NETWORK FOODS TO ENCOURAGE IS A PROGRAM TO MONITOR AND IMPROVE DIABET ES AND HYPERTENSION DISEASE OUTCOMES IN LOW TO MODERATE INCOME RESIDENTS WHO ACCESS FOOD F ROM CAPE FOOD PANTRIES The FY16 community benefits grant from cape cod healthcare allowed the program to expand from one location to four food pantries across cape cod Cape cod c ooperative extension tick testing and disease surveillance project Cape cod healthcare pr ovided community benefits funding to the Cape Cod cooperative extension to subsidize a tic k testing and tick-borne disease surveillance program for Barnstable county residents HEA LTHY PARKS, HEALTHY PEOPLE A WELLNESS COLLABORATION BETWEEN CAPE COD HEALTHCARE AND THE C APE COD NATIONAL SEASHORE CAPE COD HEALTHCARE COLLABORATED WITH THE CAPE COD NATIONAL SEAS HORE TO PROMOTE WELLNESS, EXERCISE AND PHYSICAL ACTIVITY TO IMPROVE THE HEALTH OF CAPE COD RESIDENTS AND VISITORS Living fit for you! Cancer wellness program at Falmouth hospital Living fit for you is a free, structured, and medically-supervised exercise and education program that assists individuals undergoing treatment for cancer to manage fatigue, decon ditioning, and a loss of physical function

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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
1	CAPE COD HOSPITAL 27 PARK STREET HYANNIS, MA 02601 SEE PART V, SECTION C 2135	X	X					X			A
2	FALMOUTH HOSPITAL ASSOCIATION INC 100 TER HEUN DRIVE FALMOUTH, MA 02540 SEE PART V, SECTION C 2289	X	X					X			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)
1	Visiting Nurse Association of Cape Cod 255 Independence Drive Hyannis,MA 02601	home health
1	CAPE COD HEALTHCARE CORP 88 LEWIS BAY RD HYANNIS,MA 02601	ADMINISTRATIVE
2	Dermatology and Skin Surgery of Cape Cod 35 Wilkens Lane Suite A Hyannis,MA 02601	medical group practice
3	FONTAINE MEDICAL CENTER 525 LONG POND DRIVE HARWICH,MA 02645	Medical Group Practice
4	BOURNE HEALTH CENTER 1 Trowbridge Road BOURNE,MA 02532	medical group practice
5	Bramblebush Medical Group 21 Bramblebush Park FALMOUTH,MA 02540	medical group practice
6	Seaside Pediatrics 150 Ansel Hallet Road West Yarmouth,MA 02673	medical group practice
7	Manning Jr William J MD 700 Attucks Lane Suite 1A HYANNIS,MA 02601	medical group practice
8	Fontaine OUTPATIENT CENTER 525 Long Pond Drive Harwich,MA 02645	medical group practice
9	Guo X Y David MD PhD 90 TER HEUN DRIVE SUITE 302 FALMOUTH,MA 02540	Medical Group Practice
10	BAYSIDE INTERNAL MEDICINE 2 JAN SEBASTIAN WAY SANDWICH,MA 02563	Medical Group Practice
11	Shapiro Gary MD 700 ATTUCKS LANE SUITE 1C Hyannis,MA 02601	Medical Group Practice
12	THEODORE A CALIANOS II MD 5 INDUSTRIAL DRIVE SUITE 107 MASHPEE,MA 02649	MEDICAL GROUP PRACTICE
13	VASCULAR AND VEIN CENTER OF CAPE COD 90 TER HEUN DRIVE SUITE 303 FALMOUTH,MA 02540	MEDICAL GROUP PRACTICE
14	YARMOUTH INTERNISTS 257 STATION AVENUE SOUTH YARMOUTH,MA 02664	MEDICAL GROUP PRACTICE

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)
16	CHATHAM MEDICAL GROUP 1629 MAIN STREET CHATHAM,MA 02633	MEDICAL GROUP PRACTICE
1	ENDOCRINE CENTER OF CAPE CODE 40 QUINLAN WAY 2ND FL SUITE 206 HYANNIS,MA 02601	MEDICAL GROUP PRACTICE
2	MALAQUIAS STEPHEN MD 257 STATION AVENUE SOUTH YARMOUTH,MA 02664	MEDICAL GROUP PRACTICE
3	FAL SPECIALTY CARE PRACTICE 90 TER HEUN DRIVE SUITE 302 FALMOUTH,MA 02540	MEDICAL GROUP PRACTICE
4	MACC NEUROLOGY - CCHC 46 NORTH STREET SUITE 7 HYANNIS,MA 02601	MEDICAL GROUP PRACTICE
5	CAPE COD PEDIATRICS 55 ROUTE 130 FORESTDALE,MA 02644	MEDICAL GROUP PRACTICE
6	NAUSET FAMILY PRACTICE 81 OLD COLONY WAY STE D ORLEANS,MA 02653	MEDICAL GROUP PRACTICE
7	JAMES O'CONNOR MD PRACTICE 107 COUNTY ROAD NORTH FALMOUTH,MA 02556	MEDICAL GROUP PRACTICE
8	DEVIN MCMANUS MEDICAL PRACTICE 10 BRAMBLEBUSH DRIVE FALMOUTH,MA 02540	MEDICAL GROUP PRACTICE
9	BAXLEY PRACTICE 51A OCEAN AVENUE CATAUMET,MA 02534	MEDICAL GROUP PRACTICE
10	ARTHUR CRAGO MD PRACTICE 315 PALMER AVENUE FALMOUTH,MA 02540	MEDICAL GROUP PRACTICE
11	CAPE HEALTH INSURANCE COMPANY - FOREIGN C/O CCHC 25 COMMUNICATION WAY HYANNIS,MA 02601	ADMINISTRATIVE
12	HEALTHCARE FOUNDATION ONE FINANCIAL PLACE 297 NORTH STRE HYANNIS,MA 02601	ADMINISTRATIVE
13	HEALTHCARE FOUNDATION HOMEPORT 348C GIFFORD STREET FALMOUTH,MA 02540	ADMINISTRATIVE
14	JML CARE CENTER 184 TER HEUN DRIVE FALMOUTH,MA 02540	SKILLED NUR & REHAB

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)
31	Cape & Islands Health Services II 14 YELLOW BRICK ROAD HYANNIS,MA 02601	COLLECTION CENTER
1	CAPE & ISLANDS HEALTH SERVICES II 5 INDUSTRIAL DRIVE SUITE 102 MASHPEE,MA 02649	COLLECTION CENTER
2	CAPE & ISLANDS HEALTH SERVICES II 200 JONES ROAD FALMOUTH,MA 02540	COLLECTION CENTER
3	CAPE & ISLANDS HEALTH SERVICES II 525 LONG POND DRIVE HARWICH,MA 02645	COLLECTION CENTER
4	CAPE & ISLANDS HEALTH SERVICES II 81 OLD COLONY WAY ORLEANS,MA 02653	COLLECTION CENTER
5	CAPE & ISLANDS HEALTH SERVICES II 2 JAN SEBASTIAN WAY ROUTE 130 SANDWICH,MA 02653	COLLECTION CENTER
6	CAPE & ISLANDS HEALTH SERVICES II 860 ROUTE 134 UNIT 2 SOUTH DENNIS,MA 02660	COLLECTION CENTER
7	CAPE & ISLANDS HEALTH SERVICES II 1 TROWBRIDGE ROAD BOURNE,MA 02532	COLLECTION CENTER
8	CAPE & ISLANDS HEALTH SERVICES II 68B ROUTE 6A SANDWICH,MA 02563	COLLECTION CENTER
9	CAPE & ISLANDS HEALTH SERVICES II 1629 MAIN STREET CHATHAM,MA 02633	COLLECTION CENTER
10	CAPE & ISLANDS HEALTH SERVICES II 27 PARK STREET HYANNIS,MA 02601	COLLECTION CENTER
11	CAPE & ISLANDS HEALTH SERVICES II 30 SHANKPAINTER ROAD PROVINCETOWN,MA 02657	COLLECTION CENTER
12	HERITAGE AT FALMOUTH 140 TER HEUN DRIVE FALMOUTH,MA 02540	ASSISTED LIVING
13	CAPE COD HUMAN SERVICES 460 WEST MAIN STREET HYANNIS,MA 02601	OUTPATIENT CLINIC
14	CAPE COD HUMAN SERVICES 525 LONG POND DRIVE HARWICH,MA 02645	OUTPATIENT CLINIC

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)
46	CAPE COD MEDICAL OFFICE BUILDING INC 20 GLEASON STREET HYANNIS,MA 02601	ADMINISTRATIVE
1	ORLEANS MEDICAL CENTER 204 MAIN STREET ORLEANS,MA 02653	MEDICAL GROUP PRACTICE
2	CAPE COD DERMATOLOGY 134 ANSEL HALLETT ROAD W YARMOUTH,MA 02673	MEDICAL GROUP PRACTICE
3	CAPE COD RHEUMATOLOGY CENTER 40 QUINLAN WAY 2ND FL SUITE 206 HYANNIS,MA 02601	MEDICAL GROUP PRACTICE
4	CCHC CARDIOVASCULAR CENTER 25 MAIN STREET HYANNIS,MA 02601	MEDICAL GROUP PRACTICE
5	ZIAD FARAH MD-FONTAINE MEDICAL CENTER 525 LONG POND DRIVE HARWICH,MA 02645	MEDICAL GROUP PRACTICE
6	FONTAINE URGENT CARE CENTER 525 LONG POND DRIVE HARWICH,MA 02645	MEDICAL GROUP PRACTICE
7	NEUROLOGY CENTER OF CAPE COD 40 QUINLAN WAY 2ND FL SUITE 206 HYANNIS,MA 02601	MEDICAL GROUP PRACTICE
8	PARK STREET PRIMARY CARE 62 PARK STREET HYANNIS,MA 02601	MEDICAL GROUP PRACTICE
9	SANDWICH MEDICAL GROUP STONEHMAN OUTPATIENT2 JAN SEBASTIA SANDWICH,MA 02563	MEDICAL GROUP PRACTICE
10	SANDWICH PRIMARY CARE 441 RT 130 SANDWICH,MA 02563	MEDICAL GROUP PRACTICE
11	UPPER CAPE ORTHOPEDICS 26 EDGERTON DRIVE SUITE C NORTH FALMOUTH,MA 02556	MEDICAL GROUP PRACTICE
12	MICHAEL BARNETT MD PRACTICE 348 GIFFORD STREET FALMOUTH,MA 02540	MEDICAL GROUP PRACTICE
13	ALL CAPE UROLOGY PRACTICE 20 GLEASON STREET HYANNIS,MA 02601	MEDICAL GROUP PRACTICE
14	NEUROSURGEONS OF CAPE COD 46 NORTH STREET SUITE 4 HYANNIS,MA 02601	MEDICAL GROUP PRACTICE

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)
61	MDVIP YARMOUTH 257 STATION AVE SOUTH YARMOUTH,MA 02664	MEDICAL GROUP PRACTICE
1	MASHPEE SURGICAL CENTER 160 FALMOUTH ROAD MASHPEE,MA 02649	MEDICAL GROUP PRACTICE
2	CAPE COD HEALTHCARE WOUND CARE 905 ATTUCKS LANE HYANNIS,MA 02601	MEDICAL GROUP PRACTICE
3	CAPE COD OBSTETRICS AND GYNECOLOGY 90 TER HEUN DRIVE FALMOUTH,MA 02540	MEDICAL GROUP PRACTICE
4	SOUTHEASTERN SURGICAL ASSOCIATES 100 CAMP STREET HYANNIS,MA 02601	MEDICAL GROUP PRACTICE
5	FALMOUTH URGENT CARE 273 TEATICKET HIGHWAY FALMOUTH,MA 02536	MEDICAL GROUP PRACTICE
6	HYANNIS URGENT CARE 1220 IYANNOUGH ROAD HYANNIS,MA 02601	MEDICAL GROUP PRACTICE
7	UPPER CAPE EAR NOSE THROAT 200 A JONES ROAD FALMOUTH,MA 02540	MEDICAL GROUP PRACTICE
8	ORTHOPEDIC SPECIALISTS 5 BRAMBLEBUSH DRIVE FALMOUTH,MA 02540	MEDICAL GROUP PRACTICE
9	PATIENT SERVICE CENTER 35 WILKENS LANE BARNSTABLE,MA 02601	MEDICAL GROUP PRACTICE

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 in column(B) reported as deferred on 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
SCHEDULE J, PART I, LINE 4A	MARY FRANCO, FORMER SVP OF DEVELOPMENT (FROM 1/14-5/14), RECEIVED SEVERANCE PAYMENTS OF $119,475 DURING CALENDAR YEAR 2015 THE ARRANGEMENT PROVIDES FOR CONTINUED PAYMENT OF THE INDIVIDUAL'S SALARY AND BENEFIT FOR A PERIOD OF 15 MONTHS, INCLUDING MEDICAL AND DENTAL INSURANCE COVERAGE ARTHUR MOMBOURQUETTE, COO CCHC (FROM 11/12-1/15), RECEIVED SEVERANCE PAYMENTS OF $369,231 DURING CALENDAR YEAR 2015 THE ARRANGEMENT PROVIDES FOR CONTINUED PAYMENT OF THE INDIVIDUAL'S SALARY AND BENEFITS FOR A PERIOD OF 12 MONTHS, INCLUDING MEDICAL AND DENTAL INSURANCE COVERAGE 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 DEFERRED UNDER THE PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AND AMOUNTS PAID UNDER THE PLAN DURING CALENDAR YEAR 2015 WERE AS FOLLOWS - MICHAEL K LAUF - $65,637 - MICHAEL L CONNORS - $23,876 - MICHAEL G JONES - $20,017 - VICTOR OLIVEIRA - $13,664 - JEFFREY S DYKENS - $11,276 - DIANNE C KOLB - $11,599 - JOHN LIPOMI - $19,096 - KEVIN MULROY - $10,245 - THERESA AHERN - $9,683 - JEANNE FALLON - $9,063 - DONALD GUADAGNOLI, MD - $13,319 - PATRICK KANE - $15,817 - ARTHUR MOMBOURQUETTE - $27,226 - CHRISTIAN BROWN - $8,482 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 (INCLUDING BONUS) THROUGHOUT THE PLAN YEAR AMOUNTS DEFERRED ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AND UNDER THE PLAN, PARTICIPANTS ARE ENTITLED TO CERTAIN BENEFITS UPON RETIREMENT, TERMINATION, OR DEATH During calendar year 2015, 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 2015 was $102,000 and is included in Schedule J, Part II, Column (C) IN ADDITION, $95,087 WAS PAID OUT FROM HIS CEO SUPPLEMENTAL PLAN, AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III)
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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DIANNE C KOLB President VNA	(I) (II)	0 205,082	0 42,651	0 20,251	0 37,418	0 24,297	0 329,699	0 10,403
1MICHAEL G JONES Sr VP Chief Legal OffICER	(I) (II)	0 311,755	0 73,106	0 21,823	0 41,844	0 36,374	0 484,902	0 15,965
2MICHAEL K LAUF PRESIDENT/CEO/TRUSTEE	(I) (II)	0 846,278	0 700,125	0 180,554	0 198,300	0 40,306	0 1,965,563	0 146,200
3MICHAEL L CONNORS SENIOR VP FINANCE/CFO	(I) (II)	0 391,729	0 102,000	0 32,956	0 52,735	0 37,122	0 616,542	0 18,911
4EMILY TIERNEY MD PHYSICIAN	(I) (II)	829,254 0	825,863 0	69,497 0	28,454 0	13,155 0	1,766,223 0	0 0
5EMILY SCHORER SVP HUMAN RESOURCES	(I) (II)	0 251,483	0 60,965	0 630	0 22,402	0 34,432	0 369,912	0 0
6JEANNE FALLONSR VP & CIO	(I) (II)	0 246,997	0 49,335	0 10,029	0 41,561	0 27,674	0 375,596	0 8,625
7JEFFREY S DYKENS SEE SCHEDULE O	(I) (II)	0 236,355	0 37,200	0 18,663	0 26,862	0 36,182	0 355,262	0 10,620
8RICHARD B ZELMAN MD PHYSICIAN	(I) (II)	1,191,706 0	125,000 0	94,114 0	10,600 0	37,124 0	1,458,544 0	0 0
9ACHILLE PAPAVASILIOU MD PHYSICIAN	(I) (II)	592,722 0	374,996 0	630 0	28,600 0	36,124 0	1,033,072 0	0 0
10PAUL HOULE MD PHYSICIAN	(I) (II)	592,722 0	263,274 0	630 0	28,600 0	36,124 0	921,350 0	0 0
11PATRICK KANE SVP OF MRKTG, COMMUN & DEVLP	(I) (II)	0 301,455	0 71,715	0 24,532	0 32,439	0 36,374	0 466,515	0 15,450
12 ARTHUR MOMBOURQUETTE COO UNTIL 1/15	(I) (II)	0 30,541	0 0	0 427,981	0 8,808	0 1,967	0 469,297	0 23,333
13THERESA M AHERN SVP, STRAT, COMMUNITY/GOV REL	(I) (II)	0 234,628	0 59,900	0 11,489	0 23,939	0 24,297	0 354,253	0 9,188
14VICTOR OLIVEIRA VP PATIENT SERVICES	(I) (II)	0 240,705	0 48,360	0 19,399	0 36,309	0 36,124	0 380,897	0 11,375
15JOHN LIPOMI SR VP MANAGED CARE UNT 12/15	(I) (II)	0 350,609	0 79,875	0 22,419	0 48,782	0 25,337	0 527,022	0 17,253
16DONALD GUADAGNOLI MD CMO CAPE COD HOSPITAL	(I) (II)	0 411,719	0 94,500	0 24,168	0 54,395	0 37,124	0 621,906	0 12,722
17KEVIN J MULROY See Sch O for title	(I) (II)	0 361,965	0 84,375	0 19,722	0 37,163	0 36,392	0 539,617	0 9,750
18CARTER HUNT SEE SCHEDULE O FOR TITLE	(I) (II)	0 184,627	0 15,096	0 584	0 24,860	0 34,155	0 259,322	0 0
19ALEXANDER HEARD MD CMO FALMOUTH HOSPITAL	(I) (II)	37,655 179,887	0 0	0 64	557 3,180	0 0	38,212 183,131	0 0

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 CHRISTIAN BROWN SR VP MANAGED CARE AS OF 11/15	(I)	0	0	0	0	0	0	0
	(II)	255,778	48,300	16,255	42,447	- 33,892	- 396,672	8,025
1 KEVIN RALPH SVP DEVELOPMENT	(I)	0	0	0	0	0	0	0
	(II)	240,975	60,750	420	10,491	- 37,374	- 350,010	0
2 NICHOLAS COPPA MD PHYSICIAN	(I)	609,218	243,269	420	5,300	33,892	892,099	0
	(II)	0	0	0	0	- 0	- 0	0
3 MARY FRANCO FORMER SVP DEVELOPMENT	(I)	0	0	0	0	0	0	0
	(II)	0	0	119,475	0	- 1,525	- 121,000	0
4 GROVER BAXLEY MD TRUSTEE UNTIL 1/16	(I)	179,880	0	20,398	7,855	1,525	209,658	0
	(II)	0	0	0	0	- 0	- 0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ 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.

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

OMB No 1545-0047

2015

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 Series D (12/23/2004)		X		X		X
B	MHEFA REVENUE BONDS SERIES E	04-2456011	000000000	01-12-2012	29,440,000	Reissue of Ser E(6/18/08)& (2/12/09		X		X		X
C	MDFA REVENUE BONDS SERIES 2012A	04-3431814	000000000	02-24-2012	25,800,000	REFUND SER B(8/15/98)&C (11/15/01)		X		X		X
D	MDFA REVENUE BONDS SERIES 2013	04-3431814	57584VAH8	07-11-2013	50,831,729	REFUND SER C(10/9/01)& CAPITAL IMP		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	9,185,000	13,738,666	10,320,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	63,314,516	29,440,000	25,800,000	50,834,109
4	Gross proceeds in reserve funds	3,986,259	0	0	519,529
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	0	336,100	803,269
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	27,999,812
11	Other spent proceeds	62,400,000	29,440,000	25,463,900	20,735,223
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2010	2012	2012	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?								

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 ▶								
6	Total of lines 4 and 5								
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								
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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		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 MDFA REVENUE BONDS, SERIES 2012A- THE DATE THE REBATE COMPUTATION WAS LAST PERFORMED WAS 01/31/16 MDFA, REVENUE BONDS, SERIES 2014 - THE DATE THE REBATE COMPUTATION WAS LAST PERFORMED WAS 08/31/15

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

OMB No 1545-0047

2015

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	000000000	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	24,001,267			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	241,456			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	23,759,811			
12	Other unspent proceeds	0			
13	Year of substantial completion	2015			

		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?								

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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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), section 501(c)(4), and 501(c)(29) 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 Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DR KATIE RUDMAN	SPOUSE OF TRUSTEE	131,903	MACC EMPLOYEE		No
(2) DR DALE WELDON	SPOUSE OF OFFICER	122,962	HOSPITAL EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

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	25	211,039	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?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	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 990-EZ 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

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

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 , (CCHC) THROUGH ITS COMMUNITY BENEFITS INITIATIVE, IS COMMITTED TO ENHAN CING THE QUALITY OF AND ACCESS TO COMPREHENSIVE HEALTH CARE SERVICES FOR ALL RESIDENTS OF CAPE COD THROUGH CONTINUOUS ASSESSMENT OF COMMUNITY NEEDS, COORDINATED PLANNING AND THE A LLOCATION OF RESOURCES, THIS COMMITMENT INCLUDES A SPECIAL FOCUS ON THE UNMET NEEDS OF THE FINANCIALLY DISADVANTAGED AND UNDERSERVED POPULATIONS WE WILL TAKE A LEADERSHIP ROLE IN COLLABORATIVE EFFORTS JOINING OUR RESOURCES, TALENT, AND COMMITMENT WITH THAT OF OTHER PRO VIDERS, ORGANIZATIONS AND COMMUNITY MEMBERS THE COMMUNITY BENEFITS MISSION STATEMENT WAS AFFIRMED BY THE CCHC COMMUNITY HEALTH COMMITTEE AND THE BOARD OF TRUSTEES IN 2000 AND REMA INS IN EFFECT TARGET POPULATIONS 1 NAME OF TARGET POPULATION INDIVIDUALS MANAGING OR AT RISK OF DEVELOPING CHRONIC AND INFECTIOUS DISEASES SUCH AS CANCER, CARDIOVASCULAR DISEASE , ALZHEIMERS DISEASE, HEPATITIS C OR TICK-BORNE DISEASE BASIS FOR SELECTION ALIGNED WITH STATE AND NATIONAL HEALTH PRIORITIES, BARNSTABLE COUNTY RESIDENTS MANAGING CHRONIC DISEAS ES ARE AT THE GREATEST RISK OF DECLINED HEALTH AND DEATH CANCER, CARDIOVASCULAR DISEASE, ALZHEIMERS DISEASE, HEPATITIS C AND TICK-BORNE DISEASES ARE HIGHLY REPRESENTED AMONG RESID ENTS OF BARNSTABLE COUNTY THIS TARGET POPULATION WAS IDENTIFIED AND SELECTED IN THE 2014- 2016 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT 2 NAME OF TARGET POPULATION RESIDENTS FACING BARRIERS TO CARE DUE TO LANGUAGE, COST, OR AGE , INCLUDING THOSE WHO ARE UNINSURED OR UNDER-INSURED BASIS FOR SELECTION BARRIERS TO CAR E EXIST IN BARNSTABLE COUNTY DESPITE HIGH RATES OF RESIDENTS WITH HEALTH INSURANCE COVERAG E THIS SPECIFIC TARGET POPULATION WAS IDENTIFIED IN THE 2014-2016 CAPE COD HOSPITAL AND F ALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT THE REPORT IDENTIFIED THE AVAIL ABILITY OF PRIMARY CARE AND SPECIALTY CARE PROVIDERS, OUT-OF-POCKET EXPENSES, AND LINGUIST IC CHALLENGES AS SPECIFIC BARRIERS FOR THIS TARGET POPULATION 3 NAME OF TARGET POPULATIO N INDIVIDUALS WITH MENTAL HEALTH DISORDERS AND CO-OCCURRING DISORDERS BASIS FOR SELECTIO N ACCESS TO ADEQUATE MENTAL HEALTH CARE IN BARNSTABLE COUNTY IS AN AREA OF CONCERN, AS EV IDENCED BY HIGH RATES OF PATIENTS PRESENTING WITH MENTAL HEALTH DISORDERS IN HOSPITAL EMER GENCY DEPARTMENTS AND INCREASING RATES OF SUICIDE. SPECIFIC CHALLENGES IDENTIFIED FOR RESI DENTS WITH MENTAL HEALTH DISORDER INCLUDE ACCESS BARRIERS DUE TO A SHORTAGE OF PSY CHIATRIC PROVIDERS, LONG WAIT TIMES FO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	R OUTPATIENT APPOINTMENTS AND LIMITED ACUTE CARE INSTITUTIONAL OPTIONS FOR SPECIAL POPULAT IONS THIS SPECIFIC TARGET POPULATION WAS IDENTIFIED IN THE 2014-2016 CAPE COD HOSPITAL AN D FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT 4 NAME OF TARGET POPULATION INDIVIDUALS WITH SUBSTANCE USE DISORDERS BASIS FOR SELECTION THE IMPACT OF SUBSTANCE US E DISORDERS IS A CRITICAL HEALTH CHALLENGE FOR THE HEALTH SY STEM AND COMMUNITY IN BARNSTAB LE COUNTY THE OVERALL RATES OF SUBSTANCE USE TREATMENT ADMISSIONS ARE HIGHER IN BARNSTABL E COUNTY THAN MA, SPECIFICALLY FOR ALCOHOL AS A PRIMARY SUBSTANCE IN ADDITION, TREATMENT ADMISSIONS FOR OPIATES AS A PRIMARY SUBSTANCE OF USE MORE THAN DOUBLED FROM 2007 TO 2011 CHALLENGES CITED INCLUDE THE AVAILABILITY OF ACUTE DETOX AND TREATMENT OPTIONS, AND NAVIGA TION OF EXISTING SERVICES THIS SPECIFIC TARGET POPULATION WAS IDENTIFIED IN THE 2014-2016 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT 5 NAME OF TARGET POPULATION SENIOR POPULATION, AGES 65 AND OLDER BASIS FOR SELECTION BARNSTAB LE COUNTY S MEDIAN AGE OF 49 9 YEARS IS MORE THAN A DECADE OLDER THAN MA AND U S MEDIAN AG E AVERAGES ACCORDING TO THE 2010 U S CENSUS, THE POPULATION OF INDIVIDUALS OF THE AGE 65 AND OLDER REPRESENT 25% OF THE YEAR ROUND POPULATION IN BARNSTABLE COUNTY WITH A SIGNIFIC ANT INCREASE OF RESIDENTS OVER THE AGE OF 85 BETWEEN 2000 AND 2010 NEARLY 40% OF ALL HOUS EHOLDS REPORT A RESIDENT OVER THE AGE OF 65 HIGH UTILIZATION RATES OF HEALTH SERVICES, IS OLATION, AND CHALLENGES RELATED TO NAVIGATION OF SERVICES WERE IDENTIFIED IN THE 2014-2016 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT 6 NAME OF TARGET POPULATION YOUTH AND YOUNG ADULTS, AGES 15 TO 24 YEARS OLD BASIS FOR SELECTIO N YOUTH AND YOUNG ADULTS, AGES 1524 YEARS OLD, WERE IDENTIFIED IN THE 2014-2016 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AS A SPECIFIC AT-R ISK POPULATION DUE TO INCREASING RATES OF SUBSTANCE ABUSE TREATMENT ADMISSIONS, SEXUALLY T RANSMITTED DISEASES AND MOTOR VEHICLE ACCIDENTS CAPE COD HEALTHCARE COLLABORATES WITH A B ROAD RANGE OF HEALTH AND HUMAN SERVICE AGENCIES TO ADDRESS THE NEEDS OF AT-RISK YOUTH AND YOUNG ADULTS PUBLICATION OF TARGET POPULATIONS NOT SPECIFIED, OTHER- COMMUNITY HEALTH NEE DS ASSESSMENT REPORT HOSPITAL/HMO WEB PAGE PUBLICIZING TARGET POP HTTP://WWW CAPECODHEALT H ORG/ABOUT/CARING-FOR-OUR-COMMUNITY/

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KEY ACCOMPLISHMENTS OF REPORTING YEAR	CAPE COD HEALTHCARE CONTINUED TO STAND OUT IN THE AREA OF QUALITY, INNOVATION AND PATIENT APPRECIATION IN FY2016 CAPE COD HOSPITAL AND FALMOUTH HOSPITALS GARNERED SEVERAL IMPORTAN T AWARDS AND RECOGNITIONS, INCLUDING * AMERICA'S 100 GREAT COMMUNITY HOSPITALS CAPE COD HOSPITAL WAS NAMED TO THE LIST OF AMERICAS 100 GREAT COMMUNITY HOSPITALS BY BECKERS HOSPIT AL REVIEW FOR THE FIFTH CONSECUTIVE YEAR THIS RECOGNITION IS BASED ON QUALITY OF CARE AND SERVICE TO OUR COMMUNITY, AND DEMONSTRATES THAT THE HOSPITAL IS SUCCESSFULLY AND CONSISTE NTLY ACHIEVING TOP RESULTS IN PATIENT CARE AND SATISFACTION * AMERICAN HEART ASSOCIATION/ AMERICAN STROKE ASSOCIATION GET WITH THE GUIDELINES FALMOUTH HOSPITAL EARNED THE GET WITH THE GUIDELINES-STROKE GOLD-PLUS QUALITY ACHIEVEMENT AWARD FOR THE SEVENTH CONSECUTIVE YEA R THIS ACHIEVEMENT RECOGNIZES THE HOSPITALS COMMITMENT AND SUCCESS IN IMPLEMENTING SPECIF IC QUALITY IMPROVEMENT MEASURES OUTLINE BY THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION FOR THE TREATMENT OF STROKE PATIENTS * DISTINGUISHED HOSPITAL AWARD FOR CLINI CAL EXCELLENCE HEALTHGRADES RECOGNIZED BOTH CAPE COD HOSPITAL AND FALMOUTH HOSPITAL WITH ITS 2016 DISTINGUISHED HOSPITAL AWARD FOR CLINICAL EXCELLENCE THE HONOR RECOGNIZED HOSPIT ALS PERFORMING IN THE TOP 5 PERCENT NATIONWIDE BASED ON RISK-ADJUSTED CLINICAL OUTCOMES FO R DOZENS OF COMMON PROCEDURES AND CONDITIONS * BLUE DISTINCTION AWARDS BLUE CROSS BLUE S HIELD RECOGNIZES HOSPITALS FOR DEMONSTRATED EXPERTISE IN SPECIALTY SERVICES AND QUALITY ME ASURES FOR PATIENTS CAPE COD HOSPITAL WAS RECOGNIZED FOR THE FOLLOWING SPECIALTIES TOTAL HIP REPLACEMENT, TOTAL KNEE REPLACEMENT, MATERNITY, AND CARDIAC AND SPINE SURGERY FALMOU TH HOSPITAL WAS RECOGNIZED FOR THE FOLLOWING SPECIALTIES TOTAL HIP REPLACEMENT AND MATERN ITY * CENTER OF NAS EXCELLENCE CAPE COD HOSPITAL WAS DESIGNATED A CENTER OF EXCELLENCE F OR EDUCATION AND TRAINING FOR INFANTS AND FAMILIES IMPACTED BY NEONATAL ABSTINENCE SYNDROM E BY THE VERMONT OXFORD NETWORK THE DESIGNATION IS AWARDED TO HEALTH CENTERS THAT SUCCESS FULLY TRAIN AT LEAST 85 PERCENT OF THEIR DESIGNATED CARE TEAM USING A NOVEL ONLINE TRAININ G PLATFORM TO COMPLETE 17 CRITICAL, EVIDENCE-BASED LEARNING LESSONS * LEAPFROG HOSPITAL S AFETY SCORE CAPE COD HOSPITAL WAS ONE OF ONLY 182 HOSPITALS IN THE ENTIRE COUNTRY TO ACHI EVE STRAIGHT AS IN THE ANNUAL HOSPITAL SAFETY SCORE SINCE THE INITIATIVE WAS LAUNCHED IN 2 012 FALMOUTH HOSPITAL WAS RECOGNIZED WITH A B HOSPITAL SAFETY SCORE THE HOSPITAL SAFETY SCORE IS THE GOLD STANDARD RATING FOR PATIENT SAFETY AND IS COMPILED BY THE LEAPFROG GROUP , A NON-PROFIT HOSPITAL SAFETY WATCHDOG * READMISSION RATES CAPE COD HOSPITAL WAS RECOGN IZED AS AMONG THE TOP THREE HOSPITALS IN THE STATE WITH THE LOWEST READMISSION RATES IN A REPORT BY THE STATE CENTER FOR HEALTH INFORMATION AND ANALYSIS (CHIA) IN 2016 THE REPORT EXAMINED RATES AT SPECIFIC HOSPITALS AND REGIONS IN THE STATE CCH HAS CONSISTENTLY BEEN W ITHIN THE LOWEST QUARTILE FOR

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KEY ACCOMPLISHMENTS OF REPORTING YEAR	READMISSION RATES OVER THE PAST SEVERAL YEARS * STANDARD & POORS RAISES CCHC BOND RATING STANDARD & POORS RATINGS SERVICES REAFFIRMED ITS LONG-TERM "A" RATING FOR CAPE COD HEALTH CARE THE RATING OUTLOOK REMAINED "STABLE " S&P ATTRIBUTED THE POSITIVE RATING TO CCHC'S F INANCIAL PROFILE AS "STRONG, WITH CONSISTENTLY HEALTHY FINANCIAL OPERATING PERFORMANCE IN RECENT YEARS " STANDARD & POOR'S IS A NATIONALLY RECOGNIZED STATISTICAL RATING ORGANIZATIO N DESIGNATED BY THE SECURITIES AND EXCHANGE COMMISSION IN ADDITION TO CLINICAL ACHIEVEMEN TS, HOSPITAL-BASED AND COMMUNITY-BASED HEALTH IMPROVEMENT ACTIVITIES CONTINUED IN AN EFFOR T TO ADDRESS THE HEALTH NEEDS OF BARNSTABLE COUNTY RESIDENTS THE 2014-2016 CAPE COD HOSPI TAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION PLAN GUIDED HEALTH IMPROVEMENT AND COMMUNITY BENEFITS ACTIVITIES TO FOCUS ON FOUR KEY HEALTH P RIORITIES IDENTIFIED IN THE REPORT CHRONIC AND INFECTIOUS DISEASE, ACCESS TO CARE, MENTAL HEALTH AND SUBSTANCE USE DISORDERS THESE PRIORITIES WERE ADDRESSED THROUGH NEW AND EXIST ING HOSPITAL PROGRAMS, COLLABORATION WITH FEDERALLY QUALIFIED HEALTH CENTERS, INVESTMENTS IN COMMUNITY-BASED HEALTH AND HUMAN SERVICE ORGANIZATIONS, AND EXPANDED REGIONAL COALITION S AND TASK FORCE EFFORTS CHRONIC AND INFECTIOUS DISEASE MANAGEMENT, PREVENTION, SCREENING , AND DETECTION EFFORTS WERE SUPPORTED THROUGH A VARIETY OF CCHC COMMUNITY BENEFITS ACTIVI TIES HOSPITAL EFFORTS INCLUDED CANCER SURVIVORSHIP SERVICES, ONCOLOGY SUPPORT GROUPS, PHY SICIAN-LED CANCER PREVENTION WORKSHOPS AND HEALTH FAIRS, AND CLINICAL-COMMUNITY LINKAGES F OR PATIENTS TO ACCESS COMPLEMENTARY SERVICES SUCH AS MASSAGE, ACUPUNCTURE AND NUTRITIONAL COUNSELING CCHC INFECTIOUS DISEASE CLINICAL SERVICES COORDINATED HEPATITIS C AND HIV/AIDS SCREENING, TESTING AND DISEASE MANAGEMENT SERVICES FOR THE REGION CCHC COMMUNITY BENEFIT S PROVIDED GRANTS FOR PROJECTS INCLUDING A HPV AWARENESS CAMPAIGN FOR YOUTH, MELANOMA PREV ENTION EDUCATION AT BEACHES, AND A TICK TESTING AND TICK-BORNE DISEASE SURVEILLANCE PROGRA M CAPE COD HEALTHCARE PARTNERED WITH THE CAPE COD HUNGER NETWORK TO EXPAND A PROGRAM FOR CLIENTS OF LOCAL FOOD PANTRIES TO HELP MONITOR THEIR DIABETES AND HEART DISEASE AND ENCOUR AGE NUTRITIONAL IMPROVEMENT THROUGH EDUCATION AND DISTRIBUTION OF FRESH FOOD AND VEGETABLE S THE FLAVORX PILOT PROJECT ENCOURAGED PATIENTS TO PURSUE PLANT-BASED DIETS AND OFFERED I NCENTIVES TO SHOP AT LOCAL FARMERS MARKETS HEALTHY PARKS, HEALTHY PEOPLE, A WALKING PROGR AM TO PROMOTE HEALTH AND WELLNESS FOR YEAR-ROUND AND SEASONAL RESIDENTS, AS WELL AS VISITO RS TO THE CAPE, WAS CONTINUED THROUGH A PARTNERSHIP BETWEEN THE US NATIONAL PARK SERVICE, THE CAPE COD NATIONAL SEASHORE, AND CAPE COD HEALTHCARE IMPROVING ACCESS TO CARE FOR TARG ET POPULATIONS WAS SUPPORTED THROUGH NEW ACTIVITIES AND EXISTING PROGRAMS IN FY2016 IN PA RTNERSHIP WITH THE CAPE AND ISLANDS EMERGENCY MEDICAL SERVICES SYSTEM, CCHC EXPANDED MEDIC AL INTERPRETER SERVICES FOR LI

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KEY ACCOMPLISHMENTS OF REPORTING YEAR	MITED-ENGLISH SPEAKING PATIENTS IN PRE-HOSPITAL SETTINGS THE NEW PROGRAM PROVIDES PHONE B ASED INTERPRETER SERVICES TO PARAMEDICS AND FIRST RESPONDERS TO IMPROVE COMMUNICATION WITH PATIENTS UPON ARRIVAL TO A 911 CALL AND DURING TRANSPORT TO THE HOSPITAL CCHC INTERPRETE R SERVICES ALSO PROVIDED FREE MEDICAL INTERPRETER SERVICES FOR LIMITED ENGLISH SPEAKING PA TIENTS IN COMMUNITY-BASED PRIMARY AND SPECIALTY CARE OFFICES ACROSS THE REGION A CCHC GRA NT TO THE BARNSTABLE COUNTY HUMAN SERVICES DEPARTMENT SUPPORTED EFFORTS TO INCREASE THE NE TWORK OF VOLUNTEERS FOR THE SHINE (SERVING THE HEALTH INSURANCE NEEDS OF EVERYONE) PROGRAM ACROSS ALL 15 TOWNS IN BARNSTABLE COUNTY IN AN EFFORT TO ENSURE A STRONG AND SKILLED WOR KFORCE IN THE REGION, CAPE COD HEALTHCARE AWARDED CAPE COD COMMUNITY COLLEGE A $1 MILLION GRANT TO EXPAND LOCAL NURSING AND ALLIED HEALTH PROGRAMS CCHC CENTERS FOR BEHAVIORAL HEAL TH EXPANDED SERVICES TO INCLUDE A BEHAVIORAL HEALTH TELEMEDICINE PROGRAM AT FALMOUTH HOSPI TAL, ADDICTION ASSESSMENT AND DETOX PROTOCOL CONSULTATION AT BOTH HOSPITALS AND A NEW COLL ABORATIVE CASE MANAGEMENT MODEL WITH DUFFY HEALTH CENTER TO CARE FOR PATIENTS WHO ARE HOME LESS OR AT RISK OF HOMELESSNESS CCHCS SUPPORT OF THE BEHAVIORAL HEALTH PROVIDER COALITION OF CAPE COD & THE ISLANDS RESULTED IN TRAINING 40 LOCAL LAW ENFORCEMENT OFFICERS IN MENTA L HEALTH FIRST AID AND HOSTING A BEHAVIORAL HEALTH SUMMIT ATTENDED BY MORE THAN 250 HEALTH , BUSINESS AND COMMUNITY LEADERS SEVERAL COMMUNITY BENEFITS GRANTS WERE MADE TO EXPAND BE HAVIORAL HEALTH SERVICES IN THE COMMUNITY, INCLUDING A MENTAL HEALTH PROGRAM FOR YOUNG ADU LTS AT CAPE COD COMMUNITY COLLEGE, SUPPORT GROUPS FOR SUICIDE ATTEMPT SURVIVORS, AND COUNS ELING SUPPORT FOR CAREGIVERS OF INDIVIDUALS WITH ALZHEIMERS DISEASE AND DEMENTIA

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CAPE COD HEALTHCARE LEADERSHIP EFFORTS IN ADDRESSING SUBSTANCE	USE DISORDERS CONTINUED THROUGH A PLEDGE OF $2 5 MILLION IN GRANT SUPPORT TO EXPAND ACCESS TO MEDICATION ASSISTED TREATMENT AT FEDERALLY QUALIFIED HEALTH CENTERS, INCREASE CASE MAN AGEMENT SUPPORT, AND IMPROVE TREATMENT NAVIGATION EFFORTS IN THE REGION CAPE COD HOSPITAL WAS ONE OF TWO SITES AWARDED A MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH GRANT TO PILOT T HE MOMS DO CARE PROGRAM THE PROGRAM PROVIDES INTEGRATED PRENATAL AND SUBSTANCE USE TREATM ENT AND PEER RECOVERY SERVICES FOR PREGNANT WOMEN WITH OPIOID USE DISORDERS PHYSICIAN AND CLINICAL LEADERSHIP IN THE MATERNITY AND PEDIATRIC DEPARTMENT AT CAPE COD HOSPITAL ALSO L ED THE EFFORT TO BECOME A DESIGNATED CENTER OF EXCELLENCE FOR EDUCATION AND TRAINING FOR I NFANTS AND FAMILIES IMPACTED BY NEONATAL ABSTINENCE SYNDROME BY THE VERMONT OXFORD NETWORK IN ADDITION, CCHC COMMUNITY BENEFITS ALSO PROVIDED GRANT FUNDING FOR YOUTH PREVENTION PR OGRAMS, PARENTING IN RECOVERY CLASSES AND PEER-LED RECOVERY SUPPORT GROUPS FOR MOTHERS CC HC STRATEGIC PARTNERSHIPS WITH THE FOUR REGIONAL FEDERALLY QUALIFIED HEALTH CENTERS FOCUSE D ON ALL HEALTH PRIORITIES GRANTS SUPPORTED EFFORTS TO EXPAND PSYCHIATRIC SERVICES AND PR IMARY CARE ACCESS, DEVELOP COMPLEX CARE MANAGEMENT PROGRAMS FOR HIGH-RISK PATIENTS AND INC REASE ACCESS FOR OFFICE-BASED OPIOID TREATMENT PROGRAMS FOR INDIVIDUALS WITH SUBSTANCE USE DISORDERS IN ADDITION TO HOSPITAL-BASED PROGRAMS AND GRANT FUNDED COMMUNITY-BASED PROJEC TS, COMMUNITY BENEFITS AND HOSPITAL STAFF CONTINUED TO PLAY LEADERSHIP ROLES IN HEALTH AND HUMAN SERVICE ORGANIZATIONS AND COALITIONS ACROSS BARNSTABLE COUNTY INCLUDING THE CAPE & ISLANDS COMMUNITY HEALTH AREA NETWORK (CHNA 27) STEERING COMMITTEE, BARNSTABLE COUNTY HUMA N SERVICES ADVISORY COUNCIL, BARNSTABLE COUNTY REGIONAL SUBSTANCE USE COUNCIL, BEHAVIORAL HEALTH PROVIDER COALITION OF CAPE COD & THE ISLANDS, QUALITY OF LIFE INITIATIVE AND THE SU BSTANCE USE IN PREGNANCY TASK FORCE PLANS FOR NEXT REPORTING YEAR ANNUAL COMMUNITY BENEFI TS PLANS FOR CAPE COD HOSPITAL, FALMOUTH HOSPITAL AND CAPE COD HEALTHCARE REFLECT THE PRIO RITIES, GOALS AND OBJECTIVES OF THE THREE-YEAR IMPLEMENTATION STRATEGIES INCLUDED IN THE 2 0172019 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT A ND IMPLEMENTATION PLAN COMMUNITY BENEFITS FY2017FY2019 GOALS 1 IMPROVE CHRONIC AND INFE CTIOUS DISEASE PREVENTION AND MANAGEMENT TO MEET THE GROWING NEEDS OF AN AGING AND AT-RISK POPULATION 2 STRENGTHEN REGIONAL HEALTH SERVICES AND COMMUNITY RESOURCES FOR INDIVIDUAL S WITH MENTAL HEALTH CONDITIONS, SUBSTANCE USE, CO-OCCURRING DISORDERS, AND COMORBIDITIES 3 REDUCE BARRIERS TO CARE AND STRENGTHEN THE REGIONAL HEALTH SAFETY NET FOR VULNERABLE P OPULATIONS 4 IMPROVE THE HEALTH AND DISEASE PREVENTION OF ALL RESIDENTS OF BARNSTABLE CO UNTY AND SUSTAIN THE WELLNESS OF SENIORS AND CAREGIVERS 5 SUPPORT REGIONAL HEALTH EFFORT S THROUGH DIRECT GRANT FUNDING AND A COMPETITIVE RFP GRANTS PROGRAM WITH FUNDING GUIDELINE S THAT ARE ALIGNED WITH COMMUN

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CAPE COD HEALTHCARE LEADERSHIP EFFORTS IN ADDRESSING SUBSTANCE	ITY BENEFITS PRIORITIES 6 MAINTAIN AND DEVELOP COMMUNITY LEADERSHIP OPPORTUNITIES TO IMP ROVE THE HEALTH STATUS OF THE RESIDENTS OF BARNSTABLE COUNTY INCLUDING PARTICIPATION WITH THE COMMUNITY HEALTH AREA NETWORK (CHNA 27) STEERING COMMITTEE, BEHAVIORAL HEALTH PROVIDER COALITION OF CAPE COD & THE ISLANDS, THE BARNSTABLE COUNTY HUMAN SERVICES ADVISORY COUNCI L, AND THE BARNSTABLE COUNTY REGIONAL SUBSTANCE ABUSE COUNCIL COMMUNITY BENEFITS LEADERSH IP/TEAM CAPE COD HEALTHCARE, CAPE COD HOSPITAL AND FALMOUTH HOSPITAL, ALONG WITH OUR AFFIL IATES, STRIVE TO BE THE HEALTH SERVICE PROVIDER OF CHOICE FOR BARNSTABLE COUNTY RESIDENTS BY ACHIEVING AND MAINTAINING THE HIGHEST STANDARDS IN HEALTHCARE DELIVERY AND SERVICE QUAL ITY TO DO SO, WE PARTNER WITH OTHER HEALTH AND HUMAN SERVICE PROVIDERS AS WELL AS INVEST IN NEEDED MEDICAL TECHNOLOGIES, HUMAN RESOURCES AND CLINICAL SERVICES ABOVE ALL, WE ARE T HE SAFETY NET HEALTH CARE PROVIDER FOR RESIDENTS OF BARNSTABLE COUNTY THE DEVELOPMENT OF CAPE COD HEALTHCARES STRATEGIC INITIATIVES AND COMMUNITY COLLABORATIONS, INCLUDING THE COM MUNITY BENEFITS PROGRAM, IS LED BY MICHAEL K LAUF, CHIEF EXECUTIVE OFFICER AND THERESA M AHERN, SENIOR VICE PRESIDENT, STRATEGY, COMMUNITY AND GOVERNMENTAL AFFAIRS MANAGEMENT OF THE PROGRAM IS THE RESPONSIBILITY OF LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS AND GRANT S ADMINISTRATION THE COMMUNITY HEALTH COMMITTEE, A DESIGNATED SUBCOMMITTEE OF CAPE COD HE ALTHCARES BOARD OF TRUSTEES, PROVIDES STRATEGIC OVERSIGHT TO THE COMMUNITY BENEFITS PROGRA M THE COMMITTEE IS COMPRISED OF LEADERS OF HEALTH AND HUMAN SERVICES ORGANIZATIONS, COMMU NITY ADVOCACY GROUPS AND COUNTY GOVERNMENT, AS WELL AS TWO CURRENT MEMBERS OF THE CCHC BOA RD OF TRUSTEES THE COMMITTEE DEVELOPS AND RECOMMENDS POLICIES TO THE CAPE COD HEALTHCARE BOARD OF TRUSTEES REGARDING COMMUNITY BENEFITS PROGRAMS, SETS PRIORITIES, AWARDS PRIORITY GRANT FUNDING TO COMMUNITY ORGANIZATIONS, AND ADVISES ON COMMUNITY HEALTH ISSUES AND INITI ATIVES

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FY 16 COMMUNITY HEALTH COMMITTEE MEMBERS	ELEANOR CLAUS (CHAIR) CCHC BOARD MEMBER KINLIN GROVER REAL ESTATE 927 ROUTE 6A, YARMOUTHPORT, MA 02675 508 362 3000 X203 ECLAUS@KINLINGROVER COM REPRESENTING CCHC BOARD OF TRUSTEES SUZANNE FAY GLYNN, ESQ CCHC BOARD MEMBER GLYNN LAW OFFICES 49 LOCUST STREET, FALMOUTH, MA 02540 508 548 8282 LJARVIS@GLYNNLAWOFFICES COM REPRESENTING CCHC BOARD OF TRUSTEES ELIZABETH ALBERT DIRECTOR BARNSTABLE COUNTY HUMAN SERVICES P O BOX 427, BARNSTABLE, MA 02630 508 375 6626 BALBERT@BARNSTABLECOUNTY ORG REPRESENTING COMMUNITY AT LARGE & COUNTY DEPARTMENTS KAREN CARDEIRA DIRECTOR FALMOUTH HUMAN SERVICES 65 TOWN HALL SQUARE, FALMOUTH, MA 02540 508 548 0533 KCARDEIRA@FALMOUTHHUMANSERVICES ORG REPRESENTING COMMUNITY AT LARGE & UPPER CAPE REGION MARY DEVLIN PUBLIC HEALTH AND WELLNESS DIVISION MANAGER VISITING NURSE ASSOCIATION OF CAPE COD 255 INDEPENDENCE DRIVE, HYANNIS, MA 02601 508 957 7619 MDEVLIN@VNACAPECOD ORG REPRESENTING PROVINCETOWN TO PLYMOUTH WITH EMPHASIS ON CHRONIC DISEASE AND HEALTHY AGING OF THE SENIOR POPULATION KAREN GARDNER CHIEF EXECUTIVE OFFICER COMMUNITY HEALTH CENTER OF CAPE COD 107 COMMERCIAL ST , MASHPEE, MA 02649 508 477 7090 KGARDNER@CHCOFCAPECOD ORG REPRESENTING COMMUNITY HEALTH CENTER NETWORK & UPPER CAPE RON HOLMES 39 WADING PLACE PATH CHATHAM, MA 02663 508 726 3931 RON HOLMES@VERIZON COM REPRESENTING REGIONAL BEHAVIORAL HEALTH PROVIDERS AND INITIATIVES STACIE PEUGH CHIEF EXECUTIVE OFFICER YMCA CAPE COD 2245 IYANNOUGH RD, WEST BARNSTABLE, MA 02668 508-362-6500 SPEUGH@YMCACAPECOD ORG REPRESENTING YOUTH DEVELOPMENT, WELLNESS, DISEASE MANAGEMENT AND PREVENTION SUSAN TRAVERS DIRECTOR TRURO COUNCIL ON AGING 7 STANDISH WAY, NORTH TRURO 02652 508-487-2462 STRAVERS@TRURO-MA GOV REPRESENTING SENIOR POPULATIONS & OUTER CAPE CAPE COD HEALTHCARE MEMBER THERESA M AHERN SENIOR VICE PRESIDENT, STRATEGY, COMMUNITY AND GOVERNMENTAL AFFAIRS CAPE COD HEALTHCARE 88 LEWIS BAY ROAD HYANNIS, MA 02601 508-862-5077 TAHERN@CAPECODHEALTH ORG COMMUNITY BENEFITS TEAM MEETINGS THE FY2016 COMMUNITY HEALTH COMMITTEE MEETINGS WERE HELD ON THE FOLLOWING DATES NOVEMBER 5, 2015 9 00 11 00 AM APRIL 5, 2016 4 00-5 00 PM JUNE 7, 2016 4 00-5 00 PM JULY 26, 2016 4 00-5 00 PM

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COMMUNITY PARTNERS	ALZHEIMERS FAMILY CAREGIVER SUPPORT CENTER BARNSTABLE COUNTY CAPE COD COOPERATIVE EXTENSIO N SERVICES BARNSTABLE COUNTY HUMAN SERVICES BARNSTABLE COUNTY REGIONAL SUBSTANCE ABUSE COU NCIL BARNSTABLE COUNTY SHERIFF BEHAVIORAL HEALTH PROVIDER COALITION OF CAPE COD & THE ISLA NDS BIG BROTHERS BIG SISTERS OF CAPE COD & THE ISLANDS BOYS & GIRLS CLUB OF CAPE COD CALME R CHOICE CAPE & ISLANDS EMS SYSTEMS, INC CAPE & ISLANDS UNITED WAY CAPE COD CHILD DEVELOPM ENT CAPE COD CHILDRENS MUSEUM CAPE COD CHILDRENS PLACE CAPE COD COMMUNITY COLLEGE CAPE COD FOUNDATION CAPE COD HUNGER NETWORK CHILDRENS COVE COALITION FOR CHILDREN COMMUNITY DEVELO PMENT PARTNERSHIP COMMUNITY HEALTH CENTER OF CAPE COD COMMUNITY HEALTH NETWORK AREA 27 CAP E COD & ISLANDS (CHNA 27) DUFFY HEALTH CENTER FALMOUTH SERVICE CENTER FAMILY PANTRY OF CAP E COD GANDARA MENTAL HEALTH GLENNA KOHL FUND FOR HOPE GOSNOLD ON CAPE COD HARBOR COMMUNITY HEALTH CENTER - HYANNIS HELPING OUR WOMEN HOPE DEMENTIA & ALZHEIMERS SERVICES INDEPENDENC E HOUSE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH MOTHERS AND INFANTS RECOVERY NETWORK NAT IONAL ALLIANCE ON MENTAL ILLNESS CAPE COD OPEN DOORWAY OF CAPE COD OUTER CAPE HEALTH SERVI CES PARKINSON SUPPORT NETWORK OF CAPE COD SAIL CAPE COD SAMARITANS ON CAPE COD AND THE ISL ANDS SHEAS YOUTH BASKETBALL ASSOCIATION SPECIALTY NETWORK FOR THE UNINSURED TOWN OF BARNST ABLE YOUTH COMMISSION TOWN OF YARMOUTH PARK AND RECREATIONS DEPARTMENT UNITED STATES NATIO NAL PARK SERVICE AND CAPE COD NATIONAL SEASHORE UPPER CAPE SPARTANS WE CAN YMCA CAPE COD C OMMUNITY HEALTH NEEDS ASSESSMENT DATE LAST ASSESSMENT COMPLETED AND CURRENT STATUS THE 201 7-2019 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT (C HNA REPORT) AND IMPLEMENTATION PLAN WAS RELEASED AND MADE WIDELY AVAILABLE TO THE PUBLIC O N SEPTEMBER 30, 2016 THE GOALS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT PROJECT ARE TO MO NITOR REGIONAL HEALTH DATA, ENGAGE HOSPITAL STAKEHOLDERS, PROMOTE PARTNERSHIPS BETWEEN THE HOSPITALS AND COMMUNITY ORGANIZATIONS AND DEVELOP MULTI-YEAR IMPLEMENTATION STRATEGIES TO GUIDE HOSPITAL INITIATIVES TO IMPROVE THE HEALTH OF BARNSTABLE COUNTY RESIDENTS THE METH ODOLOGY FOR CONDUCTING THE ASSESSMENT INCLUDED THE COLLECTION AND ANALYSIS OF PRIMARY AND SECONDARY HEALTH DATA, GATHERING SIGNIFICANT INPUT FROM THE COMMUNITY, AND THE IDENTIFICAT ION AND PRIORITIZATION OF KEY HEALTH NEEDS FOR THE REGION OVER 20 DATA SOURCES WERE UTILI ZED TO COLLECT BARNSTABLE COUNTY AND TOWN-LEVEL HEALTH STATISTICS ON DISEASE INCIDENCE AND PREVALENCE, HOSPITAL UTILIZATION, MORBIDITY AND MORTALITY, BARRIERS TO ACCESSING CARE, AN D BEHAVIORAL RISK FACTORS REGIONAL STATISTICS WERE ANALYZED AND COMPARED TO STATE AND NAT IONAL STATISTICS TO IDENTIFY WHERE DEMOGRAPHIC AND HEALTH DISPARITIES EXIST ONCE COLLECTE D, STATISTICAL DATA WAS VETTED AND AUGMENTED WITH COMMUNITY INPUT MORE THAN 140 INDIVIDUA LS AND 90 COMMUNITY ORGANIZATIONS REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED AND VULNE RABLE POPULATIONS PROVIDED CRI

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COMMUNITY PARTNERS	TICAL INSIGHT AND FEEDBACK ON THE REGIONAL HEALTH NEEDS THROUGH KEY INFORMATION INTERVIEWS AND COMMUNITY INPUT FORUMS THROUGH THIS COLLECTION OF DATA AND COMMUNITY INPUT THE SIGNI FICANT HEALTH NEEDS OF BARNSTABLE COUNTY RESIDENTS WERE DISTINGUISHED AND PRIORITIZED BASE D ON THE FREQUENCY, URGENCY, SCOPE, SEVERITY AND MAGNITUDE OF THE IDENTIFIED ISSUES THE S IGNIFICANT HEALTH NEEDS AND ASSOCIATED TARGET POPULATIONS IDENTIFIED THROUGH THE CHNA REPO RT WILL SERVE AS THE FOUNDATION FOR COMMUNITY BENEFITS AND HOSPITAL PLANNING SPANNING FISC AL YEARS 2017-2019

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CONSULTANTS/OTHER ORGANIZATIONS	THE FOLLOWING ORGANIZATIONS PARTICIPATED IN THE 2017 - 2019 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROJECT AIDS SUPPORT GROUP OF CAPE COD ALZHEIMERS FAMILY SUPPORT CENTER OF CAPE COD ARBOR COUNSELING SERVICES BARNSTABLE COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT BARNSTABLE COUNTY DEPARTMENT OF HUMAN SERVICES BARNSTABLE COUNTY PUBLIC NURSING DIVISION BARNSTABLE COUNTY REGIONAL SUBSTANCE ABUSE COUNCIL BARNSTABLE PUBLIC SCHOOL SYSTEM BARNSTABLE TOWN COUNCIL BEHAVIORAL HEALTH PROVIDER COALITION OF CAPE COD & THE ISLANDS BOYS & GIRLS CLUB OF CAPE COD CAPE & ISLANDS EMERGENCY MEDICAL SERVICES SYSTEM CAPE & ISLANDS SUICIDE PREVENTION COALITION CAPE & ISLANDS UNITED WAY CAPE COD CENTER FOR WOMEN CAPE COD CHILD DEVELOPMENT CAPE COD COMMUNITY COLLEGE CAPE COD COUNCIL OF CHURCHES CAPE COD DISTRICT ATTORNEYS OFFICE CAPE COD FOUNDATION CAPE COD NEIGHBORHOOD SUPPORT COALITION CAPE COD WIC CARON TREATMENT CENTER CCHC CENTERS FOR BEHAVIORAL HEALTH CCHC EMERGENCY SERVICES CHILD AND FAMILY SERVICES CHILDRENS COVE COALITION FOR CHILDREN COMMUNITY ACTION COMMITTEE OF CAPE COD & THE ISLANDS COMMUNITY DEVELOPMENT PARTNERSHIP COMMUNITY HEALTH CENTER OF CAPE COD COMMUNITY HEALTH NETWORK AREA 27 DUFFY HEALTH CENTER ELDER SERVICES OF CAPE COD & THE ISLANDS EMERALD PHYSICIANS FALMOUTH HUMAN SERVICES FALMOUTH PUBLIC SCHOOL SYSTEM FALMOUTH SERVICE CENTER FALMOUTH TOGETHER WE CAN FALMOUTH VOLUNTEERS IN PUBLIC SCHOOLS GLENNA KOHL FUND FOR HOPE GOSNOLD ON CAPE COD HARBOR COMMUNITY HEALTH CENTER-HYANNIS HEALTH IMPERATIVES HEALTHY LIVING CAPE COD HELPING OUR WOMEN HOMELESS PREVENTION COUNCIL HOPE DEMENTIA & ALZHEIMERS SERVICES OF CAPE COD HOPE HEALTH HOUSING ASSISTANCE CORPORATION INDEPENDENCE HOUSE JOHN SNOW, INC JUSTICE RESOURCE INSTITUTE LYME AWARENESS OF CAPE COD MA DEPARTMENT OF MENTAL HEALTH MA DEPARTMENT OF PUBLIC HEALTH MASHPEE WAMPANOAG HEALTH SERVICE UNIT MASHPEE WAMPANOAG TRIBE HEALTH SERVICES MOTHER AND INFANT RECOVERY NETWORK NATIONAL ALLIANCE ON MENTAL ILLNESS CAPE COD OUTER CAPE HEALTH SERVICES OUTER CAPE WOMEN INFANTS AND CHILDREN (WIC) SAMARITANS ON CAPE COD AND THE ISLANDS SANDPIPER NURSERY SCHOOL SANDWICH PUBLIC SCHOOL SYSTEM SHINE (SERVING HEALTH INFORMATION NEEDS OF EVERYONE) SIGHT LOSS SERVICES SPAULDING REHABILITATION HOSPITAL CAPE COD SPECIALTY NETWORK FOR THE UNINSURED SUBSTANCE USE IN PREGNANCY TASK FORCE THE FAMILY PANTRY OF CAPE COD TOWN OF BREWSTER HEALTH DEPARTMENT TOWN OF FALMOUTH COUNCIL ON AGING TOWN OF FALMOUTH HEALTH DEPARTMENT TOWN OF MASHPEE COUNCIL ON AGING TOWN OF MASHPEE HUMAN SERVICES TOWN OF PROVINCETOWN COUNCIL ON AGING TOWN OF SANDWICH COUNCIL ON AGING TOWN OF TRURO COUNCIL ON AGING VINFEN VISITING NURSE ASSOCIATION OF CAPE COD WE CAN YARMOUTH POLICE DEPARTMENT YMCA OF CAPE COD DATA SOURCES COMMUNITY FOCUS GROUPS, HOSPITAL, INTERVIEWS, MASSCHIP, PUBLIC HEALTH PERSONNEL, SURVEYS, CHNA

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COMMUNITY BENEFITS PROGRAMS	INTERPRETER SERVICES FOR COMMUNITY-BASED PHYSICIAN OFFICES PROGRAM TYPE. OUTREACH TO UNDER SERVED STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MA NAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCI NG HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE. CCHC COM MUNITY BENEFITS PROVIDES ANNUAL SUPPORT TO IMPROVE ACCESS TO PRIMARY AND SPECIALTY CARE FO R INDIVIDUALS WHO FACE BARRIERS TO CARE DUE TO LANGUAGE THROUGH THE COMMUNITY BASED INTERP RETER SERVICES PROGRAM THE PROGRAM DISPATCHES FREE MEDICAL LANGUAGE INTERPRETERS TO COMMU NITY-BASED PHYSICIAN PRACTICES TO ASSIST LIMITED AND NON-ENGLISH SPEAKING PATIENTS AND THE IR FAMILIES THE AVAILABILITY OF PROFICIENT AND PROFESSIONAL INTERPRETER SERVICES ENSURES THE DELIVERY OF SAFE, QUALITY HEALTH CARE AND POSITIVE CLINICAL OUTCOMES TARGET POPULATIO N REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER ARTHR ITIS, OTHER. ASTHMA/ALLERGIES, OTHER. CANCER, OTHER CARDIAC DISEASE, OTHER. CHRONIC PAIN , OTHER COLITIS/CROHN DISEASE, OTHER CULTURAL COMPETENCY, OTHER DIABETES, OTHER FAMILY PLANNING, OTHER HEPATITIS, OTHER. HIV/AIDS, OTHER HYPERTENSION, OTHER LYME DISEASE, OT HER NUTRITION, OTHER OSTEOPOROSIS/MENOPAUSE, OTHER PARKINSONS DISEASE, OTHER PREGNANCY , OTHER. PULMONARY DISEASE/TUBERCULOSIS, OTHER SAFETY - HOME, OTHER SEXUALLY TRANSMITTED DISEASES, OTHER SICKLE CELL DISEASE, OTHER SMOKING/TOBACCO, OTHER STROKE, OTHER UNINS URED/UNDERINSURED, OVERWEIGHT AND OBESITY, PHYSICAL ACTIVITY, RESPONSIBLE SEXUAL BEHAVIOR, SUBSTANCE ABUSE, TOBACCO USE SEX ALL AGE GROUP- ALL ADULTS ETHNIC GROUP- ALL LANGUAGE. A LL GOAL DESCRIPTION REDUCE LANGUAGE BARRIERS TO CARE BY PROVIDING MEDICAL INTERPRETATIONS IN COMMUNITY-BASED PRIMARY CARE AND SPECIALTY SETTINGS GOAL STATUS COLLABORATION WITH C OMMUNITY HEALTH CENTERS AND PHYSICIAN OFFICES RESULTED IN 816 LANGUAGE INTERPRETATIONS IN FY16 APPROXIMATELY, 82 % OF REQUESTED INTERPRETATIONS WERE FOR RESIDENTS SPEAKING PORTUGU ESE AND 18% FOR RESIDENTS SPEAKING SPANISH PARTNERS PARTNER NAME, DESCRIPTION PARTNER WEB ADDRESS COMMUNITY-BASED MEDICAL OFFICES ON CAPE COD VARIOUS HARBOR COMMUNITY HEALTH CENT ER-HYANNIS HTTP://WWW HHSI US/CAPE-COD/HARBOR-COMMUNITY-HEALTH-CENTER-HYANNIS/ COMMUNITY HEALTH CENTER OF CAPE COD WWW CHCOFCAPECOD ORG 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 SPECIALITY NETWO RK FOR THE UNINSURED HARBOR COMMUNITY HEALTH CENTER HYANNIS PROGRAM TYPE OUTREACH TO UND ERSERVED STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS BRIEF DESCRIPTION OR OBJECTIVE. CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDES ANNUAL GRANT SU PPORT TO HARBOR COMMUNITY HEAL

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COMMUNITY BENEFITS PROGRAMS	TH CENTER HYANNIS TO COORDINATE THE SPECIALTY NETWORK FOR THE UNINSURED (SNU) THE SNU PRO GRAM INCREASES ACCESS TO SPECIALTY CARE FOR UNINSURED AND UNDER-INSURED RESIDENTS OF BARNS TABLE COUNTY THROUGH MANAGING A NETWORK OF MEDICAL SPECIALISTS WHO WILL PROVIDE FREE OR SI GNIFICANTLY REDUCED SLIDING-SCALE FEES FOR OFFICE VISITS, PROCEDURES AND CONTINUED CARE OF UNINSURED AND UNDER-INSURED INDIVIDUALS TARGET POPULATION REGIONS SERVED COUNTY-BARNSTA BLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER ARTHRITIS, OTHER ASTHMA/ALLERGIES, OT HER CANCER, OTHER. CARDIAC DISEASE, OTHER CHRONIC PAIN , OTHER DIABETES, OTHER FAMILY PLANNING, OTHER HEARING, OTHER. HEPATITIS, OTHER HYPERTENSION, OTHER LYME DISEASE, OTHE R. OSTEOPOROSIS/MENOPAUSE, OTHER PARKINSONS DISEASE, OTHER. PREGNANCY, OTHER PULMONARY D ISEASE/TUBERCULOSIS, OTHER STROKE, OTHER UNINSURED/UNDERINSURED, OTHER VISION SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOAL DESCRIPTION INCREASE ACCESS TO SPECIA LTY CARE FOR LOW-INCOME, UNINSURED AND UNDER-INSURED INDIVIDUALS GOAL STATUS THE SNU PRO GRAM PROVIDED 681 PATIENT APPOINTMENTS WITH SPECIALISTS IN FY16 THE MOST UTILIZED SPECIAL TIES INCLUDED UROLOGY, OPHTHALMOLOGY, EARS, NOSE AND THROAT (ENT), ORTHOPEDICS AND PODIATR Y GOAL DESCRIPTION PROVIDE ACCESS TO SPECIALISTS FOR UNINSURED OR UNDER-INSURED RESIDENT S WHO FACE LANGUAGE BARRIERS TO CARE GOAL STATUS SIXTEEN PERCENT (16%) OF SNU PATIENTS R EQUESTED A MEDICAL INTERPRETER NINETY-FOUR PERCENT (94%) OF THOSE PATIENTS REQUIRED INTER PRETATION FOR PORTUGUESE AND 6% REQUIRED INTERPRETATION FOR SPANISH GOAL DESCRIPTION MAI NTAIN REFERRAL RELATIONSHIP BETWEEN SNU PROGRAM AND FEDERALLY QUALIFIED HEALTH CENTERS IN THE REGION GOAL STATUS NEARLY ALL (99%) PROGRAM REFERRALS WERE MADE BY REGIONAL FEDERALL Y QUALIFIED HEALTH CENTERS INCLUDING HARBOR COMMUNITY HEALTH CENTER-HYANNIS, COMMUNITY HEA LTH CENTER OF CAPE COD, DUFFY HEALTH CENTER AND ISLAND HEALTH CARE PARTNERS PARTNER NAME, DESCRIPTION PARTNER WEB ADDRESS COMMUNITY HEALTH CENTER OF CAPE COD HTTP://WWW CHCOFCAPE COD ORG/ HARBOR COMMUNITY HEALTH CENTER- HYANNIS WWW HHSI US DUFFY HEALTH CENTER WWW DUF FYHEALTHCENTER ORG ISLAND HEALTH CARE WWW IHIMV ORG CAPE COD HEALTHCARE WWW CAPECODHEALT H ORG CONTACT INFORMATION LISA GUYON, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA , 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

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Return Reference	Explanation
PRESCRIPTION ASSISTANCE PROGRAM FOR VULNERABLE POPULATIONS	CAPE COD HOSPITAL AND FALMOUTH HOSPITAL PROGRAM TYPE DIRECT SERVICES STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, REDUCING HEALTH DISPARITY BRIEF DESCRIPTION OR OBJECTIVE THE PRESCRIPTION ASSISTANCE PROGRAM IS AN INITIATIVE OF CAPE COD HOSPITAL AND FALMOUTH HOSPITAL EMERGENCY, BEHAVIORAL HEALTH AND PHARMACY DEPARTMENTS AS A COMMUNITY BENEFIT TO ASSIST UNINSURED, UNDER-INSURED AND FINANCIALLY DISADVANTAGED PATIENTS WHO HAVE NO OTHER VIABLE MEANS TO PAY FOR MEDICATIONS UPON DISCHARGE FROM HOSPITAL FACILITIES TARGET POPULATION REGIONS SAVED COUNTY- BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOAL DESCRIPTION ASSIST RESIDENTS WHO ARE UNABLE TO AFFORD MEDICATIONS TO ENSURE COMPLIANCE WITH HOSPITAL DISCHARGE PLANNING GOAL STATUS CAPE COD HOSPITAL AND FALMOUTH HOSPITAL EMERGENCY AND BEHAVIORAL HEALTH DEPARTMENTS PROVIDED PHARMACY VOUCHERS AND PRESCRIPTION ASSISTANCE TOTALING MORE THAN $15,500 FOR UNINSURED, UNDER-INSURED OR FINANCIALLY CHALLENGED PATIENTS PARTNERS PARTNER NAME, DESCRIPTION PARTNER WEB ADDRESS LOCAL PHARMACIES N/A CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601 PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED TRANSPORTATION ASSISTANCE PROGRAM FOR VULNERABLE POPULATIONS CAPE COD HOSPITAL AND FALMOUTH HOSPITAL PROGRAM TYPE DIRECT SERVICES STATEWIDE PRIORITY REDUCING HEALTH DISPARITY BRIEF DESCRIPTION OR OBJECTIVE IN AN EFFORT TO ASSIST LOW-INCOME AND VULNERABLE POPULATIONS, CAPE COD HOSPITAL AND FALMOUTH HOSPITAL PROVIDE TRANSPORTATION UPON DISCHARGE FROM EMERGENCY AND BEHAVIORAL HEALTH DEPARTMENTS, TO THOSE PATIENTS WITHOUT RESOURCES FOR TRANSPORTATION TARGET POPULATION REGIONS SAVED COUNTY- BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER UNINSURED/UNDERINSURED SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOAL DESCRIPTION ASSIST RESIDENTS WHO ARE UNABLE TO AFFORD OR ACCESS TRANSPORTATION TO ENSURE COMPLIANCE WITH THEIR DISCHARGE PLAN GOAL STATUS CAPE COD HOSPITAL AND FALMOUTH HOSPITAL EMERGENCY AND BEHAVIORAL HEALTH DEPARTMENTS PROVIDED TAXI VOUCHERS TOTALING MORE THAN $37,500 FOR UNINSURED, UNDER-INSURED OR FINANCIALLY DISADVANTAGED PATIENTS UPON DISCHARGE PARTNERS PARTNER NAME, DESCRIPTION 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 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

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DUFFY HEALTH CENTER SUPPORTING BEHAVIORAL HEALTH SERVICES FOR	HOMELESS AND AT RISK ADULTS PROGRAM TYPE SCHOOL/HEALTH CENTER PARTNERSHIP STATEWIDE PRIOR ITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTA GE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS BRIEF DESCRIPTION OR OBJECTIV E THE DUFFY HEALTH CENTER PROVIDES PRIMARY CARE AND BEHAVIORAL HEALTH CARE TO HOMELESS AD ULTS AND THOSE AT-RISK FOR HOMELESSNESS IN BARNSTABLE COUNTY IN FY16, COMMUNITY BENEFITS FUNDING FROM CAPE COD HEALTHCARE SUPPORTED THE DUFFY HEALTH CENTERS BEHAVIORAL HEALTH SERV ICES INCLUDING THERAPY, PSYCHIATRY AND CASE MANAGEMENT SUPPORT FOR HEALTH CENTER PATIENTS TARGET POPULATION REGIONS SAVED COUNTY- BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CA RE, MENTAL HEALTH, OTHER ALCOHOL AND SUBSTANCE ABUSE, OTHER HOMELESSNESS, OTHER UNINSUR ED/UNDERINSURED, SUBSTANCE ABUSE SEX ALL AGE GROUP- ADULT, ADULT-ELDER, ADULT-YOUNG ETHNI C GROUP- ALL LANGUAGE ALL GOAL DESCRIPTION TO PROVIDE BEHAVIORAL HEALTH SERVICES TO 1,20 0 PATIENTS GOAL STATUS BEHAVIORAL HEALTH SERVICES WERE PROVIDED TO MORE THAN 1,300 DUFFY HEALTH CENTER PATIENTS THROUGH 10,000 VISITS GOAL DESCRIPTION DUFFY HEALTH CENTER WILL PROVIDE PSYCHIATRIC SERVICES, PRIMARILY MEDICATION PRESCRIBING AND MONITORING, TO APPROXIM ATELY 300 PATIENTS GOAL STATUS PSYCHIATRIC SERVICES, INCLUDING MEDICATION PRESCRIBING AN D MONITORING, WERE PROVIDED TO 596 PATIENTS GOAL DESCRIPTION 100% OF ALL NEW DUFFY HEALT H CENTER PATIENTS WILL BE SCREENED FOR BEHAVIORAL HEALTH NEEDS GOAL STATUS APPROXIMATELY 75% OF NEW PATIENTS WERE SCREENED IN FY16 PARTNERS PARTNER NAME, DESCRIPTION PARTNER WEB ADDRESS THE DUFFY HEALTH CENTER WWW DUFFYHEALTHCENTER ORG CATHOLIC SOCIAL SERVICES HTT PS //WWW CSSDIOC ORG/ CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAP E COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECO DHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED SUPPORT GROUPS AND HEALTH EDUCATION CLASSE S AT CAPE COD HOSPITAL AND FALMOUTH HOSPITAL PROGRAM TYPE COMMUNITY EDUCATION SUPPORT GRO UP STATEWIDE PRIORITY CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS BRIEF DESCRI PTION OR OBJECTIVE AT CAPE COD AND FALMOUTH HOSPITAL, SUPPORT GROUPS FOR BEREAVEMENT AND CANCER SURVIVORSHIP, CLASSES AND COUNSELING FOCUSED ON BREASTFEEDING AND FATHERHOOD AND HO LISTIC SERVICES TO COMPLEMENT TRADITIONAL MEDICAL CARE ARE CONDUCTED ON A REGULAR BASIS AN D OPEN TO ALL MEMBERS OF THE COMMUNITY CLASSES AND GROUPS ARE AVAILABLE TO INDIVIDUALS, F AMILIES AND CAREGIVERS AND INCLUDE IN-PERSON MEETINGS TO OFFER SUPPORT AND REASSURANCE THR OUGH THEIR SPECIFIC DISEASE/HEALTH CARE SITUATION TARGET POPULATION REGIONS SAVED COUNTY - BARNSTABLE HEALTH INDICATOR OTHER ARTHRITIS, OTHER BEREAVEMENT, OTHER CANCER, OTHER CHILD CARE, OTHER CHRONIC PAIN , OTHER DIABETES, OTHER HOSPICE, OTHER HYPERTENSION, O THER NUTRITION, OTHER PARENTING SKILLS, OTHER PREGNANCY, OTHER STRESS MANAGEMENT SEX ALL AGE GROUP- ADULT, ADULT-EL

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DUFFY HEALTH CENTER SUPPORTING BEHAVIORAL HEALTH SERVICES FOR	DER, ADULT-YOUNG ETHNIC GROUP ALL LANGUAGE ALL GOAL DESCRIPTION PROVIDE SUPPORT GROUPS AND EDUCATIONAL ACTIVITIES FOR PATIENTS, FAMILIES AND CAREGIVERS ON A CONTINUUM OF ISSUES INCLUDING CANCER SURVIVORSHIP, PRENATAL/NEW MOTHERS AND FATHERS GROUPS, BEREAVEMENT AND CH RONIC DISEASE SELF-MANAGEMENT GOAL STATUS IN FY16, OVER 4,300 HOURS OF SUPPORT GROUPS AN D CLASSES WERE OFFERED AND FACILITATED FOR INDIVIDUALS AND FAMILIES INFORMATION AND RESOU RCES WERE INCLUDED TO ASSIST THEM WITH THEIR SPECIFIC DISEASE OR HEALTH RELATED CIRCUMSTAN CE. PARTNERS PARTNER NAME, DESCRIPTION, PARTNER WEB ADDRESS VISITING NURSES ASSOCIATION HT TP://WWW VNACAPECOD ORG AMERICAN CANCER SOCIETY WWW CANCER ORG YMCA CAPE COD HTTP://YMCA CAPECOD ORG/ CAPE COD HEALTHCARE HTTP://WWW CAPECODHEALTH ORG/CLASSES-EVENTS/ CONTACT INF ORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, 88 LEWIS BAY ROAD, HYANNIS, MA 02601 , PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

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WORKFORCE AND CAREER DEVELOPMENT INITIATIVES CAPE COD HEALTHCARE	PROGRAM TYPE MENTORSHIP/CAREER TRAINING/INTERNSHIP STATEWIDE PRIORITY REDUCING HEALTH DI SPARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE CAPE COD HEALTHCARE RECOGNIZES THE IMPORTANCE OF WORKFORCE DEVELOPMENT AND SUPPORTS THE OPPORTUNITY FOR STUDEN TS 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 HOS PITAL DEPARTMENTS BY TRAINING AND MENTORING STUDENTS FOR FUTURE EMPLOYMENT, WE HOPE TO SU CCESSFULLY ENGAGE INDIVIDUALS SO THEY SELECT HEALTH CARE AS A VIABLE AND ADMIRABLE VOCATIO N, THUS DECREASING THE POTENTIAL RISK FOR PREDICTED FUTURE SHORTAGES IN THE WORKPLACE TAR GET POPULATION REGIONS SAVED COUNTY- BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE S EX ALL AGE GROUP ADULT, ADULT-YOUNG ETHNIC GROUP ALL LANGUAGE ALL GOAL DESCRIPTION IN CREASE THE SUPPLY OF QUALIFIED HEALTH PROFESSIONALS THROUGH OFFERING WORKFORCE AND CAREER DEVELOPMENT PARTNERSHIPS GOAL STATUS IN FY16, OVER 22,000 HOURS OF WORKFORCE AND CAREER DEVELOPMENT EFFORTS TOOK PLACE INCLUDING STUDENT TRAINING, MENTORING, AND JOB SHADOWING P ARTNERS PARTNER NAME, DESCRIPTION PARTNER WEB ADDRESS CAPE COD COMMUNITY COLLEGE WWW CAPE COD EDU/ UPPER CAPE REGIONAL TECHNICAL SCHOOL WWW UPPERCAPETECH COM/ COD REGIONAL TECHNIC AL HIGH SCHOOL HTTP //WWW CAPETECH US/ MA COLLEGE OF PHARMACY AND HEALTH SCIENCES WWW MC PHS EDU THE RIVERVIEW SCHOOL WWW RIVERVIEWSCHOOL ORG UNIVERSITY OF MASSACHUSETTS WWW MAS SACHUSETTS EDU CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD H EALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED INTEGRATING BEHAVIORAL HEALTH SERVICES WITH COMPL EX CARE MANAGEMENT AT OUTER CAPE HEALTH SERVICES PROGRAM TYPE GRANT/DONATION/FOUNDATION/S CHOLARSHIP STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEAS E MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, RE DUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDED GRANT SUPPORT TO OUTER CAPE HEALTH SERVICES FO R THE EXPANSION OF COMPLEX CARE MANAGEMENT SERVICES AND INTEGRATION OF BEHAVIORAL HEALTH C OUNSELING FOR HIGH-RISK PATIENTS ON THE LOWER AND OUTER CAPE THE PROGRAM FEATURES IN-HOME VISITS FOR PATIENTS WHO ARE GEOGRAPHICALLY AND SOCIALLY ISOLATED, IMMOBILE OR WOULD OTHER WISE RELY UPON EMERGENCY MEDICAL SERVICE PROVIDERS EVEN FOR NON-URGENT CARE TARGET POPULA TION REGIONS SAVED COUNTY- BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, MENTAL HEA LTH, OTHER ALCOHOL AND SUBSTANCE ABUSE, OTHER ALZHEIMER DISEASE, OTHER CANCER, OTHER C ARDIAC DISEASE, OTHER DENTAL HEALTH, OTHER DIABETES, OTHER ELDER CARE, OTHER HEPATITIS , OTHER HIV/AIDS, OTHER HOMEBOUND, OTHER HOSPICE, OTHER HYPERTENSION, OTHER PARKINSON S DISEASE, OTHER PULMONARY DI

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WORKFORCE AND CAREER DEVELOPMENT INITIATIVES CAPE COD HEALTHCARE	SEASE/TUBERCULOSIS, OTHER SAFETY, OTHER STRESS MANAGEMENT, OTHER UNINSURED/UNDERINSURED, SUBSTANCE ABUSE SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOAL DESCRIPTION DEFINE AND IDENTIFY A HIGH-RISK POPULATION OF PATIENTS TO BENEFIT FROM INTENSIVE CASE MA NAGEMENT INCLUDING HOME VISITS GOAL STATUS IN FY16, 110 PATIENTS WERE IDENTIFIED AND ENR OLLED IN COMPLEX CASE MANAGEMENT SERVICES INCLUDING HOME VISITS THE MAJORITY OF ENROLLED PATIENTS ARE MANAGING CHRONIC DISEASES SUCH AS DIABETES, HEART DISEASE AND COPD GOAL DESC RIPTION DEVELOP A MULTI-DISCIPLINARY TEAM TO MANAGE PATIENTS ENROLLED IN COMPLEX CARE MAN AGEMENT SERVICES INCLUDING THE ADDITION OF A BEHAVIORAL HEALTH CASE MANAGER GOAL STATUS IN FY16, 35% OF ALL PATIENTS ENROLLED IN THE PROGRAM RECEIVED COORDINATION OF CARE FOR BEH AVIORAL HEALTH CONCERNS PARTNERS PARTNER NAME, DESCRIPTION PARTNER WEB ADDRESS OUTER CAPE HEALTH SERVICES WWW OUTERCAPE 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

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SUPPORTING THE HEALTH INSURANCE NEEDS OF EVERYONE (SHINE)	BARNSTABLE DEPARTMENT OF HUMAN SERVICES PROGRAM TYPE GRANT/DONATION/FOUNDATION/SCHOLARSHIP STATEWIDE PRIORITY REDUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM BRIEF DESCRIPTION OR OBJECTIVE. CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDED A GRANT TO THE REGIONAL SHINE PROGRAM TO EXPAND INFORMATION, COUNSELING AND ASSISTANCE TO BARNSTABLE COUNTY RESIDENTS WITH MEDICARE AND THEIR CAREGIVERS TARGET POPULATION REGIONS SAVED 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 INCREASE THE NUMBER OF REGIONAL MEDICARE BENEFICIARIES ASSISTED BY THE SHINE PROGRAM GOAL STATUS IN FY16, SHINE SERVED 7,300 INDIVIDUALS IN BARNSTABLE COUNTY, A 13% INCREASE COMPARED TO THE PREVIOUS YEAR GOAL DESCRIPTION INCREASE THE NUMBER OF TRAINED SHINE VOLUNTEER COUNSELORS AVAILABLE IN COUNCIL ON AGING OFFICES AND OTHER ORGANIZATIONS GOAL STATUS SHINE INCREASED THE NUMBER OF TRAINED COUNSELORS IN THE REGION BY 18% IN FY16 GOAL DESCRIPTION INCREASE THE NUMBER OF HOURS THE SHINE PROGRAM CONDUCTS OF COMMUNITY OUTREACH AND PRESENTATIONS IN THE COMMUNITY GOAL STATUS SHINE INCREASED THE NUMBER OF HOURS CONDUCTING OUTREACH IN THE COMMUNITY BY MORE THAN 27% COMPARED TO THE PREVIOUS YEAR PARTNERS PARTNER NAME, DESCRIPTION PARTNER WEB ADDRESS BARNSTABLE COUNTY HUMAN SERVICES WWW BCHUMANSERVICES NET/INITIATIVES/SHINE/ CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH O RG DETAILED DESCRIPTION NOT SPECIFIED GROWING A DEMENTIA FRIENDLY COMMUNITY HOPE DEMENTIA AND ALZHEIMERS SERVICES PROGRAM TYPE GRANT/DONATION/FOUNDATION/SCHOLARSHIP STATEWIDE PRIORITY CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY BRIEF DESCRIPTION OR OBJECTIVE. CAPE COD HEALTHCARE COMMUNITY BENEFITS AWARDED A GRANT TO HOPE DEMENTIA AND ALZHEIMERS SERVICES TO OFFER COMMUNITY TRAININGS FOR CAREGIVERS AND EMERGENCY RESPONDERS TITLED ALZHEIMERS DISEASE WHAT YOU NEED TO KNOW TARGET POPULATION REGIONS SAVED COUNTY- BARNSTABLE HEALTH INDICATOR MENTAL HEALTH, OTHER ALZHEIMER DISEASE, OTHER ELDER CARE SEX ALL AGE GROUP- ALL ETHNIC GROUP- ALL LANGUAGE ALL GOAL DESCRIPTION TRAIN 150-200 COMMUNITY FRONTLINE PROFESSIONALS WITH THE KNOWLEDGE AND RESOURCES TO CARE FOR AN INDIVIDUAL WITH ALZHEIMERS DISEASE OR AGE-RELATED DEMENTIA (ADRD) GOAL STATUS IN FY16, 160 INDIVIDUAL PARTICIPATED IN THE HALF-DAY TRAININGS GOAL DESCRIPTION INCREASE THE KNOWLEDGE AND IDENTIFICATION OF RESOURCES FOR INDIVIDUALS THAT PARTICIPATED IN TRAININGS GOAL STATUS POST TRAINING SURVEYS DEMONSTRATED 58% INCREASE IN UNDERSTANDING ADRD, 52% INCREASE IN UNDERSTANDING ADRD DISEASE PROGRESSION, 53% INCREASE IN KNOWLEDGE AND ABILITY TO APPLY EFFECTIVE COMMUNICATION WITH ARDRD POPULATION AND 54% INCREASED A

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Return Reference	Explanation
SUPPORTING THE HEALTH INSURANCE NEEDS OF EVERYONE (SHINE)	BILITY TO MORE EFFECTIVELY HELP ADRD INDIVIDUALS AND FAMILIES MINIMIZE CRISES AND AVOID HO SPITALIZATION/READMISSIONS PARTNERS PARTNER NAME, DESCRIPTION PARTNER WEB ADDRESS HOPE DE MENTIA & ALZHEIMER'S SERVICES WWW HOPEHEALTHMA ORG/SERVICES/DEMENTIA-ALZHEIMERS-SERVICES CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02668, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED D ESCRIPTION NOT SPECIFIED

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Return Reference	Explanation
FOODS TO ENCOURAGE - NUTRITION'S ROLE IN DIABETES AND	HYPERTENSION TREATMENT AND PREVENTION PILOT PROGRAM CAPE COD HUNGER NETWORK PROGRAM TYPE GRANT/DONATION/FOUNDATION/SCHOLARSHIP STATEWIDE PRIORITY CHRONIC DISEASE MANAGEMENT IN D ISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, SUPPORTING HEALTHCA RE REFORM BRIEF DESCRIPTION OR OBJECTIVE FOODS TO ENCOURAGE IS A PROGRAM TO MONITOR AND I MPROVE DIABETES AND HYPERTENSION DISEASE OUTCOMES IN LOW TO MODERATE INCOME RESIDENTS WHO ACCESS FOOD FROM CAPE FOOD PANTRIES THE FY16 COMMUNITY BENEFITS GRANT FROM CAPE COD HEALT HCARE ALLOWED THE PROGRAM TO EXPAND FROM ONE LOCATION TO FOUR FOOD PANTRIES ACROSS CAPE CO D TARGET POPULATION REGIONS SAVED COUNTY- BARNSTABLE HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER CARDIAC DISEASE, OTHER DIABETES, OTHER HYPERTENSION, OTHER NUTRITION, OVER WEIGHT AND OBESITY SEX ALL AGE GROUP ALL ETHNIC GROUP ALL LANGUAGE ALL GOAL DESCRIPTIO N THE PROGRAM WILL EXPAND ENROLLMENT FROM 100 TO 200 PARTICIPANTS GOAL STATUS IN FY16, A TOTAL OF 222 PARTICIPANTS WERE REGISTERED IN THE PROGRAM NEW PROGRAM LOCATIONS PROVIDED AN OPPORTUNITY TO REACH A BROAD DEMOGRAPHIC OF INDIVIDUALS FROM AGES 35 TO 80 YEARS OLD GOAL DESCRIPTION BLOOD SUGAR AND BLOOD PRESSURE MONITORING WILL SHOW IMPROVEMENTS OVER TI ME WITH INCREASED INTAKE OF FRESH FRUITS AND VEGETABLES AND NUTRITION EDUCATION GOAL STAT US OVER 35% OF PARTICIPANTS WHO ATTENDED WEEKLY PROGRAM ACTIVITIES DEMONSTRATED IMPROVED BLOOD SUGAR LEVELS AND 2% SHOWED IMPROVEMENT IN BLOOD PRESSURE IMPROVEMENT IN BOTH HEALTH INDICATORS VARIED BY INDIVIDUAL BUT THERE WAS A STRONG CORRELATION BETWEEN NUMBER OF ATTE NDED ACTIVITIES AND A PARTICIPANTS IMPROVED HEALTH INDICATORS PARTNERS PARTNER NAME, DESC RIPTION PARTNER WEB ADDRESS CC HUNGER NETWORK WWW CAPECODHUNGERNETWORK ORG FALMOUTH SERVI CE CENTER WWW FALMOUTHSERVICECENTER ORG BARNSTABLE COUNTY HEALTH DEPARTMENT WWW BARNSTAB LECOUNTYHEALTH ORG/PROGRAMS-AND /PUBLIC-HEALTH-NURSE CAPE COD COOPERATIVE EXTENSION WWW CAPECODEXTENSION ORG CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAP E COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECOD HEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED CAPE COD COOPERATIVE EXTENSION TICK TESTING AND DISEASE SURVEILLANCE PROJECT PROGRAM TYPE GRANT/DONATION/FOUNDATION/SCHOLARSHIP STAT EWIDE PRIORITY CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS BRIEF DESCRIPTION OR OBJECTIVE CAPE COD HEALTHCARE PROVIDED CO MMUNITY BENEFITS FUNDING TO THE CAPE COD COOPERATIVE EXTENSION TO SUBSIDIZE A TICK TESTING AND TICK-BORNE DISEASE SURVEILLANCE PROGRAM FOR BARNSTABLE COUNTY RESIDENTS TARGET POPUL ATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR OTHER LYME DISEASE SEX ALL AGE GROUP ADULT ETHNIC GROUP ALL LANGUAGE ALL GOAL DESCRIPTION PROMOTE TICK TESTING SERVI CES TO LOCAL RESIDENTS RESIDENTS WILL MAIL TICK TO UMASS LABORATORY OF MEDICAL ZOOLOGY AN D RECEIVE EPIDEMIOLOGICAL AND

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Return Reference	Explanation
FOODS TO ENCOURAGE - NUTRITION'S ROLE IN DIABETES AND	INFECTION STATUS OF TICK TO SHARE WITH HEALTH CARE PROVIDER GOAL STATUS IN TOTAL, 309 TI CKS WERE SUBMITTED BY RESIDENTS FOR TESTING THE GREATEST NUMBER OF TICKS SUBMITTED FOR TE STING WAS DURING THE MONTHS OF MAY, JUNE AND JULY GOAL DESCRIPTION IDENTIFY THE EPIDEMIO LOGICAL AND INFECTION STATUS OF TICKS TESTED FROM BARNSTABLE COUNTY GOAL STATUS OF THE 3 09 TICKS TESTED, 25% TESTED POSITIVE FOR LYME DISEASE, 8% TESTED POSITIVE FOR BABESIOSIS A ND 6% TESTED POSITIVE FOR ANAPLASMOSIS PARTNERS PARTNER NAME, DESCRIPTION, PARTNER WEB AD DRESS CAPE COD COOPERATIVE EXTENSION WWW CAPECODEXTENSION ORG UMASS LABORATORY OF MEDICAL ZOOLOGY WWW TICKDISEASES ORG CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFI TS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@ CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

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Return Reference	Explanation
HEALTHY PARKS, HEALTHY PEOPLE. A WELLNESS COLLABORATION BETWEEN	CAPE COD HEALTHCARE AND THE CAPE COD NATIONAL SEASHORE PROGRAM TYPE PREVENTION STATEWIDE PRIORITY CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VU LNERABLE POPULATIONS BRIEF DESCRIPTION OR OBJECTIVE. CAPE COD HEALTHCARE COLLABORATED WITH THE CAPE COD NATIONAL SEASHORE TO PROMOTE WELLNESS, EXERCISE AND PHYSICAL ACTIVITY TO IMP ROVE THE HEALTH OF CAPE COD RESIDENTS AND VISITORS TARGET POPULATION REGIONS SERVED COUN TY-BARNSTABLE HEALTH INDICATOR HYPERTENSION, OTHER STROKE, OVERWEIGHT AND OBESITY, PHYSI CAL ACTIVITY SEX ALL AGE GROUP· ALL ETHNIC GROUP· ALL LANGUAGE. ALL GOAL DESCRIPTION ENG AGE INDIVIDUALS IN SEASONAL WALKING AND WELLNESS PROGRAMS AIMED AT IMPROVING HEALTH OUTCOM ES GOAL STATUS OVER 120 INDIVIDUALS PARTICIPATED IN THE SUMMER WALKING PROGRAM AT THE CA PE COD NATIONAL SEASHORE AND THE WINTER WALKING PROGRAM AT THE CAPE COD MALL GOAL DESCRIP TION IMPACT WELLNESS AND REDUCE BLOOD PRESSURE READINGS TO HEALTHY LEVELS FOR PROGRAM PAR TICIPANTS GOAL STATUS THE SUMMER PROGRAM ENGAGED 61 PARTICIPANTS THE PRE-PROGRAM AVERAG E BLOOD PRESSURE WAS 131/78 COMPARED TO THE POST-PROGRAM AVERAGE BLOOD PRESSURE OF 121/72 PARTNERS PARTNER NAME, DESCRIPTION, PARTNER WEB ADDRESS NATIONAL PARK SERVICE WWW NPS GO V/ /HEALTHY-PARKS-HEALTHY-PEOPLE CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, L GUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED LIVING FIT FOR YOU! CANCER WEL LNESS PROGRAM AT FALMOUTH HOSPITAL PROGRAM TYPE DIRECT SERVICES STATEWIDE PRIORITY CHRON IC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULA TIONS BRIEF DESCRIPTION OR OBJECTIVE LIVING FIT FOR YOU IS A FREE, STRUCTURED, AND MEDICA LLY-SUPERVISED EXERCISE AND EDUCATION PROGRAM THAT ASSISTS INDIVIDUALS UNDERGOING TREATMEN T FOR CANCER TO MANAGE FATIGUE, DE-CONDITIONING AND A LOSS OF PHYSICAL FUNCTION TARGET PO PULATION REGIONS SERVED COUNTY-BARNSTABLE HEALTH INDICATOR MENTAL HEALTH, OTHER CANCER, OTHER CANCER - BREAST, OTHER CANCER - CERVICAL, OTHER CANCER - COLO-RECTAL, OTHER CAN CER - LUNG, OTHER CANCER - MULTIPLE MYELOMA, OTHER CANCER - OTHER, OTHER CANCER - OVARI AN, OTHER CANCER - PROSTATE, OTHER CANCER - SKIN, OTHER CHRONIC PAIN , OTHER. NUTRITION , PHYSICAL ACTIVITY SEX ALL AGE GROUP· ALL ETHNIC GROUP· ALL LANGUAGE ALL GOAL DESCRIPTI ON PROVIDE FREE EXERCISE AND EDUCATION CLASSES FOR CANCER SURVIVORS OF ALL AGES GOAL STA TUS IN FY16, 253 EXERCISE AND EDUCATION CLASSES WERE OFFERED GOAL DESCRIPTION PROVIDE O NE-TO-ONE WELLNESS CONSULTATIONS FOR INDIVIDUALS UNABLE TO ATTEND THE STRUCTURED EXERCISE AND EDUCATION CLASSES GOAL STATUS IN FY16, 68 ONE-ON-ONE EXERCISE AND EDUCATION CONSULTA TIONS WERE PROVIDED TO INDIVIDUALS PARTNERS PARTNER NAME, DESCRIPTION, PARTNER WEB ADDRES S CAPE COD HEALTHCARE WWW CAPECODHEALTH ORG/CLASSES-EVENTS CAPE WELLNESS COLLABORATIVE W WW CAPEWELLNESS ORG CONTACT IN

990 Schedule O, Supplemental Information

Return Reference	Explanation
HEALTHY PARKS, HEALTHY PEOPLE A WELLNESS COLLABORATION BETWEEN	FORMATION 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

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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 PHILIP MCLOUGHLIN JOEL CROWELL CAPE HEALTH INSURANCE COMPANY MICHAEL K LAUF 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, LINES 6 & 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

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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

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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

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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 Title for Carter Hunt Executive Director - Hospital/Medical/Surgical Practices Title for Kevin Mulroy Chief Medical Info Officer and Chief Quality & Safety Officer until 2/15, COO starting 2/15 TITLE FOR JEFFREY S DYKENS COO FALMOUTH HOSPITAL UNTIL 6/16, VP FINANCE & OPS STARTING 6/16 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

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES NET ASSETS RELEASED FROM RESTRICTION ($5,201,035) TRANSFERS TO/FROM AFFILIATES (3,127,980) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 905,365 CHANGE IN VALUE OF BENEFICIAL INTEREST 567,015 TRANSFER OF NET ASSETS (22,000) OTHER CHANGES TO NET ASSETS (1,805,955) ---------- ($8,684,590)

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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 VNA OF CAPE COD, INC 04-2104159 CAPE COD HEALTHCARE FOUNDATION, INC 04-3475950 MEDICAL AFFILIATES OF CAPE COD, INC 04-3187299 ALL OF THE ABOVE ENTITIES, EXCEPT THE VNA OF CAPE COD, INC , CAN BE REACHED AT 25 COMMUNICATION WAY HYANNIS, MA 02601 THE VNA OF CAPE COD, INC CAN BE REACHED AT 255 INDEPENDENCE DRIVE HYANNIS, MA 02601

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

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?		(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	

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	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	11,250	15,000	100 000 %	Yes	
(3) POOLED INCOME FUNDS (2)	SUPPORT	MA	NA	TRUST				Yes	
(4) EMERALD PHYSICIAN SERVICES LLC 433 WEST MAIN STREET HYANNIS, MA 02601 04-3369730	PRIMARY CARE	MA	EMERALD TRUST	S CORP	29,556,988	18,300,607	100 000 %	Yes	
(5) EMERALD PHYSICIANS MEMBER TRUST 27 PARK STREET HYANNIS, MA 02601 46-7220648	EMRLD SHAREHO	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.

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)**royalties, 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	6,164,733	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