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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

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) 297 NORTH ST Suite BLDG 3
Room/suite

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

D Employer identification number
90-0054984

E Telephone number
(508) 771-1800

G Gross receipts $ 915,852,896

F Name and address of principal officer
MICHAEL K LAUF
88 LEWIS BAY ROAD
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**	11
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	5,684
6	Total number of volunteers (estimate if necessary)	**6**	696
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,555,937
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-544,982

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,341,766	15,447,109
9	Program service revenue (Part VIII, line 2g)	844,858,980	884,728,875
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,432,277	13,029,571
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,195,757	2,414,588
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	870,828,780	915,620,143
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	1,094,878
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)	445,642,426	476,686,163
16a	Professional fundraising fees (Part IX, column (A), line 11e)	86,247	68,237
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,581,359		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	377,540,307	391,316,079
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	823,268,980	869,165,357
19	Revenue less expenses Subtract line 18 from line 12	47,559,800	46,454,786

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	963,305,006	1,023,990,733
21	Total liabilities (Part X, line 26)	258,793,996	269,099,333
22	Net assets or fund balances Subtract line 21 from line 20	704,511,010	754,891,400

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: 2019-08-14

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GWEN SPENCER	GWEN SPENCER	2019-08-07		P00641463

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

Firm's address ▶ 101 SEAPORT BLVD SUITE 500
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 $ 789,043,793 including grants of $ 1,094,878) (Revenue $ 884,728,875)

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 ▶** 789,043,793

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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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	
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**	Yes	
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**	Yes	
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**	116		
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**	5,684		
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	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	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	Yes	
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		No
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 297 NORTH STREET BLDG 3 HYANNIS, MA 02601 (774) 470-5537

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) ▶								8,478,688	9,528,009	1,878,916

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 ▶ 785

			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**		No
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, 297 NORTH STREET BLDG 3 HYANNIS, MA 02601	PURCHASED SERVICES	52,832,634
QUALITY IN REAL TIME, 15 VERBENA AVENUE SUITE 210 FLORAL PARK, NY 11001	CODING REVIEW	490,660
CORE MEDICAL GROUP, 3000 GOFFS FALLS RD SUITE 101 MANCHESTER, NH 03103	CONTRACT RN, PT, OT	396,003
DELTA HEALTH, 400 LAKEMONT PARK BLVD ALTOONA, PA 16602	MIS-SUPPORT	275,159
MEDTRONIC CARE MANAGEMENT, 7980 CENTURY BLVD CHANHASSEN, MN 55317	PATIENT SUPPORT SVCS	140,178

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 ▶ 10

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** 9,350				
	d Related organizations **1d**				
	e Government grants (contributions) **1e** 1,154,606				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 14,283,153				
	g Noncash contributions included in lines 1a-1f $ 1,163,954				
	h Total. Add lines 1a-1f . . . . . ▶	15,447,109			
Program Service Revenue		Business Code			
	2a PATIENT SERVICE REVENUE	900099	857,487,495	857,487,495	
	b LABORATORY SERVICES	621500	8,011,151	6,455,214	1,555,937
	c PROGRAM RELATED RENTAL INCOME	900099	3,501,400	3,501,400	
	d JOINT VENTURE REVENUE	900099	2,953,856	2,953,856	
	e QUALITY EARNED PAYMENTS	900099	8,747,405	8,747,405	
	f All other program service revenue		4,027,568	4,027,568	
	g Total. Add lines 2a–2f . . . . ▶	884,728,875			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	7,272,965			7,272,965
	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	5,756,606			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)	5,756,606			
	d Net gain or (loss) . . . . . ▶	5,756,606			5,756,606
	8a Gross income from fundraising events (not including $ 9,350 of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 588,687				
	b Less direct expenses . . . **b** 232,753				
	c Net income or (loss) from fundraising events . . ▶	355,934			355,934
	9a Gross income from gaming activities See Part IV, line 19 . . . **a** 0				
	b Less direct expenses . . . **b** 0				
	c Net income or (loss) from gaming activities . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . **a** 0				
	b Less cost of goods sold . . **b** 0				
	c Net income or (loss) from sales of inventory . . ▶	0			
	Miscellaneous Revenue	Business Code			
	11a CAFETERIA INCOME	900099	1,954,744		1,954,744
	b MEDICAL RECORDS	900099	103,910		103,910
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	2,058,654			
	12 Total revenue. See Instructions . . . . . ▶	915,620,143	883,172,938	1,555,937	15,444,159

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,094,878	1,094,878		
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, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,974,982	2,974,982		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	116,158	116,158		
7 Other salaries and wages	377,078,029	339,720,279	35,892,202	1,465,548
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,080,193	9,585,883	1,435,688	58,622
9 Other employee benefits	60,870,167	54,776,086	5,873,681	220,400
10 Payroll taxes	24,566,634	21,708,767	2,745,753	112,114
11 Fees for services (non-employees)				
a Management	6,676,786	3,297,281	3,379,505	
b Legal	177,215	7,316	169,899	
c Accounting	995,236	200,853	794,383	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	68,237			68,237
f Investment management fees	677,706	67,562	610,144	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	35,254,478	34,068,162	1,186,316	
12 Advertising and promotion	980,284	908,046	72,238	
13 Office expenses	5,253,527	4,847,418	359,340	46,769
14 Information technology	11,824,044	10,739,327	999,064	85,653
15 Royalties . .	0			
16 Occupancy	14,165,997	13,159,581	859,072	147,344
17 Travel	6,580,980	6,076,619	455,813	48,548
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	8,228			8,228
20 Interest	6,419,305	5,797,389	621,916	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	28,412,585	25,720,184	2,682,117	10,284
23 Insurance . . .	3,003,255	2,788,863	214,392	
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	130,295,787	130,295,787		
b PURCHASED SERVICES	44,454,194	41,295,528	3,109,599	49,067
c ADMIN OFFICE OVERHEAD	53,528,156	40,379,657	12,602,411	546,088
d BAD DEBT	14,392,093	14,392,093		
e All other expenses	28,216,223	25,025,094	2,476,672	714,457
25 **Total functional expenses.** Add lines 1 through 24e	869,165,357	789,043,793	76,540,205	3,581,359
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	23,129,902	1	28,046,133
	2	Savings and temporary cash investments	1,413,064	2	1,418,491
	3	Pledges and grants receivable, net	12,662,460	3	11,232,170
	4	Accounts receivable, net	86,022,740	4	92,397,934
	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	3,997,612	7	5,999,843
	8	Inventories for sale or use	10,914,440	8	11,471,320
	9	Prepaid expenses and deferred charges	2,406,916	9	4,889,655
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 662,447,460			
	b	Less accumulated depreciation — 10b: 364,005,606	289,207,589	10c	298,441,854
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	474,804,154	12	505,577,304
	13	Investments—program-related See Part IV, line 11	5,124,965	13	-562,504
	14	Intangible assets	9,346,552	14	10,089,047
	15	Other assets See Part IV, line 11	44,274,612	15	54,989,486
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	963,305,006	16	1,023,990,733
Liabilities	17	Accounts payable and accrued expenses	54,459,109	17	67,602,305
	18	Grants payable	0	18	0
	19	Deferred revenue	429,407	19	387,349
	20	Tax-exempt bond liabilities	150,522,013	20	132,147,783
	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	13,407,900	23	20,887,363
	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	39,975,567	25	48,074,533
	26	**Total liabilities.** Add lines 17 through 25	258,793,996	26	269,099,333
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	630,388,180	27	681,649,081
	28	Temporarily restricted net assets	41,022,954	28	39,258,698
	29	Permanently restricted net assets	33,099,876	29	33,983,621
		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	704,511,010	33	754,891,400
	34	Total liabilities and net assets/fund balances	963,305,006	34	1,023,990,733

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	915,620,143
2	Total expenses (must equal Part IX, column (A), line 25)	2	869,165,357
3	Revenue less expenses Subtract line 2 from line 1	3	46,454,786
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	704,511,010
5	Net unrealized gains (losses) on investments	5	3,981,759
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	-56,155
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	754,891,400

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 (2017)

Form 990, Part III, Line 4a:

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			
PHILIP MCLOUGHLIN TRUSTEE (UNTIL 5/18)	2 0 2 0	X						0	0	0
MICHAEL K LAUF PRESIDENT/CEO/TRUSTEE	55 0 5 0	X		X				0	2,672,978	289,344
NATE RUDMAN MD TRUSTEE	2 0 2 0	X						0	0	0
JOEL CROWELL SEE SCH O FOR TITLE	2 0 2 0	X		X				0	0	0
SUZANNE FAY GLYNN ESQ TRUSTEE	2 0 2 0	X						0	0	0
DEWITT DAVENPORT CHAIRMAN	2 0 2 0	X		X				0	0	0
DIANE COLETTI TRUSTEE	2 0 2 0	X						0	0	0
WILLIAM ZAMMER TRUSTEE	2 0 2 0	X						0	0	0
SUMNER B TILTON JR TRUSTEE	2 0 2 0	X						0	0	0
E JAMES MULCAHY JR 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			
ROBERT TALERMAN TRUSTEE	2 0 2 0	X						0	0	0
GARY VACON VICE CHAIR/TRUSTEE	2 0 2 0	X		X				0	0	0
ROBERT WILSTERMAN MD TRUSTEE	40 0 2 0	X						791,933	0	60,781
WILLIAM AGEL MD TRUSTEE	40 0 2 0	X						523,405	0	44,677
RAMANI AYER TRUSTEE (FROM 5/18)	2 0 2 0	X						0	0	0
THEODORE CALIANOS MD TRUSTEE	40 0 2 0	X						378,974	0	43,167
PAUL HOULE MD TRUSTEE	40 0 2 0	X						1,099,091	0	62,207
BRUCE JOHNSTON TRUSTEE/TREASURER (FROM 5/18)	2 0 2 0	X		X				0	0	0
MICHAEL L CONNORS SENIOR VP FINANCE/CFO	55 0 5 0			X				0	539,912	92,817
MICHAEL G JONES ESQ SEE SCH O FOR TITLE	55 0 5 0			X				0	412,450	78,339

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 BUNDY COO	45 0 5 0				X			0	452,973	57,273
DONALD A GUADAGNOLI MD CMO CAPE COD HOSPITAL	45 0 5 0				X			0	529,045	85,338
ALEXANDER HEARD MD CHIEF MEDICAL OFFICER - FH	45 0 5 0				X			84,330	611,313	67,672
PATRICK J KANE SVP OF MRKTG,COMMUN AND DEVLP	45 0 5 0				X			0	395,113	31,505
CHRISTIAN BROWN SR VP MANAGED CARE	45 0 5 0				X			0	393,040	79,946
EMILY SCHORER SVP HUMAN RESOURCES	45 0 5 0				X			0	331,273	58,910
KEVIN RALPH SVP DEVELOPMENT	45 0 5 0				X			0	297,026	60,128
THERESA M AHERN SVP, STRAT, COMMUNITY/GOV REL	45 0 5 0				X			0	334,682	63,062
KEVIN J MULROY SVP CHIEF QUALITY & SAFETY OFF	45 0 5 0				X			0	474,478	75,112
JEANNE FALLON SR VP & CIO (UNTIL 4/11/17)	45 0 5 0				X			0	316,781	22,488

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY S DYKENS VP FINANCE & OPERATIONS	45 0 5 0				X			0	310,981	64,327
NOELENE CERVIN VP BUDGETING & OPER SUPPORT	45 0 5 0				X			0	262,379	58,866
LORI JEWETT CEO - FH	45 0 5 0				X			0	287,208	42,343
DIANNE C KOLB PRESIDENT VNA (UNTIL 8/8/17)	45 0 5 0				X			0	168,574	38,377
CARTER HUNT ADMIN SPEC&HOSP BASED CARE	45 0 5 0				X			0	216,135	64,415
VICTOR OLIVEIRA VP PATIENT SVCS(UNTIL 3/17)	45 0 5 0				X			0	241,943	36,133
JUDITH C QUINN VP OF PATIENT CARE	45 0 5 0				X			0	279,725	49,841
RICHARD B ZELMAN MD PHYSICIAN	40 0 0 0					X		1,549,782	0	48,011
ACHILLES PAPAVASILIOU MD PHYSICIAN	40 0 0 0					X		1,122,283	0	63,501
NICHOLAS COPPA MD PHYSICIAN	40 0 0 0					X		1,082,702	0	65,372

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			
GORDON NAKATA MD PHYSICIAN	40 0 0 0					X		1,073,238	0	62,639
PHILLIP J DOMBROWSKI MD PHYSICIAN	40 0 0 0					X		772,950	0	12,325

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TY 2017 Affiliate Listing

Name: CAPE COD HEALTHCARE INC & AFFILIATES

EIN: 90-0054984

TY 2017 Affiliate Listing

Name	Address	EIN	Name control
CAPE COD HOSPITAL	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-2103600	CAPE
VISITING NURSE ASSN OF CAPE COD INC	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-2104159	CAPE
FALMOUTH HOSPITAL ASSOCIATION INC	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-2220716	CAPE
CAPE COD HUMAN SERVICES INC	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-2323506	CAPE
MEDICAL AFFILIATES OF CAPE COD INC	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-3187299	CAPE
CAPE COD HEALTHCARE FOUNDATION INC	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-3475950	CAPE
CAPE & ISLANDS HEALTH SERVICES II	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-3572408	CAPE
FALMOUTH ASSISTED LIVING INC	297 NORTH ST BLDG 3 HYANNIS, MA 02601	22-3379395	CAPE
JML CARE CENTER INC	297 NORTH ST BLDG 3 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

2017

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	9,458,675	15,572,146	13,584,232	15,341,766	15,447,109	69,403,928
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	9,458,675	15,572,146	13,584,232	15,341,766	15,447,109	69,403,928
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,821,753
6 **Public support.** Subtract line 5 from line 4						66,582,175

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	9,458,675	15,572,146	13,584,232	15,341,766	15,447,109	69,403,928
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,486,933	4,951,534	5,368,273	5,985,405	7,272,965	27,065,110
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,059,076	1,000,152	798,057	408	-544,982	2,312,711
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,189,718	2,271,023	2,353,977	2,422,397	2,647,341	11,884,456
11 **Total support.** Add lines 7 through 10						110,666,205

12 Gross receipts from related activities, etc (see instructions)	12	4,036,039,797

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 2017 (line 6, column (f) divided by line 11, column (f))	14	60 165 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	65 282 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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		
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		
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		
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 12a or 12b in Part I, answer (b) and (c) below*	4a		
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		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
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 I of Schedule L (Form 990 or 990-EZ)*	8		
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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) 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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
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		

Part IV Supporting Organizations (continued)

			Yes	No
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		
b	A family member of a person described in (a) above?	11b		
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions		0	
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. 0			
c From 2014. 0			
d From 2015. 0			
e From 2016. 0			
f **Total** of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2017 distributable amount			0
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2017 from Section D, line 7 $ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		0	
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			0
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c	0		
8 Breakdown of line 7			
a Excess from 2013. 0			
b Excess from 2014. 0			
c Excess from 2015. 0			
d Excess from 2016. 0			
e Excess from 2017. 0			

Additional Data

Software ID:

Software Version:

EIN: 90-0054984

Name: CAPE COD HEALTHCARE INC & AFFILIATES

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227014359

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

2017

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
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) 2014	(b) 2015	(c) 2016	(d) 2017	(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		963,629
j	Total Add lines 1c through 1i			963,629
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, 90 14% of dues paid should be allocated to lobbying activity MHA determined that of the 90 14%, 9 51% was related to federal lobbying and 80 63% was related to state-based lobbying Please note that the increase in the percentage, as compared to previous years, was due primarily to MHA's activities surrounding the 2018 Massachusetts ballot question The increase only impacted the FY 2018 dues that were paid to MHA in the fall of 2017 For FY18 for Cape Cod Hospital and Falmouth Hospital Association, Inc combined, the lobbying portion equals $963,629

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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

2017

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	41,606,730	38,809,089	37,495,620	38,872,003	36,060,986
b Contributions	504,886	30,699	57,261	1,523,222	1,925,651
c Net investment earnings, gains, and losses	1,353,728	3,061,173	2,000,285	-2,217,064	1,613,999
d Grants or scholarships					
e Other expenditures for facilities and programs	1,014,678	759,148	744,077	682,541	728,633
f Administrative expenses		-464,917			
g End of year balance	42,450,666	41,606,730	38,809,089	37,495,620	38,872,003

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 ▶ 80 760 %
- c Temporarily restricted endowment ▶ 19 240 %

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		23,627,542		23,627,542
b Buildings		404,720,923	183,625,388	221,095,535
c Leasehold improvements		4,024,463	1,748,550	2,275,913
d Equipment		226,940,276	177,709,553	49,230,723
e Other		3,134,256	922,115	2,212,141
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				298,441,854

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	417,657,717	F
(B) FUNDS HELD UNDER BOND	3,410,362	F
(C) TEMP RESTRICTED INVESTMENTS	24,888,547	F
(D) PERM RESTRICTED INVESTMENTS	33,785,042	F
(E) SHORT TERM INVESTMENTS - FDN	25,835,636	F
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	505,577,304	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1) DUE FROM AFFILIATES	54,989,486
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	54,989,486

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
(1) Federal income taxes	0
DUE TO AFFILIATES	26,643,493
EST SETTLEMENTS W 3RD PARTIES	19,778,364
OTHER CURRENT LIABILITIES	808,193
ABANDONED PROPERTY	185,604
INTEREST RATE SWAPS	658,879
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	48,074,533

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 MISSION OF CAPE COD HEALTHCARE 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

2017

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1)	Central America and the Caribbean	1		Program Services	CAPTIVE INSURANCE	2,957,963
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	1				2,957,963
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	1				2,957,963

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 separately 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 separately 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).

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

2017

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	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1 Borns GroupVDM 503 BROWN COUNTY 19N ABERDEEN, SD 57401	DIRECT MAIL		No	220,016	68,237	151,779
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			▶	220,016	68,237	151,779

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

CA, CT, FL, IL, KS, MA, MI, MO, NH, NJ, NY, NC, PA, RI, SC, WI

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	598,037			598,037
	2 Less Contributions	9,350			9,350
	3 Gross income (line 1 minus line 2)	588,687			588,687
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	43,000			43,000
	6 Rent/facility costs	6,800			6,800
	7 Food and beverages	74,539			74,539
	8 Entertainment	16,351			16,351
	9 Other direct expenses	92,063			92,063
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				232,753
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				355,934

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 provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227014359

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

2017

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)			6,681,622	2,121,069	4,560,553	0 530 %
b Medicaid (from Worksheet 3, column a)			105,176,811	87,175,941	18,000,870	2 110 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			10,286,642	8,366,669	1,919,973	0 220 %
d **Total** Financial Assistance and Means-Tested Government Programs			122,145,075	97,663,679	24,481,396	2 860 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,642,379	0	2,642,379	0 310 %
f Health professions education (from Worksheet 5)			1,786,163	211,678	1,574,485	0 180 %
g Subsidized health services (from Worksheet 6)			333,989,928	300,109,808	33,880,120	3 960 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,078,867	0	1,078,867	0 130 %
j **Total.** Other Benefits			339,497,337	300,321,486	39,175,851	4 580 %
k **Total.** Add lines 7d and 7j			461,642,412	397,985,165	63,657,247	7 440 %

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			36,166		36,166	
7 Community health improvement advocacy						
8 Workforce development			705,572		705,572	
9 Other						
10 Total			741,738		741,738	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	14,392,093		
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	9,003,313		
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	278,629,043		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	260,616,527		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	18,012,516		
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)

A

Name of hospital facility or letter of facility reporting group _____

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 ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
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) _____			
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	
If "Yes" (list url) SEE PART V, SECTION C **a**			
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
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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 200 % and FPG family income limit for eligibility for discounted care of 400 %			
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	Was widely publicized 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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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 nonpayment?	**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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☐ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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, 16j, 18e, 19e, 20e, 21c, 21d, 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
See Add'l Data	

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? **83**

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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 $ 14,392,093 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II LINE 6 AND LINE 8	COALITION BUILDING 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 women's health, behavioral health, chronic and infectious disease prevention and management and substance use and misuse in the region Regional coalitions serve as alliances for combined and coordinated action to improve key health issues Coalition activities ranged from implementation of new programs to offering community trainings and educational on important health topics to the development of multi-sector partnerships 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINES 2-3	THE ORGANIZATION IS REPORTING $9,003,313 OF BAD DEBT EXPENSE THAT MEETS ITS FINANCIAL ASSISTANCE POLICY THIS AMOUNT IS RELATED TO BAD DEBT FROM BOTH HOSPITALS DURING FY18 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	REFER TO PAGES 14-15 IN THE ATTACHED AUDITED FINANCIAL STATEMENTS FOR FOOTNOTES RELATED TO ALLOWANCE FOR DOUBTFUL ACCOUNTS AND BAD DEBT

990 Schedule H, Supplemental Information

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 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 PATIENT'S 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 PATIENT'S DOCUMENTED FINANCIAL SITUATION AND THE PATIENT'S 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, CHILDREN'S 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 STATE'S 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 PATIENT'S PRIOR WRITTEN CONSENT TO BE BILLED FOR THE SERVICE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT THE 2017-2019 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS 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 ASSESSMENT PROJECT ARE TO MONITOR 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 METHODOLOGY FOR CONDUCTING THE ASSESSMENT INCLUDED THE COLLECTION AND ANALYSIS OF PRIMARY AND SECONDARY HEALTH DATA, GATHERING SIGNIFICANT INPUT FROM THE COMMUNITY, AND THE IDENTIFICATION AND PRIORITIZATION OF KEY HEALTH NEEDS FOR THE REGION OVER 20 DATA SOURCES WERE UTILIZED TO COLLECT BARNSTABLE COUNTY AND TOWN-LEVEL HEALTH STATISTICS ON DISEASE INCIDENCE AND PREVALENCE, HOSPITAL UTILIZATION, MORBIDITY AND MORTALITY, BARRIERS TO ACCESSING CARE, AND BEHAVIORAL RISK FACTORS REGIONAL STATISTICS WERE ANALYZED AND COMPARED TO STATE AND NATIONAL STATISTICS TO IDENTIFY WHERE DEMOGRAPHIC AND HEALTH DISPARITIES EXIST ONCE COLLECTED, STATISTICAL DATA WAS VETTED AND AUGMENTED WITH COMMUNITY INPUT MORE THAN 140 INDIVIDUALS AND 90 COMMUNITY ORGANIZATIONS REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED AND VULNERABLE POPULATIONS PROVIDED CRITICAL 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 SIGNIFICANT HEALTH NEEDS OF BARNSTABLE COUNTY RESIDENTS WERE DISTINGUISHED AND PRIORITIZED BASED ON THE FREQUENCY, URGENCY, SCOPE, SEVERITY AND MAGNITUDE OF THE IDENTIFIED ISSUES THE SIGNIFICANT HEALTH NEEDS AND ASSOCIATED 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 SOURCES WERE UTILIZED IN THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENTS - CAPE COD HOSPITAL AND FALMOUTH HOSPITAL UTILIZATION DATA - BARNSTABLE COUNTY DEPARTMENT OF HUMAN SERVICES ANALYSIS OF SUBSTANCE ABUSE ON CAPE COD, A BASELINE ASSESSMENT, BARNSTABLE COUNTY BEHAVIORAL HEALTH WEB PORTAL, BARNSTABLE COUNTY PUBLIC HEALTH AND WELLNESS WEB PORTAL - CAPE COD FOUNDATION CONNECT CAPE COD - UNIVERSITY OF MASSACHUSETTS (UMASS) DONAHUE INSTITUTE LONG-TERM PROJECTIONS FOR MASSACHUSETTS REGIONAL AND MUNICIPALITIES - MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH MASSACHUSETTS COMMUNITY HEALTH INFORMATION PROFILE (MASS CHIP), MASSACHUSETTS BEHAVIORAL HEALTH RISK FACTOR SURVEILLANCE SYSTEM - US CENSUS BUREAU US CENSUS 2010, AMERICAN COMMUNITY SURVEY ONCE COLLECTED, STATISTICAL DATA WAS VETTED AND AUGMENTED WITH 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 RESEARCH, KEY INFORMANT INTERVIEWS AND FACILITATION OF COMMUNITY AND PROVIDER FORUMS JSI INTERVIEWED OVER 25 REGIONAL LEADERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY AND WHO OFFER INFORMATION OR EXPERTISE RELATIVE TO THE SIGNIFICANT HEALTH NEEDS OF VULNERABLE POPULATIONS THEY INCLUDED SUCH ENTITIES AS MUNICIPAL PUBLIC HEALTH DEPARTMENTS, HUMAN SERVICE AGENCIES,SCHOOLS AND LAW ENFORCEMENT AGENCIES, FEDERALLY QUALIFIED HEALTH CENTERS, COMMUNITY ORGANIZATIONS SERVING LOW-INCOME, VULNERABLE AND MEDICALLY UNDERSERVED POPULATIONS, ELECTED OFFICIALS, AND HOSPITAL CLINICIANS AND ADMINISTRATORS FIVE COMMUNITY INPUT FORUMS WERE 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-FORUM SURVEY WAS PROVIDED TO PARTICIPANTS TO IDENTIFY AND RANK HEALTH PRIORITIES IN THE REGION FEEDBACK AND INPUT FROM THE KEY INFORMANT INTERVIEWS AND FROM ATTENDEES OF THE COMMUNITY AND PROVIDER FORUMS WAS USED TO INFORM THE SELECTION AND PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE FOR THOSE PATIENTS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH THEM TO ASSIST WITH APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER THEIR UNPAID HOSPITAL BILLS IN ORDER TO ASSIST UNINSURED AND UNDERINSURED PATIENTS IN FINDING AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL PROVIDE ALL PATIENTS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE INITIAL BILL THAT IS SENT TO PATIENTS AS WELL AS IN GENERAL NOTICES POSTED THROUGHOUT THE HOSPITAL THE GOAL OF THESE NOTICES IS TO INFORM PATIENTS THAT THEY MAY BE ELIGIBLE TO APPLY FOR COVERAGE WITHIN A FINANCIAL ASSISTANCE PROGRAM, SUCH AS, BUT NOT LIMITED TO, MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAFETY NET, OR MEDICAL HARDSHIP THROUGH THE HEALTH SAFETY NET THE HOSPITAL WILL PROVIDE, UPON REQUEST, SPECIFIC INFORMATION ABOUT THE ELIGIBILITY PROCESS TO BE DESIGNATED A LOW INCOME PATIENT UNDER EITHER THE STATE HEALTH SAFETY NET PROGRAM OR THROUGH THE HOSPITAL'S OWN INTERNAL CHARITY CARE PROGRAM THE HOSPITAL WILL ALSO NOTIFY THE PATIENT ABOUT PAYMENT PLANS THAT MAY BE AVAILABLE TO HIM OR HER BASED ON THE SIZE OF HIS OR HER FAMILY AND FAMILY INCOME

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 REG IONAL COMMUNITY INFRASTRUCTURE, INCLUDING CAPE COD HOSPITAL AND FALMOUTH HOSPITAL, MUST ME ET THE DEMANDS OF A SIGNIFICANT INFLUX OF SEASONAL RESIDENTS AND VISITORS EACH YEAR THE C APE COD COMMISSION PRODUCED ESTIMATES, USING SURVEY DATA FROM SECOND HOMEOWNERS TO INDICAT E 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 AND SHORT TERM TRAVELER VOLUME RESULTS IN AN ESTIMATED 7 MILLION VISITORS AND RESIDENTS ON CA PE COD IN A GIVEN SUMMER SEASON THIS SEASONAL POPULATION EXPANSION AND CONTRACTION CREATE S UNIQUE CHALLENGES FOR THE CAPE'S 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 COUNTY'S OVERALL POPULATION IS DECLINING AND INCREASING IN AGE ACCORDING TO THE LONG-TERM POPULATI ON PROJECTIONS FOR MASSACHUSETTS REGIONS AND MUNICIPALITIES, A PUBLICATION BY THE UMASS DO NAHUE INSTITUTE, ALL REGIONS IN MA WILL EXPERIENCE POSITIVE POPULATION GROWTH FROM 2010-20 35 EXCEPT FOR BARNSTABLE COUNTY AND THE ISLANDS OF NANTUCKET AND MARTHA'S VINEYARD A PROJ ECTED NET LOSS OF 13% OF THE OVERALL POPULATION OF BARNSTABLE COUNTY IS PREDICTED BETWEEN 2010 AND 2035 BY 2035, THE TOTAL YEAR-ROUND POPULATION IS EXPECTED TO DECREASE TO APPROXI MATELY 188,000 RESIDENTS, A POPULATION SIMILAR TO HISTORIC 1990 NUMBERS THIS DECLINE IS A TTRIBUTED TO TWO FACTORS, AN OUTFLOW OF YOUNG PEOPLE FROM THE REGION, AND DEATHS CONTINUIN G 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 OV ER THE AGE OF 65 THAN THE STATE OF MASSACHUSETTS (MA) AND THE UNITED STATES (U S) ACCORD ING TO 2009-2013 AMERICAN COMMUNITY SURVEY ESTIMATES, NEARLY 26% OF THE YEAR-ROUND POPULAT ION OF BARNSTABLE COUNTY IS OVER THE AGE OF 65 COMPARED TO 14% IN MA AND 13% IN THE U S I T IS PREDICTED THAT BY THE YEAR 2035, NEARLY 35% OF THE POPULATION OF BARNSTABLE COUNTY WI LL BE OVER THE AGE OF 65 4 IN MA, 58% OF THE OVERALL POPULATION IS COMPRISED OF RESIDENTS BETWEEN THE AGES OF 0-44 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 A N ADDITIONAL 32% OF THE CAPE'S POPULATION THESE COMBINED POPULATION STATISTICS SKEW BARNS TABLE COUNTY'S MEDIAN AGE TO OVER 50 YEARS OLD, THE HIGHEST FOR ALL COUNTIES IN MASSACHUSE TTS THIS IS MORE THAN A DECADE OLDER THAN THE MA MEDIAN AGE OF 39 YEARS AND THE U S MEDI AN AGE OF 37 YEARS A COMMON THEME DISCUSSED IN STAKEHOLDER INTERVIEWS AND COMMUNITY/PROVI DER FORUMS WAS THAT PERSONS OVER THE AGE OF 65 AND YOUTH (15-24 YEARS OLD)REPRESENTED TWO OF THE MOST VULNERABLE POPULATIONS IN THE SERVICE AREA YOUTH WERE IDENTIFIED AS A TARGET P OPULATION DUE TO CONCERNS RELATED TO EARLY ONSET OF MENTAL HEALTH CONDITIONS, SUBSTANCE US E AND RISKY HEALTH BEHAVIORS BARNSTABLE COUNTY'S GENDER DEMOGRAPHICS MIRROR THOSE OF MA, 52% OF RESIDENTS ARE FEMALE AND 48% ARE MALE NEARLY 12% OF BARNSTABLE COUNTY RESIDENTS OV ER THE 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 DISAB ILITY COMPARED TO 11% IN MA BARNSTABLE COUNTY MUST MEET THE UNIQUE HEALTH NEEDS OF VETERA NS AND PERSONS LIVING WITH DISABILITIES WHO MAY BE AT A GREATER RISK OF DEVELOPING COMORBI D CONDITIONS AND OFTEN ENCOUNTER LIMITED ACCESS OR BARRIERS TO CARE INCOME AND POVERTY AL THOUGH BARNSTABLE COUNTY HAS A LOWER PROPORTION OF LOW-INCOME RESIDENTS THAN DOES MA (9% V S 11%), REPRESENTATIVES OF ORGANIZATIONS THAT SER

Form and Line Reference	Explanation
PART VI, LINE 4	VE VULNERABLE, LOW-INCOME AND MEDICALLY UNDERSERVED POPULATIONS REPORT A GROWING NUMBER OF RESIDENTS WHO STRUGGLE TO SECURE AND MAINTAIN STABLE EMPLOYMENT THEY ALSO RELY ON PUBLIC ASSISTANCE PROGRAMS TO AFFORD HEALTH INSURANCE, FOOD AND HOUSING ACCORDING TO FIVE-YEAR CENSUS ESTIMATES (2009-2013), THE MEDIAN HOUSEHOLD INCOME OF BARNSTABLE COUNTY RESIDENTS W AS $60,526 COMPARED TO $66,866 FOR ALL MASSACHUSETTS RESIDENTS IN 2014, A HIGHER PERCENT OF PER CAPITA INCOME WAS DERIVED FROM TRANSFER PAYMENTS (SOCIAL SECURITY, DISABILITY PENSI ONS, HOUSING AND FOOD SUBSIDY PROGRAMS, AND UNEMPLOYMENT BENEFITS) IN BARNSTABLE COUNTY (1 9%) COMPARED TO MA (15%) AND THE U S (17%) VULNERABLE POPULATIONS ARE FURTHER CHALLENGED BY EMPLOYMENT OPPORTUNITIES ON CAPE COD WHICH DECREASE DURING WINTER MONTHS DUE TO CHARAC TERISTICS INHERENT IN A SEASONAL ECONOMY DEPENDENT ON TOURISM AND OTHER FACTORS IN 2015, THE UNEMPLOYMENT RATE IN BARNSTABLE COUNTY RANGED FROM 9% IN JANUARY TO 5% IN JULY COMPARE D TO A STEADY ANNUAL RATE OF 6% UNEMPLOYMENT FOR MA OVERALL ACCORDING TO FIVE-YEAR ESTIMA TES (2009-2013) OF THE AMERICAN COMMUNITY SURVEY - MORE THAN 48% OF BARNSTABLE COUNTY RES IDENTS 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 DEVEL OPMENT, FAMILIES WHO PAY MORE THAN 30% OF THEIR INCOME FOR HOUSING ARE CONSIDERED COST-BUR DENED AND MAY HAVE DIFFICULTY AFFORDING NECESSITIES SUCH AS FOOD, CLOTHING, TRANSPORTATION AND MEDICAL CARE - 42% OF BARNSTABLE COUNTY RESIDENTS RECEIVE PUBLICLY-FUNDED HEALTH INS URANCE COVERAGE COMPARED TO 32% OF RESIDENTS IN MA OVERALL, AND 42% OF RESIDENTS RECEIVE S OCIAL SECURITY PAYMENTS COMPARED TO 28% IN MA OVERALL COMBINED TOGETHER, THESE INDICATORS PAINT A PICTURE OF MANY RESIDENTS IN NEED THE COMMUNITY INPUT COLLECTION PHASE OF THE PR OJECT IDENTIFIED NUMEROUS TARGET POPULATIONS IN NEED OF HEALTH INTERVENTIONS THESE INCLUD ED FINANCIALLY DISADVANTAGED POPULATIONS, INCLUDING INDIVIDUALS WITH TRANSITIONAL EMPLOYME NT, CHILDREN UNDER THE AGE OF 18, INDIVIDUALS/FAMILIES WITH HOUSING INSECURITIES, AND THOS E LIVING ON FIXED INCOMES RACE, ETHNICITY AND LANGUAGE IN ADDITION TO AGE AND INCOME, RAC E, ETHNICITY, AND LANGUAGE PLAY A ROLE IN DETERMINING HEALTH OUTCOMES FOR RESIDENTS COMPA RED TO MA, BARNSTABLE COUNTY HAS A RELATIVELY HOMOGENEOUS POPULATION WITH 92% IDENTIFYING AS CAUCASIAN IN 2009-2013 CENSUS ESTIMATES MASSACHUSETTS IS MORE RACIALLY DIVERSE WITH ON LY 76% OF RESIDENTS IDENTIFYING AS CAUCASIAN ACCORDING TO FIVE-YEAR ESTIMATES OF THE AMER ICAN COMMUNITY SURVEY (2009-2013) THE LARGEST RACIAL/ETHNIC MINORITY GROUPS ON CAPE COD AR E HISPANICS/LATINOS AND AFRICAN-AMERICAN RESIDENTS WITH EACH GROUP REPRESENTING ABOUT 2% O F THE POPULATION IN THAT SAME TIME PERIOD, 7% OF THE POPULATION LIVING IN BARNSTABLE COUN TY WAS 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 THAN ENGLISH AT HOME COMPARED TO 22% IN THE COMMONWEALTH WHILE DIVERSITY MAY BE LOW COMP ARATIVELY, PUBLIC HEALTH EXPERTS AND INDIVIDUALS REPRESENTING LOW-INCOME, VULNERABLE, AND MEDICALLY UNDERSERVED POPULATIONS ON CAPE COD CITE THAT FOREIGN-BORN RESIDENTS AND RACIAL/ ETHNIC MINORITIES ON CAPE COD (E G , HISPANICS, AFRICAN AMERICANS, AND PORTUGUESE-SPEAKING BRAZILIANS) WERE MOST LIKELY TO EXPERIENCE BARRIERS TO ACCESSING CARE AND ARE DISPROPORTI ONALLY IDENTIFIED WITHIN HIGH NEEDS POPULATIONS AS COMPARED TO OTHERS

990 Schedule H, Supplemental Information

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 STATE'S 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, Inc , (CCHC) through its Community Ben efits initiatives, is committed to enhancing the quality of and access to comprehensive he alth care services for all residents of Cape Cod Through continuous assessment of communi ty needs, coordinated planning and the allocation of resources, this commitment includes a special focus on the unmet needs of the financially disadvantaged and underserved populat ions We will take a leadership role in collaborative efforts joining our resources, talen t, and commitment with that of other providers, organizations and community members The C ommunity Benefits Mission Statement was affirmed by the CCHC Community Health Committee an d the Board of Trustees in 2000 and remains in effect THE FOLLOWING IS A LIST OF FY 18 TA RGET POPULATIONS - Individuals managing or at risk of developing chronic and infectious d iseases such as cancer, cardiovascular disease, Alzheimer's disease and dementia, Hepatiti s C, and tick-borne diseases - Residents facing barriers to care due to language, cost, o r age, including those who are uninsured or under-insured - Individuals with mental healt h disorders, substance use disorders, and co-occurring disorders - Senior population, age s 65 and older - Youth and young adults, ages 15 to 24 years old Key Accomplishments of Reporting Year The 2017-2019 Cape Cod Hospital and Falmouth Hospital Community Health Need s Assessment Report and Implementation Plan served as the foundation for CCHC's FY18 Commu nity Benefits program CCHC's Community Benefits activities focused on the four health pri orities identified in the report chronic and infectious disease, behavioral health, acces s to care, and disease prevention and wellness New and expanded hospital programs were de veloped in alignment with implementation goals, objectives and strategies for each priorit y CCHC supported partnerships with over 50 local non-profit health and human service orga nizations, and a network of federally qualified health centers, through project support an d grant investments to improve the health of Barnstable County residents Hospital staff d edicated time and expertise to strategic partnerships, coalitions, and task force efforts locally, regionally, and across Massachusetts Chronic and Infectious Disease Prevention, screening, detection, and management of chronic and infectious diseases were supported thr ough a variety of CCHC Community Benefits activities Hospital cancer support services inc luding counseling, support groups, and survivorship activities for patients and caregivers were complemented with a new Oncology Nutrition program, which started in February 2018 The successful Living Fit for You! Cancer Wellness Program at Falmouth Hospital was expand ed in August 2018 to include Cape Cod Hospital's campus The program provides free of char ge rehabilitation, wellness consultations, exercise, and education services to help adults undergoing cancer treatment manage fatigue, de-conditioning and loss of physical function CCHC Community Benefits also provided grants to the Cape Wellness Collaborative and YMCA Cape Cod LIVESTRONG program to ensure that patients undergoing and recovering from cancer treatment had access to community-based wellness programs and complementary services such as massage, acupuncture, yoga and nutritional counseling The CCHC Integrated Cancer Comm ittee, comprised of physicians, nurses and support staff, conducted educational campaigns and community outreach events These events informed youth about the risks of tobacco use and the general public about skin cancer prevention, including high-risk screening opportu nities CCHC clinical teams provided disease education, rehabilitation and pathways to chr onic disease self- management for individuals living with congestive heart failure, chroni c pulmonary diseases, and diabetes A Community Benefits grant to the Cape Cod Times Needy Fund provided assistance for basic needs such as housing and utility payments, transporta tion, adaptive medical equipment, and child care specifically for individuals managing a c hronic disease A CCHC Community Benefits grant supported the Alzheimer's Family Caregiver Support Centers expanding free counseling for families and caregivers in outposts across the Outer, Lower, Mid, and Upper regions of Cape Cod In addition, the organization now ho sts concurrent weekly support group meetings for individuals with Alzheimer's disease and their caregivers at Cape Cod Hospital CCHC provided funding for two innovative community- based programs to support tick-borne disease education in FY18 Through a partnership with the UMASS Laboratory of Medical Zoology, CCHC was the only hospital system in MA to subsi dize tick testing for residents within a hospital service area CCHC also partnered with t he Cape Cod Cooperative Extension to produce a 10-part online video series titled "Tickolo gy" to provide easily accessible community educati

Form and Line Reference	Explanation
PART VI, LINE 5	on on tick disease prevention CCHC Infectious Disease Clinical Services is the recipient of federal and state Ryan White grant funding to support comprehensive primary medical car e and medical case management for individuals with HIV/AIDS living in Barnstable County C CHC, through partnerships with other local organizations, aligned local efforts to meet Na tional HIV/AIDS Strategy and the Massachusetts Integrated HIV Prevention and Care Plan to reduce the number of new HIV infections, increase access to care, improve health outcomes for individuals living with HIV/AIDS, and reduce HIV-related health inequities and dispari ties Behavioral Health CCHC Community Benefits expanded hospital-based services and colla borations with local federally qualified health centers and behavioral health providers to strengthen regional services and community resources for individuals with mental health a nd substance use disorders CCHC's Centers for Behavioral Health joined the MA Department of Public Health and MA Department of Mental Health on the Zero Suicide Initiative to incr ease suicide prevention and reduce suicide deaths on Cape Cod CCHC also provides a Commun ity Crisis Line, staffed by clinicians, offering free and confidential emotional support a nd referral assistance for individuals in crisis and their families CCHC Community Benefi ts funded a community wide Mental Health First Aid Training project in partnership with th e National Alliance on Mental Illness (NAMI) Cape Cod, which resulted in 13 certified inst ructors to train exponentially more people in the evidence-based program in our community CCHC Community Benefits provided grants to three federally qualified health centers on Ca pe Cod Duffy Health Center, Harbor Community Health Center- Hyannis, and Outer Cape Healt h Services received grants supporting integrated behavioral health services, establishing an Office Based Addiction Treatment program and continuation of a community navigator prog ram that assists individuals most at risk in our region Through a partnership with, and g rant to Gosnold, Inc , CCHC Community Benefits expanded the Recovery Specialist program in the emergency departments at Cape Cod Hospital and Falmouth Hospital The program provide s peer-led recovery engagement services for patients with Substance Use Disorders Recover y Specialists work as part of the emergency departments' care teams to motivate patients t o accept treatment upon discharge from the emergency departments Additional funding to Go snold, Inc provided Recovery Coaching scholarships for 30 individuals who completed treat ment for their Substance Use Disorder Recovery Coaches assist individuals with building r ecovery support systems and improving outcomes related to employment, housing, legal and l ife skills Cape Cod Hospital received grant funding from Massachusetts Department of Publ ic Health to provide assistance to pregnant women with Opioid Use Disorders through the Mo ms Do Care program The program provides peer-led services to obtain prenatal care, substa nce use treatment, and address social determinant of health issues At the conclusion of t he grant, CCHC supported transitioning the program to the Duffy Health Center with a Commu nity Benefits grant, and CCHC remains a strategic collaborator on the project CCHC staff from the maternity and pediatric departments at Cape Cod Hospital and Falmouth Hospital ac tively participated in statewide initiatives by the Neonatal Quality Improvement Collabora tive of MA Initiatives included staff development and piloting new models of care for new borns and families impacted by perinatal opioid use and neonatal abstinence syndrome

Form and Line Reference	Explanation
Access to Care	In FY18, CCHC continued to invest significantly in expanding access to care for vulnerable and medically underserved populations in Barnstable County CCHC Community Benefits conti nued its grant support of the Specialty Network for the Uninsured (SNU) program in Barnsta ble County The SNU program coordinates appointments and follow-up care with local medical specialists for uninsured and under-insured patients in our region, reducing barriers to local access and addressing gaps in specialty services not offered by local community heal th centers Through the Community Based Interpreters program, CCHC Community Benefits fund ing provided free medical interpreter services for limited-English speaking patients in co mmunity-based primary and specialty care offices across the region In partnership with th e Cape and Islands Emergency Medical Services System, CCHC expanded the impact of medical interpreter services in pre-hospital settings CCHC provides training and funding for phon e-based interpreter services that connect paramedics and first responders to interpreters via cell phones in ambulances to improve communication with limited-English speaking patie nts during transport to a hospital Hospital social workers and case managers assisted low -income and vulnerable patients in need through direct referrals to community services, pr escription assistance, and transportation vouchers upon discharge Financial counselors at Cape Cod Hospital and Falmouth Hospital were available to all Barnstable County residents to assist with health insurance questions and needs including Mass Health and Medicare co verage applications and renewal assistance CCHC has been at the forefront of establishing strategic relationships ensuring a strong and skilled future allied health workforce in o ur region Cape Cod Community College and Cape Cod Healthcare Nursing Education Collaborat ive is a program that expands opportunities for education, clinical training, and employme nt, as well as RN student debt relief and career exploration pathways for high school stud ents In several clinical departments including behavioral health, radiology, and laborato ry services across both hospitals, clinicians provide supervision, training, and job shado wing for students from UMASS Medical School, regional community colleges, and local vocati onal and technical schools Disease Prevention and Wellness In FY18, Cape Cod Healthcare e fforts focused on building partnerships and support for community based prevention and wel lness initiatives impacting residents across the lifespan from infants to seniors CCHC Co mmunity Benefits expanded efforts supporting new families Expanded efforts included prena tal and parenting classes in English and Portuguese, support groups for new mothers, fathe rhood initiatives, and a breastfeeding warmline that provided families with phone support for questions related to breastfeeding CCHC also partnered with a local Early Interventio n program to provide pre-discharge meetings with Early Intervention staff Early Intervent ion staff educated parents about services and supports available to infants, young childre n and their families through the program Through a partnership with the Cape & Islands Un ited Way, CCHC Community Benefits supported the Strong from the Start Initiative aimed at improving the social, emotional and developmental outcomes for children ages 0-3 years in Barnstable County The objectives of Strong from the Start is to strengthen families, redu ce achievement and word gaps and provide children with the social, emotional and language skills to thrive in school and in life CCHC Community Benefits built a coalition of more than 50 community organizations to support the Quality of Life Initiative The initiative provided guest speakers, materials and helpful tools to educate the community about the im portance of advance care planning In addition, CCHC Community Benefits joined a coalition of more than 30 organizations called Healthy Aging Cape Cod Led by Barnstable County Dep artment of Human Services, the purpose of the coalition is to undertake regional planning that supports our aging demographic and aligns local efforts with statewide efforts to bui ld an Age and Dementia-friendly Massachusetts Healthy Parks, Healthy People, a program su pported through a collaboration between Cape Cod Healthcare, the US National Park Service, and the Cape Cod National Seashore, continued with its focus on promoting open space for physical activity and wellness Activities included educational events by CCHC physicians and physical therapists, a walking program, and a 5K walk/run for residents and visitors o f Cape Cod CCHC Community Benefits grants supported elder suicide prevention trainings th rough the Samaritans of Cape Cod, HPV vaccination and cervical cancer education for provid ers, parents and youth by Team Maureen and chronic disease and mindfulness programs at loc al family homeless shelters by Housing Assistance

Form and Line Reference	Explanation
Access to Care	Corporation on Cape Cod In addition to these FY18 hospital initiatives, community collabo rations, and grant investments, CCHC Community Benefits continued to play leadership roles in health and human service organizations and coalitions across our region These include d, but were not limited to, the Barnstable County Economic Development Council, Barnstable County Human Services Advisory Council, Barnstable County Regional Substance Use Council, Behavioral Health Provider Coalition of Cape Cod & the Islands, Cape Cod Chamber of Comme rce, and the Cape & Islands Community Health Area Network (CHNA 27) Steering Committee PA RT VI, LINE 6 AFFILIATED HEALTH CARE SYSTEMS ROLES THE HOSPITALS ARE PART OF AN AFFILIATE D HEALTHCARE SYSTEM AND THEIR RESPECTIVE ROLES ARE CAPE COD HOSPITAL - A NOT-FOR-PROFIT A CUTE CARE HOSPITAL LOCATED IN HYANNIS,MASSACHUSETTS FALMOUTH HOSPITAL ASSOCIATION, INC - A NOT-FOR-PROFIT ACUTE CARE HOSPITAL LOCATED IN FALMOUTH, MASSACHUSETTS CAPE COD HEALTHCAR E, INC - A NOT-FOR-PROFIT CORPORATION THAT SERVES AS THE PARENT COMPANY OF VARIOUS ENTITI ES PROVIDING HEALTH CARE SERVICES TO THE POPULATION OF CAPE COD, MASSACHUSETTS CAPE COD HE ALTHCARE FOUNDATION,INC - A NOT-FOR-PROFIT CORPORATION ORGANIZED TO PROVIDE DEVELOPMENT A ND FUNDRAISING SUPPORT TO CAPE COD HEALTHCARE CAPE AND ISLANDS HEALTH SERVICES II, INC - A NOT-FOR-PROFIT CORPORATION ORGANIZED TO PROVIDE VARIOUS NON-HOSPITAL HEALTH CARE SERVICE S 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 FAL MOUTH ASSISTED LIVING, INC , D/B/A HERITAGE AT FALMOUTH - A NOT-FOR-PROFIT CORPORATION THA T OWNS AN ASSISTED LIVING FACILITY JML CARE CENTER, INC - A NOT-FOR-PROFIT SKILLED NURSIN G AND REHABILITATION FACILITY CAPE COD RESEARCH INSTITUTE - A NOT-FOR-PROFIT THAT CONDUCTS CLINICAL RESEARCH AND RELATED EDUCATIONAL ACTIVITIES CAPE HEALTH INSURANCE COMPANY - A CA PTIVE INSURANCE COMPANY THAT PROVIDES MEDICAL PROFESSIONAL AND GENERAL LIABILITY INSURANCE TO CAPE COD HEALTHCARE CAPE COD HOSPITAL MEDICAL OFFICE BUILDING - A PROVIDER OF LEASED A ND SUBLEASED SPACE TO CAPE COD HOSPITAL AND RELATED AFFILIATIONS PART VI, LINE 7 ALL STATE S 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 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION A	WEBSITES PART V, SECTION A, LINE 1 - CAPE COD HOSPITAL WWW CAPECODHEALTH ORG/LOCATIONS/CAPE-COD-HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION A, LINE 2 - FALMOUTH HOSPITAL	WWW CAPECODHEALTH ORG/LOCATIONS/FALMOUTH-HOSPITAL

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	OVER 20 DATA SOURCES WERE UTILIZED TO COLLECT BARNSTABLE COUNTY AND TOWN-LEVEL HEALTH STAT ISTICS ON DISEASE INCIDENCE AND PREVALENCE, HOSPITAL UTILIZATION, MORBIDITY AND MORTALITY, BARRIERS TO ACCESSING CARE, AND BEHAVIORAL RISK FACTORS REGIONAL STATISTICS WERE ANALYZE D AND COMPARED TO STATE AND NATIONAL STATISTICS TO IDENTIFY WHERE DEMOGRAPHIC AND HEALTH D ISPARITIES EXIST ONCE COLLECTED, STATISTICAL DATA WAS VETTED AND AUGMENTED WITH COMMUNITY INPUT CAPE COD HOSPITAL AND FALMOUTH HOSPITAL SELECTED JOHN SNOW, INC (JSI) A PUBLIC HE ALTH RESEARCH FIRM, TO CONDUCT PRIMARY RESEARCH INCLUDING HEALTH DATA RESEARCH, KEY INFORM ANT INTERVIEWS AND FACILITATION OF COMMUNITY AND PROVIDER FORUMS JSI INTERVIEWED OVER 25 REGIONAL LEADERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY AND WHO OFFER INFORMATI ON OR EXPERTISE RELATIVE TO THE SIGNIFICANT HEALTH NEEDS OF VULNERABLE POPULATIONS THEY I NCLUDED SUCH ENTITIES AS MUNICIPAL PUBLIC HEALTH DEPARTMENTS,HUMAN SERVICE AGENCIES, SCHOO LS AND LAW ENFORCEMENT AGENCIES, FEDERALLY QUALIFIED HEALTH CENTERS,COMMUNITY ORGANIZATION S SERVING LOW-INCOME, VULNERABLE AND MEDICALLY UNDERSERVED POPULATIONS, ELECTED OFFICIALS, AND HOSPITAL CLINICIANS AND ADMINISTRATORS FIVE COMMUNITY INPUT FORUMS WERE HELD ACROSS BARNSTABLE COUNTY MORE THAN 140 INDIVIDUALS AND 90 COMMUNITY ORGANIZATIONS ATTENDED THES E FORUMS PROVIDED AN OPPORTUNITY TO PRESENT STATISTICAL HEALTH FINDINGS TO PARTICIPANTS AN D IDENTIFY GAPS IN SERVICES ADDITIONALLY, THE FORUMS FACILITATED DIALOGUE ON ISSUES NOT I DENTIFIED AND TARGET POPULATIONS MOST IMPACTED BY HEALTH ISSUES A POST-FORUM SURVEY WAS P ROVIDED TO PARTICIPANTS TO IDENTIFY AND RANK HEALTH PRIORITIES IN THE REGION FEEDBACK AND INPUT FROM THE KEY INFORMANT INTERVIEWS AND FROM ATTENDEES OF THE COMMUNITY AND PROVIDER FORUMS WAS USED TO INFORM THE SELECTION AND PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS TH E FOLLOWING ORGANIZATIONS PARTICIPATED IN THE COMMUNITY INPUT ACTIVITIES THROUGHOUT THE PH ASES OF THE PROJECT PUBLIC HEALTH EXPERTS, HEALTH CARE PROVIDERS AND HEALTH SERVICE ORGAN IZATIONS AIDS SUPPORT GROUP OF CAPE COD ALZHEIMER'S FAMILY SUPPORT CENTER OF CAPE COD ARBO R COUNSELING SERVICES BARNSTABLE COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT BARNSTABLE CO UNTY DEPARTMENT OF HUMAN SERVICES BARNSTABLE COUNTY PUBLIC NURSING DIVISION CCHC EMERGENCY SERVICES CCHC CENTERS FOR BEHAVIORAL HEALTH CAPE & ISLANDS EMERGENCY MEDICAL SERVICES SYS TEM CARON TREATMENT CENTER COMMUNITY HEALTH CENTER OF CAPE COD DUFFY HEALTH CENTER EMERALD PHYSICIANS FALMOUTH HUMAN SERVICES GOSNOLD ON CAPE COD HARBOR COMMUNITY HEALTH CENTER-HYA NNIS HOPE HEALTH HOPE DEMENTIA & ALZHEIMER'S SERVICES OF CAPE COD MASHPEE WAMPANOAG HEALTH SERVICE UNIT OUTER CAPE HEALTH SERVICES SPAULDING REHABILITATION HOSPITAL CAPE COD SPECIA LTY NETWORK FOR THE UNINSURED TOWN OF BREWSTER HEALTH DEPARTMENT TOWN OF FALMOUTH HEALTH D EPARTMENT TOWN OF MASHPEE HUMAN SERVICES VINFEN VISITING NURSE ASSOCIATION OF CAPE COD ORG ANIZATIONS SERVING LOW-INCOME,

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	MEDICALLY UNDERSERVED OR VULNERABLE POPULATIONS BARNSTABLE PUBLIC SCHOOL SYSTEM BOYS & G IRLS CLUB OF CAPE COD CAPE COD CENTER FOR WOMEN CAPE COD CHILD DEVELOPMENT CAPE COD COUNCI L OF CHURCHES CAPE COD WIC CAPE COD NEIGHBORHOOD SUPPORT COALITION CHILD AND FAMILY SERVIC ES COALITION FOR CHILDREN COMMUNITY ACTION COMMITTEE OF CAPE COD & THE ISLANDS CHILDREN'S COVE COMMUNITY DEVELOPMENT PARTNERSHIP ELDER SERVICES OF CAPE COD & THE ISLANDS FALMOUTH P UBLIC SCHOOL SYSTEM FALMOUTH SERVICE CENTER FALMOUTH TOGETHER WE CAN FALMOUTH VOLUNTEERS I N PUBLIC SCHOOLS THE FAMILY PANTRY OF CAPE COD GLENNA KOHL FUND FOR HOPE HEALTH IMPERATIVE S HEALTHY LIVING CAPE COD HELPING OUR WOMEN HOMELESS PREVENTION COUNCIL HOUSING ASSISTANCE CORPORATION INDEPENDENCE HOUSE JUSTICE RESOURCE INSTITUTE LYME AWARENESS OF CAPE COD OUTE R CAPE WOMEN INFANTS AND CHILDREN (WIC) MOTHER AND INFANT RECOVERY NETWORK NATIONAL ALLIAN CE ON MENTAL ILLNESS CAPE COD SAMARITANS ON CAPE COD AND THE ISLANDS SANDPIPER NURSERY SCH OOL SANDWICH PUBLIC SCHOOL SYSTEM SHINE (SERVING HEALTH INFORMATION NEEDS OF EVERYONE) SIG HT LOSS SERVICES TOWN OF FALMOUTH COUNCIL ON AGING TOWN OF MASHPEE COUNCIL ON AGING TOWN O F PROVINCETOWN COUNCIL ON AGING TOWN OF SANDWICH COUNCIL ON AGING TOWN OF TRURO COUNCIL ON AGING WE CAN YMCA OF CAPE COD COUNTY, TOWN, OR MUNICIPAL ENTITIES AND REGIONAL TASK FORCE S CAPE & ISLANDS UNITED WA CAPE COD COMMUNITY COLLEGE CAPE COD DISTRICT ATTORNEY'S OFFICE CAPE COD FOUNDATION CAPE & ISLANDS SUICIDE PREVENTION COALITION YARMOUTH POLICE DEPARTMEN T MA DEPARTMENT OF MENTAL HEALTH MA DEPARTMENT OF PUBLIC HEALTH MASHPEE WAMPANOAG TRIBE HE ALTH SERVICES COMMUNITY HEALTH NETWORK AREA 27 BEHAVIORAL HEALTH PROVIDER COALITION OF CAP E COD & THE ISLANDS BARNSTABLE COUNTY REGIONAL SUBSTANCE ABUSE COUNCIL BARNSTABLE TOWN COU NCIL SUBSTANCE USE IN PREGNANCY TASK FORCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6 (A)	CAPE COD HOSPITAL AND FALMOUTH HOSPITAL JOINTLY CONDUCTED THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7(A)	https //www capecodhealth org/about/caring-for-our-community/community-hea lth-needs-assessment-implementation-plans/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 10(A)	https //www capecodhealth org/about/caring-for-our-community/community-hea lth-needs-assessment-implementation-plans/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE CHNA INCLUDE CHRONIC AND INFECTIOUS DISEASE, BEHAVIORAL HEALTH, ACCESS TO CARE AND DISEASE PREVENTION AND WELLNESS CAPE COD HOSPITAL (CCH) AND FALMOUTH HOSPITAL (FH) WILL ADDRESS THESE SPECIFIC ISSUES THROUGH A COMPREHENSIVE SET OF IMPLEMENTATION STRATEGIES THAT INCLUDE HOSPITAL-BASED PROGRAMS, COLLABORATIVE EFFORTS WITH NUMEROUS REGIONAL HEALTH PARTNERS AND PROVIDING GRANTS TO COMMUNITY BASED ORGANIZATIONS WITH INITIATIVES THAT ALIGN WITH COMMUNITY HEALTH IMPROVEMENT STRATEGIES THREE SPECIFIC ISSUES IDENTIFIED THROUGH THE ASSESSMENT FALL OUTSIDE OF THE CORE COMPETENCIES OF THE HOSPITALS AND WERE NOT INCLUDED IN THE CCH AND FH IMPLEMENTATION STRATEGIES THE ISSUES ARE TRANSPORTATION, HOUSING AND HOMELESSNESS, AND EMPLOYMENT THESE ISSUES ARE LONG-STANDING REGIONAL CHALLENGES AND WERE IDENTIFIED IN THE PREVIOUS CHNA AS ISSUES OUTSIDE THE SCOPE OF SIGNIFICANT HEALTH NEEDS THAT THE HOSPITALS CAN REASONABLY ADDRESS RESIDENTS IMPACTED BY THESE ISSUES WILL BE SERVED BY THE HOSPITALS SINCE IT IS THEIR MISSION TO SERVE ALL WITHOUT REGARD TO SEX, RACE, CREED, RESIDENCE, NATIONAL ORIGIN, SEXUAL ORIENTATION, OR ABILITY TO PAY CAPE COD HOSPITAL AND FALMOUTH HOSPITAL RECOGNIZE THAT THERE ARE REGIONAL ENTITIES WITH THE CORE COMPETENCIES, KNOWLEDGE, STAFF AND FUNDING SOURCES TO SPECIFICALLY ADDRESS THE ISSUES OF TRANSPORTATION, HOUSING AND HOMELESSNESS, AND EMPLOYMENT THE HOSPITALS WILL COLLABORATE ON ACTIVITIES THAT ARE LED BY THE APPROPRIATE AGENCIES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 13(B)	IN SOME CASES, THE MASSACHUSETTS HEALTHCONNECTOR CALCULATOR OR MODIFIED ADJUSTED GROSS INCOME IS USED TO DETERMINE FINANCIAL ASSISTANCE ELIGIBILITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 13(H)	STATE REGULATIONS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16(A), 16(B), 16(C)	HTTPS //WWW CAPECODHEALTH ORG/PATIENTS-VISITORS/PAYING-FOR-CARE/FINANCIAL- ASSISTANCE/

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 INC 297 NORTH STREET BLDG 3 HYANNIS, MA 02601	ADMINISTRATIVE
2	Fontaine Medical Center 525 Long Pond Drive HARWICH, MA 02645	medical group practice
3	CAPE COD HEALTHCARE NEUROSURGER 46 NORTH ST STE 4 HYANNIS, MA 02601	medical group practice
4	Bramblebush Medical Group 21 Bramblebush Park FALMOUTH, MA 02540	medical group practice
5	Seaside Pediatrics 150 Ansel Hallet Road West Yarmouth, MA 02673	medical group practice
6	Manning Jr William J MD 700 Attucks Lane Suite 1A HYANNIS, MA 02601	medical group practice
7	Fontaine OUTPATIENT CENTER 525 Long Pond Drive Harwich, MA 02645	medical group practice
8	Guo X Y David MD PhD-GASTROENTEROLOGY 90 TER HEUN DRIVE STE 302 Falmouth, MA 02540	medical group practice
9	BAYSIDE INTERNAL MEDICINE 2 Jan Sebastian Way Suite 100 Sandwich, MA 02563	medical group practice
10	SHAPIRO GARY& YAMIN JUSTIN MD-GASTRO 700 ATTUCKS LANE STE 1C Hyannis, MA 02601	medical group practice
11	Theodore A Calianos II MD-PL&RECON 160 Falmouth Road Suite B MASHPEE, MA 02649	medical group practice
12	CAPE COD OBSTETRICS & GYNECOLOGY 90 Ter Heun Drive SUITE 100 Falmouth, MA 02540	medical group practice
13	Chatham Medical Group 1629 Main Street Chatham, MA 02633	medical group practice
14	Endocrine Center of Cape Cod 1030 FALMOUTH RD STE 201 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)
16	Fal Specialty Care Practice 90 Ter Heun Drive Suite 302 Falmouth, MA 02540	medical group practice
1	NEUROLOGISTS OF CAPE COD 46 North Street SUITE 7 Hyannis, MA 02601	medical group practice
2	Nauset Family Practice 81 Old Colony Way STE D ORLEANS, MA 02653	medical group practice
3	Devin McManus Medical Practice 10 BrambleBush Drive FALMOUTH, MA 02540	medical group practice
4	Cape Health Insurance Company - FOREIGN 297 NORTH ST 3 HYANNIS, MA 02601	administrative
5	Healthcare Foundation 32 MAIN STREET Hyannis, MA 02601	administrative
6	Healthcare Foundation 348 GIFFORD ST STE 4 FALMOUTH, MA 02540	ADMINISTRATIVE
7	JML Care Center 184 Ter Heun Drive falmouth, MA 02540	skilled nur & rehab
8	Cape & Islands Health Services II 14 Yellow Brick Road HYANNIS, MA 02601	COLLECTION CENTER
9	Cape & Islands Health Services II 5 Industrial Drive Suite 102 MASHPEE, MA 02649	COLLECTION CENTER
10	Cape & Islands Health Services II 200 Jones Road FALMOUTH, MA 02540	COLLECTION CENTER
11	Cape & Islands Health Services II 525 Long Pond Drive HARWICH, MA 02645	COLLECTION CENTER
12	Cape & Islands Health Services II 81 Old Colony Way ORLEANS, MA 02653	COLLECTION CENTER
13	Cape & Islands Health Services II 2 Jan Sebastian Way Route 130 SANDWICH, MA 02563	COLLECTION CENTER
14	Cape & Islands Health Services II 860 Route 134 Unit 2 South Dennis, MA 02660	COLLECTION CENTER

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 1 Trowbridge Road Bourne, MA 02532	COLLECTION CENTER
1	Cape & Islands Health Services II 68B Route 6A SANDWICH, MA 02563	COLLECTION CENTER
2	Cape & Islands Health Services II 1629 MAIN STREET CHATHAM, MA 02633	COLLECTION CENTER
3	Cape & Islands Health Services II 27 PARK STREET HYANNIS, MA 02601	COLLECTION CENTER
4	Heritage at Falmouth 140 Ter Heun Drive FALMOUTH, MA 02540	ASSISTED LIVING
5	Cape Cod Human Services 460 West Main Street HYANNIS, MA 02601	outpatient clinic
6	Cape Cod Human Services 525 Long Pond Drive HARWICH, MA 02645	outpatient clinic
7	Cape Cod Medical Office Building Inc 20 Gleason Street HYANNIS, MA 02601	administrative
8	Orleans Medical CENTER 204 Main Street Orleans, MA 02653	Medical Group Practice
9	CAPE COD Dermatology 150 Ansel Hallett Road W Yarmouth, MA 02673	Medical Group Practice
10	Cape Cod Rheumatology Center 1030 FALMOUTH RD STE 201 HYANNIS, MA 02601	MEDICAL GROUP PRACTICE
11	CCHC Cardiovascular Center 25 Main Street HYANNIS, MA 02601	MEDICAL GROUP PRACTICE
12	Ziad Farah MD-Fontaine Medical Center 525 Long Pond Drive HARWICH, MA 02645	MEDICAL GROUP PRACTICE
13	Fontaine Urgent Care Center 525 Long Pond Drive HARWICH, MA 02645	MEDICAL GROUP PRACTICE
14	Park Street Primary Care 62 Park Street 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)
46	Sandwich Medical Group STONEMAN OUTPATIENT2 Jan Sebastian SANDWICH, MA 02563	MEDICAL GROUP PRACTICE
1	Sandwich Primary Care 2 JAN SEBASTIAN WAY SUITE 202 SANDWICH, MA 02563	MEDICAL GROUP PRACTICE
2	Upper Cape Orthopedics 26 Edgerton Drive Suite C NORTH FALMOUTH, MA 02556	MEDICAL GROUP PRACTICE
3	Michael Barnett MD Practice 348 Gifford Street FALMOUTH, MA 02540	MEDICAL GROUP PRACTICE
4	Vascular And Vein Center Of Cape Cod 90 Ter Heun Drive 3RD Fl MOB STE Falmouth, MA 02540	Medical Group Practice
5	CCHC General & Specialty Surgery 105 Park Street Hyannis, MA 02601	Medical Group Practice
6	Cape Cod Sports Medicine 360 Gifford Street Unit 2B Falmouth, MA 02540	Medical Group Practice
7	CARDIOVASCULAR CENTER - FALMOUTH 90 TER HEUN DRIVE SUITE 300 FALMOUTH, MA 02540	Medical Group Practice
8	GASTROENTEROLOGY HYANNIS - PARK STREET 105 PARK STREET HYANNIS, MA 02601	Medical Group Practice
9	STONEMAN OUTPATIENT CENTER - URGENT CARE 2 JAN SEBASTIAN DRIVE SUITE 101 SANDWICH, MA 02563	Medical Group Practice
10	MASHPEE SURGICAL CENTER 160 FALMOUTH ROAD MASHPEE, MA 02649	MEDICAL GROUP PRACTICE
11	SOUTHEASTERN SURGICAL ASSOCIATES 100 CAMP STREET HYANNIS, MA 02601	MEIDCAL GROUP PRACTICE
12	FALMOUTH URGENT CARE 273 TEATICKET HIGHWAY FALMOUTH, MA 02536	MEDICAL GROUP PRACTICE
13	HYANNIS URGENT CARE 1220 IYANNOUGH ROAD HYANNIS, MA 02601	MEDICAL GROUP PRACTICE
14	UPPER CAPE EAR NOSE THROAT 200 A JONES ROAD FALMOUTH, MA 02540	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	ORTHOPEDIC SPECIALISTS 5 BRAMBLEBUSH DRIVE FALMOUTH, MA 02540	MEDICAL GROUP PRACTICE
1	CCHC DEMENTIA&ALZHEIMER'S CAREGIVER SUPP 4 BAYVIEW ST WEST YARMOUTH, MA 02673	ADMINISTRATIVE
2	CCHC PODIATRIC MEDICINE & FOOT SURGERY 1030 FALMOUTH RD 202 HYANNIS, MA 02601	MEDICAL GROUP PRACTICE
3	IDCS-INFECTIOUS DISEASE CLINICAL SERV 34 PARK ST HYANNIS, MA 02601	MEDICAL GROUP PRACTICE
4	CCH OBGYN SATELLITE 60A PARK ST HYANNIS, MA 02601	MEDICAL GROUP PRACTICE
5	MACCMSSP REFERRAL DEPT 25 COMMUNICATION WAY HYANNIS, MA 02601	ADMINISTRATIVE
6	DIABETIC EDUCATION 22 LEWIS BAY RD STE 102 HYANNIS, MA 02601	EDUCATIONAL
7	DIABETIC EDUCATION 1629 MAIN ST CHATHAM, MA 02633	EDUCATIONAL
8	TRADEWINDS ADULT DAY HEALTH OF VNA OF CC 290 ROUTE 130 SANDWICH, MA 02563	ADULT DAY HEALTH
9	COMPASS ADULT DAY HEALTH 1 AUSTON RD F HARWICH, MA 02645	ADULT DAY HEALTH
10	VNA OF CAPE COD - EASTHAM 3960 STATE HWY RD 6 2 EASTHAM, MA 02642	HOME HEALTH
11	VNA OF CAPE COD - FALMOUTH 67 TER HEUN DR FALMOUTH, MA 02540	HOME HEALTH
12	VNA OF CAPE COD - MARTHA'S VINEYARD 49 STATE RD VINEYARD HAVEN, MA 02568	HOME HEALTH
13	VNA OF CAPE COD - NANTUCKET 2 SANFORD RD 2 NANTUCKET, MA 02554	HOME HEALTH
14	VNA OF CAPE COD -PLYMOUTH 57 OBERY ST U3 PLYMOUTH, MA 02360	HOME HEALTH

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
76	VNA OF CAPE COD - PROVINCETOWN 26 ALDEN ST PROVINCETOWN, MA 02657	HOME HEALTH
1	VNA OF CAPE COD - SOUTH DENNIS 434 ROUTE 134 BLDG D 3 SOUTH DENNIS, MA 02660	HOME HEALTH
2	VNA OF CAPE COD - WAREHAM 185 MAIN ST WAREHAM, MA 02571	HOME HEALTH
3	VNA THRIFTIQUE 1074 RTE 28 SOUTH YARMOUTH, MA 02664	THRIFT STORE
4	CCH THRIFT STORE 690 MAIN ST HYANNIS, MA 02601	THRIFT STORE
5	CAPE & ISLANDS HEALTH SERVICES II 35 WILKENS LANE HYANNIS, MA 02601	COLLECTION CENTER
6	ORLEANS MEDICAL CENTER 204 MAIN ST ORLEANS, MA 02653	OUTPATIENT CLINIC
7	CAPE COD RESEARCH INSTITUTE 27 PARK ST HYANNIS, MA 02601	RESEARCH

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 23

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS IN THE U S CONSISTS OF FOLLOWING THE HUD GUIDELINES SET BY THEM

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cape Cod Council of Churches 81 Willow Ave Hyannis, MA 02601	04-2382479	501(c)(3)	5,400		FMV	N/A	Behavioral Health
AIDS Support Group of Cape Cod PO BOX 1522 Provincetown, MA 02657	04-2908722	501(c)(3)	28,013		FMV	N/A	Chronic and Infectious Disease

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alzheimer's Family Caregiver Support Center Inc 309 Waverly Oaks Rd Waltham, MA 02452	13-3039601	501(c)(3)	30,000		FMV	N/A	Chronic and Infectious Disease
TOWN OF BARNSTABLE 367 MAIN ST Hyannis, MA 02601	04-6001079	GOV'T	22,000		FMV	N/A	Access to Healthcare

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BC Sheriff Dept Community Mental Health Initiative 6000 SHERIFFS PL Bourne, MA 02532	46-6002284	GOV'T	60,000		FMV	N/A	Behavioral Health
Cape Cod Coop ExtBCHS RSAC PO BOX 427 Barnstable, MA 02630	04-6001419	GOV'T	42,000		FMV	N/A	Behavioral Health & Chronic Disease

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
C&I United Way Strong from Start Initiative PO BOX 367 CENTERVILLE, MA 02632	04-2271714	501(c)(3)	17,500		FMV	N/A	Prevention and Wellness
Cape Cod Healthcare Inc 297 North St Hyannis, MA 02601	22-2600704	501(c)(3)	24,945		FMV	N/A	General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cape Cod Times Needy Fund PO BOX 804 Hyannis, MA 02601	22-2480332	501(c)(3)	15,000		FMV	N/A	Chronic and Infectious Disease
Cape Wellness Collaborative 11 Potter Ave Hyannis, MA 02601	47-2360979	501(c)(3)	30,000		FMV	N/A	Chronic and Infectious Disease

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CC Child Development - Hospital to Home Program 83 Pearl St Hyannis, MA 02601	23-7324732	501(c)(3)	12,300		FMV	N/A	Behavioral Health
CYRACOM LLC 5780 N SWAN RD Tucson, AZ 85718	27-1261982		28,537		FMV	N/A	Access to Healthcare

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Duffy Health Center 94 MAIN ST Hyannis, MA 02601	04-3373741	501(c)(3)	91,000		FMV	N/A	Behavioral Health Prevention and Wellness
Gosnold on Cape Cod 200 TER HEUN DRIVE Falmouth, MA 02540	04-2502970	501(c)(3)	125,000		FMV	N/A	Behavioral Health

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Harbor Health Services Inc 1135 MORTON ST MATTAPAN, MA 02126	23-7100550	501(c)(3)	134,000		FMV	N/A	Behavioral Health
Helping our Women 34 CONWELL ST Provincetown, MA 02657	04-3179955	501(c)(3)	6,000		FMV	N/A	Chronic Disease

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Housing Assistance Corp 460 W MAIN ST Hyannis, MA 02601	23-7431255	501(c)(3)	17,743		FMV	N/A	Prevention and Wellness
NAMI Cape Cod 5 MARK LANE Hyannis, MA 02601	04-2785229	501(c)(3)	30,000		FMV	N/A	Prevention and Wellness

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Outer Cape Health Services PO BOX 1413 WELLFLEET, MA 02667	04-2509828	501(c)(3)	61,500		FMV	N/A	Access to Healthcare
Samaritans on Cape Cod & the Islands PO BOX 65 Falmouth, MA 02541	04-2738811	501(c)(3)	12,168		FMV	N/A	Prevention and Wellness

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Team Maureen PO Box 422 N Falmouth, MA 02556	45-2473500	501(c)(3)	27,650		FMV	N/A	Chronic and Infectious Disease
Town of Yarmouth Health Dept 1146 ROUTE 28 S Yarmouth, MA 02664	04-6001377	GOV'T	5,660		FMV	N/A	Prevention and Wellness

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Umass Lab of Medical Zoology 333 South St Ste 450 Shrewsbury, MA 01545	04-3167352	501(c)(1)	29,580		FMV	N/A	Chronic Disease
Wellstrong 385 Wellfott Rd Centerville, MA 02632	81-1935657	501(c)(3)	10,000		FMV	N/A	Behavioral Health

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA Cape Cod - Livestrong 12245 IYANNOUGH RD W Barnstable, MA 02668	04-2394925	501(c)(3)	29,500		FMV	N/A	Chronic and Infectious Disease

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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

2017

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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 nonfixed 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	Jeanne Fallon, Sr VP and CIO until 4/11/17, received severance payments of $173,208 during calendar year 2017 The arrangement provides for continued payment of the individual's salary and benefits for a period of 15 months, including medical and dental insurance coverage Victor Oliveira, VP of Patient Services until 3/17, received severance payments of $124,000 during calendar year 2017 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 2017 WERE AS FOLLOWS - MICHAEL K LAUF - $72,613 - MICHAEL G JONES - $17,333 - MICHAEL L CONNORS - $19,258 - DIANNE C KOLB - $31,969 - JEANNE FALLON - $36,138 - JEFFREY S DYKENS - $12,704 - PATRICK KANE - $16,817 - THERESA AHERN - $12,988 - VICTOR OLIVEIRA - $36,745 - DONALD GUADAGNOLI MD - $22,232 - EMILY SCHORER - $11,105 - KEVIN MULROY - $16,762 - CHRISTIAN BROWN - $13,853 - LORI JEWETT - $4,173 - JUDITH C QUINN - $11,327 - KEVIN RALPH - $3,931 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 2017, 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 2017 was $120,000 and is included in Schedule J, Part II, Column (C) IN ADDITION, $100,146 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				
1MICHAEL K LAUF PRESIDENT/CEO/TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	991,489	1,488,900	192,589	249,053	40,291	2,962,322	102,000
1ROBERT WILSTERMAN MD TRUSTEE	(i)	770,101	19,060	2,772	25,080	35,701	852,714	0
	(ii)	0	0	0	0	0	0	0
2WILLIAM AGEL MD TRUSTEE	(i)	448,809	58,422	16,174	10,800	33,877	568,082	0
	(ii)	0	0	0	0	0	0	0
3THEODORE CALIANOS MD TRUSTEE	(i)	370,781	6,387	1,806	10,800	32,367	422,141	0
	(ii)	0	0	0	0	0	0	0
4PAUL HOULE MD TRUSTEE	(i)	932,685	165,440	966	27,506	34,701	1,161,298	0
	(ii)	0	0	0	0	0	0	0
5MICHAEL L CONNORS SENIOR VP FINANCE/CFO	(i)	0	0	0	0	0	0	0
	(ii)	431,607	77,850	30,455	55,606	37,211	632,729	19,481
6MICHAEL G JONES ESQ SEE SCH O FOR TITLE	(i)	0	0	0	0	0	0	0
	(ii)	316,680	76,632	19,138	43,278	35,061	490,789	15,965
7MICHAEL BUNDY COO	(i)	0	0	0	0	0	0	0
	(ii)	368,843	83,500	630	24,508	32,765	510,246	0
8 DONALD A GUADAGNOLI MD CMO CAPE COD HOSPITAL	(i)	0	0	0	0	0	0	0
	(ii)	412,488	83,475	33,082	54,775	30,563	614,383	21,001
9ALEXANDER HEARD MD CHIEF MEDICAL OFFICER - FH	(i)	84,330	0	0	3,066	0	87,396	0
	(ii)	442,806	167,877	630	28,695	35,911	675,919	0
10PATRICK J KANE SVP OF MRKTG,COMMUN AND DEVLP	(i)	0	0	0	0	0	0	0
	(ii)	304,840	70,684	19,589	28,480	3,025	426,618	15,450
11CHRISTIAN BROWN SR VP MANAGED CARE	(i)	0	0	0	0	0	0	0
	(ii)	300,781	69,769	22,490	46,069	33,877	472,986	13,000
12EMILY SCHORER SVP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	257,318	62,220	11,735	24,581	34,329	390,183	10,345
13KEVIN RALPH SVP DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	242,777	49,688	4,561	24,086	36,042	357,154	3,646
14THERESA M AHERN SVP, STRAT, COMMUNITY/GOV REL	(i)	0	0	0	0	0	0	0
	(ii)	250,297	68,625	15,760	40,619	22,443	397,744	11,500
15KEVIN J MULROY SVP CHIEF QUALITY & SAFETY OFF	(i)	0	0	0	0	0	0	0
	(ii)	368,757	80,782	24,939	40,051	35,061	549,590	15,875
16JEANNE FALLON SR VP & CIO (UNTIL 4/11/17)	(i)	0	0	0	0	0	0	0
	(ii)	77,946	0	238,835	13,364	9,124	339,269	12,650
17JEFFREY S DYKENS VP FINANCE & OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	246,358	41,876	22,747	28,158	36,169	375,308	12,000
18NOELENE CERVIN VP BUDGETING & OPER SUPPORT	(i)	0	0	0	0	0	0	0
	(ii)	216,358	39,050	6,971	25,269	33,597	321,245	0
19LORI JEWETT CEO - FH	(i)	0	0	0	0	0	0	0
	(ii)	239,990	37,800	9,418	40,818	1,525	329,551	4,000

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(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				
21DIANNE C KOLB PRESIDENT VNA (UNTIL 8/8/17)	(I)	0	0	0	0	0	0	0
	(II)	131,411	0	37,163	22,480	15,897	206,951	10,403
1CARTER HUNT ADMIN SPEC&HOSP BASED CARE	(I)	0	0	0	0	0	0	0
	(II)	194,445	18,713	2,977	27,409	37,006	280,550	0
2VICTOR OLIVEIRA VP PATIENT SVCS(UNTIL 3/17)	(I)	0	0	0	0	0	0	0
	(II)	61,085	0	180,858	22,988	13,145	278,076	11,575
3RICHARD B ZELMAN MD PHYSICIAN	(I)	1,393,164	100,000	56,618	10,800	37,211	1,597,793	0
	(II)	0	0	0	0	0	0	0
4 ACHILLES PAPAVASILIOU MD PHYSICIAN	(I)	932,608	189,045	630	28,800	34,701	1,185,784	0
	(II)	0	0	0	0	0	0	0
5NICHOLAS COPPA MD PHYSICIAN	(I)	930,737	151,545	420	28,800	36,572	1,148,074	0
	(II)	0	0	0	0	0	0	0
6GORDON NAKATA MD PHYSICIAN	(I)	932,608	140,000	630	27,938	34,701	1,135,877	0
	(II)	0	0	0	0	0	0	0
7 PHILLIP J DOMBROWSKI MD PHYSICIAN	(I)	697,101	50,000	25,849	10,800	1,525	785,275	0
	(II)	0	0	0	0	0	0	0
8JUDITH C QUINN VP OF PATIENT CARE	(I)	0	0	0	0	0	0	0
	(II)	217,129	39,228	23,368	24,308	25,533	329,566	10,700

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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

2017

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 E	04-2456011	000000000	01-12-2012	29,440,000	REISSUE SER E (6/18/08 & 2/12/09)		X		X		X
B	MHEFA 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
C	MDFA REVENUE BONDS SERIES 2013	04-3431814	57584VAH8	07-11-2013	50,831,729	REFUND SER C(10/9/01) & CAP IMPR		X		X		X
D	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	19,626,666	15,480,000	0	1,400,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	29,440,000	25,800,000	50,843,109	24,001,267
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	1,295,804	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	336,100	803,269	0
8	Credit enhancement from proceeds	0	0	0	241,456
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	27,999,812	0
11	Other spent proceeds	29,440,000	25,463,900	20,735,223	23,759,811
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2012	2012	2014	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		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)	THE DATE THE REBATE COMPUTATIONS WERE LAST PERFORMED FOR EACH BOND ARE BELOW MDFA, REVENUE BONDS, SERIES E - 07/12/2012 MDFA, REVENUE BONDS, SERIES 2012A - 06/30/2016 MDFA, REVENUE BONDS, SERIES 2013 - 06/30/2018 MDFA, REVENUE BONDS, SERIES 2014 - 08/31/2015 SINCE THE BOND PROCEEDS HAVE BEEN SPENT FOR EACH BOND AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE CALCULATIONS ARE NECESSARY

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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

2017

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 2017	04-3431814	000000000	02-01-2017	52,315,359	REFUND SERIES D(2/16/2010)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,888,555			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	53,492,970			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	48,449,645			
7	Issuance costs from proceeds	302,138			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	106,973			
11	Other spent proceeds	4,634,214			
12	Other unspent proceeds	0			
13	Year of substantial completion	2017			

		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*.**

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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	116,158	MACC EMPLOYEE		No
(2) Sarah K Guadagnoli RN	DAUGHTER OF KEY EMPLOYEE	65,484	CCH 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

2017

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	79	1,163,954	VALUE OF STOCK REC'D
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

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

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

2017

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
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 MAINTAINING THE HIGHEST STANDARDS IN HEALTH CARE DELIVERY AND SERVICE QUALITY TO DO SO, WE WILL PARTNER WITH OTHER HEALTH AND HUMAN SERVICE PROVIDERS AS WELL AS INVEST IN NEEDED MEDICAL TECHNOLOGIES, HUMAN RESOURCES AND CLINICAL SERVICES ABOVE ALL, WE WILL HELP IDENTIFY AND RESPOND TO THE NEEDS OF OUR COMMUNITY Community Benefits Mission Statement Cape Cod Healthcare, Inc , (CCHC) through its Community Benefits initiatives, is committed to enhancing 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 allocation of resources, this commitment includes a special focus on the unmet needs of the financially disadvantaged and underserved populations We will take a leadership role in collaborative efforts joining our resources, talent, and commitment with that of other providers, organizations and community members The Community Benefits Mission Statement was affirmed by the CCHC Community Health Committee and the Board of Trustees in 2000 and remains in effect

990 Schedule O, Supplemental Information

Return Reference	Explanation
Target Populations	Name of target population Individuals managing or at risk of developing chronic and infec tious diseases such as cancer, cardiovascular disease, Alzheimer's disease and dementia, H epatitis C, diabetes and tick-borne diseases Basis for Selection Aligned with state and national health priorities, Barnstable County residents managing chronic diseases are at t he greatest risk of declined health and death Cancer, cardiovascular disease, Alzheimer's disease/dementia, Hepatitis C, diabetes and tick-borne diseases were identified in the 20 17-2019 Cape Cod Hospital and Falmouth Hospital Community Health Needs Assessment Report a s diseases of particular concern for the region Name of target population Residents faci ng barriers to care due to language, cost, or age, including those who are uninsured or un der-insured Basis for Selection The 2017-2019 Cape Cod Hospital and Falmouth Hospital Co mmunity Health Needs Assessment Report identified specific target populations that encount er barriers to care or gaps in coverage despite high rates of insured residents in Barnsta ble County The report specifically identified children ages 0-17 years, individuals lacki ng year-round employment, seniors living on a fixed income, seasonal workers, and foreign- born residents who do not meet eligibility criteria for Mass Health enrollment Name of ta rget population Individuals with mental health disorders, substance use disorders and co- occurring disorders Basis for Selection Access to, and availability of, community-based behavioral health care in Barnstable County is an area of concern This is evidenced by hi gh rates of patients presenting with mental health and substance use disorders in hospital emergency departments Specific challenges reported by the community and included in the 2017-2019 Cape Cod Hospital and Falmouth Hospital Community Health Needs Assessment Report include a shortage of psychiatric providers, wait times for outpatient appointments, limi ted inpatient treatment options for substance use, and insurance barriers to care Name of target population Senior population, ages 65 and older Basis for Selection According t o the U S Census Bureau, American Community Survey five year population estimates (2012-2 016), nearly 28% of the year round population in Barnstable County is over the age of 65 Increasing consumption of and need for health care services, concerns of social isolation, availability of appropriate housing and transportation, and access to healthy and adequat e food were specific challenges identified in the 2017-2019 Cape Cod Hospital and Falmouth Hospital Community Health Needs Assessment Report for residents over the age of 65 Name of target population Youth and young adults, ages 15 to 24 years old Basis for Selection Youth and young adults, ages 15-24 years old, were identified in the 2017-2019 Cape Cod Hospital and Falmouth Hospital Community Health Needs Assessment Report as a specific at-r isk population due to increasi

990 Schedule O, Supplemental Information

Return Reference	Explanation
Target Populations	ng rates of substance use treatment admissions and concerning health risk behaviors Publi cation of Target Populations Annual Report Hospital/HMO Web Page Publicizing Target Pop h ttps //www capecodhealth org/about/caring-for-our-community/community-hea lth-needs-assess ment-implementation-plans/ Key Accomplishments of Reporting Year The 2017-2019 Cape Cod Ho spital and Falmouth Hospital Community Health Needs Assessment Report and Implementation P lan served as the foundation for CCHC's FY18 Community Benefits program CCHC's Community Benefits activities focused on the four health priorities identified in the report chroni c and infectious disease, behavioral health, access to care, and disease prevention and we llness New and expanded hospital programs were developed in alignment with implementation goals, objectives and strategies for each priority CCHC supported partnerships with over 50 local non-profit health and human service organizations, and a network of federally qu alified health centers, through project support and grant investments to improve the healt h of Barnstable County residents Hospital staff dedicated time and expertise to strategic partnerships, coalitions, and task force efforts locally, regionally, and across Massachu setts Chronic and Infectious Disease Prevention, screening, detection, and management of chronic and infectious diseases were supported through a variety of CCHC Community Benefit s activities Hospital cancer support services including counseling, support groups, and s urvivorship activities for patients and caregivers were complemented with a new Oncology N utrition program, which started in February 2018 The successful Living Fit for Youl Cance r Wellness Program at Falmouth Hospital was expanded in August 2018 to include Cape Cod Ho spital's campus The program provides free of charge rehabilitation, wellness consultation s, exercise, and education services to help adults undergoing cancer treatment manage fati gue, de-conditioning and loss of physical function CCHC Community Benefits also provided grants to the Cape Wellness Collaborative and YMCA Cape Cod LIVESTRONG program to ensure t hat patients undergoing and recovering from cancer treatment had access to community-based wellness programs and complementary services such as massage, acupuncture, yoga and nutri tional counseling The CCHC Integrated Cancer Committee, comprised of physicians, nurses a nd support staff, conducted educational campaigns and community outreach events These eve nts informed youth about the risks of tobacco use and the general public about skin cancer prevention, including high-risk screening opportunities CCHC clinical teams provided dis ease education, rehabilitation and pathways to chronic disease self- management for indivi duals living with congestive heart failure, chronic pulmonary diseases, and diabetes A Co mmunity Benefits grant to the Cape Cod Times Needy Fund provided assistance for basic need s such as housing and utility

990 Schedule O, Supplemental Information

Return Reference	Explanation
Target Populations	payments, transportation, adaptive medical equipment, and child care specifically for indi viduals managing a chronic disease A CCHC Community Benefits grant supported the Alzheime r's Family Caregiver Support Centers expanding free counseling for families and caregivers in outposts across the Outer, Lower, Mid, and Upper regions of Cape Cod In addition, the organization now hosts concurrent weekly support group meetings for individuals with Alzh eimer's disease and their caregivers at Cape Cod Hospital CCHC provided funding for two i nnovative community-based programs to support tick-borne disease education in FY18 Throug h a partnership with the UMASS Laboratory of Medical Zoology, CCHC was the only hospital s ystem in MA to subsidize tick testing for residents within a hospital service area CCHC a lso partnered with the Cape Cod Cooperative Extension to produce a 10-part online video se ries titled "Tickology" to provide easily accessible community education on tick disease p revention CCHC Infectious Disease Clinical Services is the recipient of federal and state Ryan White grant funding to support comprehensive primary medical care and medical case m anagement for individuals with HIV/AIDS living in Barnstable County CCHC, through partner ships with other local organizations, aligned local efforts to meet National HIV/AIDS Stra tegy and the Massachusetts Integrated HIV Prevention and Care Plan to reduce the number of new HIV infections, increase access to care, improve health outcomes for individuals livi ng with HIV/AIDS, and reduce HIV-related health inequities and disparities Behavioral Hea lth CCHC Community Benefits expanded hospital-based services and collaborations with local federally qualified health centers and behavioral health providers to strengthen regional services and community resources for individuals with mental health and substance use dis orders CCHC's Centers for Behavioral Health joined the MA Department of Public Health and MA Department of Mental Health on the Zero Suicide Initiative to increase suicide prevent ion and reduce suicide deaths on Cape Cod CCHC also provides a Community Crisis Line, sta ffed by clinicians, offering free and confidential emotional support and referral assistan ce for individuals in crisis and their families

990 Schedule O, Supplemental Information

Return Reference	Explanation
CCHC Community Benefits funded a community wide Mental Health	First Aid Training project in partnership with the National Alliance on Mental Illness (NA MI) Cape Cod, which resulted in 13 certified instructors to train exponentially more peopl e in the evidence-based program in our community CCHC Community Benefits provided grants to three federally qualified health centers on Cape Cod Duffy Health Center, Harbor Commu nity Health Center- Hyannis, and Outer Cape Health Services received grants supporting int egrated behavioral health services, establishing an Office Based Addiction Treatment progr am and continuation of a community navigator program that assists individuals most at risk in our region Through a partnership with, and grant to Gosnold, Inc , CCHC Community Ben efits expanded the Recovery Specialist program in the emergency departments at Cape Cod Ho spital and Falmouth Hospital The program provides peer-led recovery engagement services f or patients with Substance Use Disorders Recovery Specialists work as part of the emergen cy departments' care teams to motivate patients to accept treatment upon discharge from th e emergency departments Additional funding to Gosnold, Inc provided Recovery Coaching sc holarships for 30 individuals who completed treatment for their Substance Use Disorder Re covery Coaches assist individuals with building recovery support systems and improving out comes related to employment, housing, legal and life skills Cape Cod Hospital received gr ant funding from Massachusetts Department of Public Health to provide assistance to pregna nt women with Opioid Use Disorders through the Moms Do Care program The program provides peer-led services to obtain prenatal care, substance use treatment, and address social det erminant of health issues At the conclusion of the grant, CCHC supported transitioning th e program to the Duffy Health Center with a Community Benefits grant, and CCHC remains a s trategic collaborator on the project CCHC staff from the maternity and pediatric departme nts at Cape Cod Hospital and Falmouth Hospital actively participated in statewide initiati ves by the Neonatal Quality Improvement Collaborative of MA Initiatives included staff de velopment and piloting new models of care for newborns and families impacted by perinatal opioid use and neonatal abstinence syndrome Access to Care In FY18, CCHC continued to inv est significantly in expanding access to care for vulnerable and medically underserved pop ulations in Barnstable County CCHC Community Benefits continued its grant support of the Specialty Network for the Uninsured (SNU) program in Barnstable County The SNU program co ordinates appointments and follow-up care with local medical specialists for uninsured and under-insured patients in our region, reducing barriers to local access and addressing ga ps in specialty services not offered by local community health centers Through the Commun ity Based Interpreters program, CCHC Community Benefits funding provided free medical inte rpreter services for limited-E

990 Schedule O, Supplemental Information

Return Reference	Explanation
CCHC Community Benefits funded a community wide Mental Health	nglish speaking patients in community-based primary and specialty care offices across the region In partnership with the Cape and Islands Emergency Medical Services System, CCHC e xpanded the impact of medical interpreter services in pre-hospital settings CCHC provides training and funding for phone-based interpreter services that connect paramedics and fir st responders to interpreters via cell phones in ambulances to improve communication with limited-English speaking patients during transport to a hospital Hospital social workers and case managers assisted low-income and vulnerable patients in need through direct refer rals to community services, prescription assistance, and transportation vouchers upon disc harge Financial counselors at Cape Cod Hospital and Falmouth Hospital were available to a ll Barnstable County residents to assist with health insurance questions and needs includi ng Mass Health and Medicare coverage applications and renewal assistance CCHC has been at the forefront of establishing strategic relationships ensuring a strong and skilled futur e allied health workforce in our region Cape Cod Community College and Cape Cod Healthcar e Nursing Education Collaborative is a program that expands opportunities for education, c linical training, and employment, as well as RN student debt relief and career exploration pathways for high school students In several clinical departments including behavioral h ealth, radiology, and laboratory services across both hospitals, clinicians provide superv ision, training, and job shadowing for students from UMASS Medical School, regional commun ity colleges, and local vocational and technical schools Disease Prevention and Wellness In FY18, Cape Cod Healthcare efforts focused on building partnerships and support for comm unity based prevention and wellness initiatives impacting residents across the lifespan fr om infants to seniors CCHC Community Benefits expanded efforts supporting new families E xpanded efforts included prenatal and parenting classes in English and Portuguese, support groups for new mothers, fatherhood initiatives, and a breastfeeding warm-line that provid ed families with phone support for questions related to breastfeeding CCHC also partnered with a local Early Intervention program to provide pre-discharge meetings with Early Inte rvention staff Early Intervention staff educated parents about services and supports avai lable to infants, young children and their families through the program Through a partner ship with the Cape & Islands United Way, CCHC Community Benefits supported the Strong from the Start Initiative aimed at improving the social, emotional and developmental outcomes for children ages 0-3 years in Barnstable County The objectives of Strong from the Start is to strengthen families, reduce achievement and word gaps and provide children with the social, emotional and language skills to thrive in school and in life CCHC Community Bene fits built a coalition of more

990 Schedule O, Supplemental Information

Return Reference	Explanation
CCHC Community Benefits funded a community wide Mental Health	than 50 community organizations to support the Quality of Life Initiative The initiative provided guest speakers, materials and helpful tools to educate the community about the i mportance of advance care planning In addition, CCHC Community Benefits joined a coalitio n of more than 30 organizations called Healthy Aging Cape Cod Led by Barnstable County De partment of Human Services, the purpose of the coalition is to undertake regional planning that supports our aging demographic and aligns local efforts with statewide efforts to bu ild an Age and Dementia-friendly Massachusetts Healthy Parks, Healthy People, a program s upported through a collaboration between Cape Cod Healthcare, the US National Park Service , and the Cape Cod National Seashore, continued with its focus on promoting open space for physical activity and wellness Activities included educational events by CCHC physicians and physical therapists, a walking program, and a 5K walk/run for residents and visitors of Cape Cod CCHC Community Benefits grants supported elder suicide prevention trainings t hrough the Samaritans of Cape Cod, HPV vaccination and cervical cancer education for provi ders, parents and youth by Team Maureen and chronic disease and mindfulness programs at lo cal family homeless shelters by Housing Assistance Corporation on Cape Cod In addition to these FY18 hospital initiatives, community collaborations, and grant investments, CCHC Co mmunity Benefits continued to play leadership roles in health and human service organizati ons and coalitions across our region These included, but were not limited to, the Barnsta ble County Economic Development Council, Barnstable County Human Services Advisory Council , Barnstable County Regional Substance Use Council, Behavioral Health Provider Coalition o f Cape Cod & the Islands, Cape Cod Chamber of Commerce, and the Cape & Islands Community H ealth Area Network (CHNA 27) Steering Committee Plans for Next Reporting Year Annual Comm unity Benefits plans for Cape Cod Hospital, Falmouth Hospital and Cape Cod Healthcare refl ect the priorities, goals and objectives embedded in the three-year implementation strateg ies included in the 2017-2019 Cape Cod Hospital and Falmouth Hospital Community Health Nee ds Assessment Report and Implementation Plan CCHC Community Benefits FY17-FY19 Goals 1 I mprove chronic and infectious disease prevention and management to meet the growing needs of an aging and at-risk population 2 Strengthen regional health services and community re sources for individuals with mental health conditions, substance use, co-occurring disorde rs, and comorbidities 3 Reduce barriers to care and strengthen the regional health safety net for vulnerable populations 4 Improve the health and disease prevention of all reside nts of Barnstable County and sustain the wellness of seniors and caregivers

990 Schedule O, Supplemental Information

Return Reference	Explanation
5 Support regional health efforts through direct grant funding and	a competitive RFP grants program with funding guidelines that are aligned WITH COMMUNITY B ENEFITS PRIORITIES AND TARGET POPULATIONS 6 Strengthen regional collaboration and maintai n leadership roles with the following community-based coalitions Barnstable County Human Services Advisory Council, Barnstable County Regional Substance Use Council, Behavioral He alth Provider Coalition of Cape Cod & the Islands, Community Health Area Network (CHNA 27) and Healthy Aging Cape Cod Community Benefits Process Community Benefits Leadership/Team Cape Cod Healthcare, Cape Cod Hospital and Falmouth Hospital, along with our affiliates, strive to be the health service provider of choice for Barnstable County residents and vis itors by achieving and maintaining the highest standards in healthcare delivery and servic e quality To do so, we partner with other health and human service providers from across the region and invest in needed medical technologies, developing the current and future wo rkforce and clinical services The development of Cape Cod Healthcare's strategic initiati ves and community collaborations, including the Community Benefits program, is led by Mich ael K Lauf, Chief Executive Officer and Theresa M Ahern, Senior Vice President, Strategy , Community and Governmental Affairs Michael L Connors, Cape Cod Healthcare's Chief Fina ncial Officer, provides fiscal oversight of the Community Benefits reporting process The Community Health Committee, a designated subcommittee of Cape Cod Healthcare's Board of Tr ustees, serves as the Community Benefits Advisory Council and provides strategic oversight to the program The Committee is comprised of leaders of health and human services organi zations, community health centers, county government, and community-based organizations re presenting residents across a spectrum of ages, socioeconomic status, and racial, cultural and ethnic diversity, as well as current members of the CCHC Board of Trustees The Commi ttee develops and recommends policies to the Cape Cod Healthcare Board of Trustees regardi ng Community Benefits programs, sets priorities, awards priority grant funding to communit y organizations, and advises on community health issues and initiatives including communit y health needs assessments and ongoing community engagement FY18 Community Health Committ ee Members Suzanne Fay Glynn, Esq (Chair) CCHC Board Member Glynn Law Offices 49 Locust Street, Falmouth, MA 02540 508 548 8282 dar@glynnlawoffices com Representing CCHC Board o f Trustees Elizabeth Albert Director Barnstable County Human Services P O Box 427, Barnst able, MA 02630 508 375 6626 balbert@barnstablecounty org Representing Regional health and human services community, regional network on homelessness, countywide substance use coal ition and regional planning for aging demographics Leo Blandford Director of Community-Ba sed Coordinated Care Outer Cape Health Services 710 MA Route 28 Harwich Port, MA 02646 lbl andford@outercape org 508-905-

990 Schedule O, Supplemental Information

Return Reference	Explanation
5 Support regional health efforts through direct grant funding and	2814 Representing Federally Qualified Health Centers, Lower and Outer Cape region, behavi oral health and substance use disorder services Eleanor Claus Kinlin Grover Real Estate 9 27 Route 6A, Yarmouthport, MA 02675 508-362-3000 x203 eclaus@kinlingrover com Representing Community members at large Alisa Galazzi Chief Executive Officer Housing Assistance Cor poration on Cape Cod 460 West Main Street Hyannis, MA 02601 508-771-5400 agalazzi@haconcap ecod org Representing Regional programs addressing homelessness, housing security, and de velopment of attainable housing Mary Devlin Public Health and Wellness Division Manager V isiting Nurse Association of Cape Cod 255 Independence Drive, Hyannis, MA 02601 508-957-76 19 mdevlin@vnacapecod org Representing Regional public health programs with emphasis on c hronic disease prevention and healthy aging of the senior population Michael McGuire Dire ctor Cape Cod Cooperative Extension P O Box 367, Barnstable, MA 02630 508-375-6701 mmagui re@barnstablecounty org Representing Barnstable County initiatives related to nutrition, food safety, tick borne diseases, water quality protection and youth and family programs Patricia Mitrokostas Director of Prevention Programs, Public Relations & Organizational Ad vancement Gosnold, Inc 350 Gifford Street, Suite W-10, Falmouth, MA 02540 508-540-2317 pm itrokostas@gosnold org Representing Regional substance use prevention, intervention, and treatment programs for individuals and families Stacie Peugh Chief Executive Officer YMCA Cape Cod 2245 Iyannough Rd, West Barnstable, MA 02668 508-362-6500 speugh@ymcacapecod org Representing Youth development, chronic disease management programs, wellness and preven tion Susan Travers Director Truro Council on Aging 7 Standish Way, North Truro 02652 508- 487-2462 Stravers@truro-ma gov Representing Councils on Aging Serving Together (COAST), s enior populations, and the Lower and Outer region of Barnstable County Cape Cod Healthcar e member Theresa M Ahern Senior Vice President, Strategy, Community and Governmental Aff airs Cape Cod Healthcare 297 North Street, Building 3, 3rd Floor Hyannis, MA 02601 774-470 -5506 tahern@capecodhealth org Community Benefits Team Meetings The FY18 Community Health Committee meetings were held on the following dates and times November 7, 2017 9 00-11 00 am February 27, 2018 4 00-5 30 pm June 13, 2018 4 00-5 30 pm July 17, 2018 4 00-5 00 pm C ommunity Partners AIDS Support Group of Cape Cod Alzheimer's Family Caregiver Support Cent er Arts Foundation of Cape Cod Barnstable County Cape Cod Cooperative Extension Services B arnstable County Department of Human Services Barnstable County Regional Substance Use Cou ncil Barnstable County Sheriff's Office Barnstable Public School District Behavioral Healt h Innovators Behavioral Health Provider Coalition of Cape Cod & the Islands Big Brothers B ig Sisters of Cape Cod & the Islands Boys & Girls Club of Cape Cod Cape & Islands EMS Syst ems, Inc Cape & Islands Unite

990 Schedule O, Supplemental Information

Return Reference	Explanation
5 Support regional health efforts through direct grant funding and	d Way Cape Cod Child Development Cape Cod Community College Cape Cod Foundation Cape Cod H unger Network Cape Cod Medical Reserve Corps Cape Cod Times Needy Fund Cape Wellness Colla borative Caron Treatment Centers Children's Cove Community Health Network Area 27 Cape Cod & Islands (CHNA 27) Dance in the Rain Peer to Peer Mental Health Center Dream Day Cape Co d Duffy Health Center Falmouth Housing Corporation Family Pantry of Cape Cod Flower Angels USA Glenna Kohl Fund for Hope Good Grief Project Greater Hyannis Civic Association Hyanni s Open Streets Project Gosnold, Inc Harbor Community Health Centers Hyannis Healthy Aging Cape Cod Helping Our Women Housing Assistance Corporation Cape Cod Independence House Mas sachusetts Department of Public Health Massachusetts Department of Mental Health National Alliance on Mental Illness Cape Cod Outer Cape Health Services Parkinson Support Network o f Cape Cod Pause A While Samaritans on Cape Cod and the Islands Shea's Youth Basketball As sociation Specialty Network for the Uninsured Sustainable CAPE Team Maureen Town of Barnst able Youth Commission Town of Yarmouth Park and Recreations Department United States Natio nal Park Service and Cape Cod National Seashore University of Massachusetts Laboratory of Medical Zoology University of Massachusetts Medical School WE CAN WellStrong YMCA Cape Cod Community Health Needs Assessment Date Last Assessment Completed and Current Status The 2 017-2019 Cape Cod Hospital and Falmouth Hospital Community Health Needs Assessment Report (CHNA Report) and Implementation Plan was released and made widely available to the public on September 30, 2016 Consultants/Other Organizations The following organizations partic ipated in the 2017-2019 Cape Cod Hospital and Falmouth Hospital community health needs ass essment project AIDS Support Group of Cape Cod, Alzheimer's Family Support Center of Cape Cod, Arbor Counseling Services, Barnstable County Department of Health and Environment, B arnstable County Department of Human Services,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Barnstable County Public Nursing Division, Barnstable County Regional	Substance Use 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 Attorney's 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, Children's 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, Inc , Harbor Community Health Center-Hyannis, Health Imperatives Cape Cod, Healthy Living Cape Cod, Helping Our Women, Homeless Prevention Council, HOPE Dementia & Alzheimer's 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 Tribe Health Service Unit, 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, and the YMCA Cape Cod Data Sources CHNA, Community Focus Groups, Consumer Group, Hospital, Interviews, MassCHIP, Other, Public Health Personnel, Surveys, US Census American Community Survey, Center for Disease Control and Prevention, Behavioral Health Risk Factor Surveillance System, and local and regional reports and studies on demographics, health conditions and community needs CHNA Document - PDF format CCHC CHNA REPORT_2017-2019 PDF Implementation Strategy (optional) File Upload (optional) Not Specified Community Benefits Programs Annual Strategic Grants Program Chronic and Infectious Disease and P

990 Schedule O, Supplemental Information

Return Reference	Explanation
Barnstable County Public Nursing Division, Barnstable County Regional	revention Program Type Community Education, Community Participation/Capacity Building Ini tiative, Grant/Donation/Foundation/Scholarship, health Screening, Outreach to Underserved, Prevention, Support Group Statewide Priority Address Unmet Health Needs of the Uninsure d, Chronic Disease Management in Disadvantaged Populations, Promoting Wellness of Vulnerab le Populations, Reducing Health Disparity EOHHS Focus Issue(s) (optional) Chronic Diseas e with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Menta l Illness and Mental Health DoN Health Priorities (optional) Built Environment, Housing Target Population Regions Served County-Barnstable - Health Indicator Immunization, Me ntal Health, Other Cancer, Other Elder Care, Other First Aid/ACLS/CPR, Other Hepatitis , Other Homelessness, Other Lyme Disease, Other Nutrition, Other Sexually Transmitted Diseases, Other Stress Management, Physical Activity, Responsible Sexual Behavior - Sex All - Age Group All - Ethnic Group All - Language All Goal Description Award up to $25 0,000 to local non-profit organizations operating quality programs with anticipated outcom es aligned with Cape Cod Hospital and Falmouth Hospital implementation strategies related to chronic and infectious diseases and prevention and wellness Goal Status Eleven organiz ations received $250,474 in grants ranging from $5,400 to $30,000 The recipients of grant awards included AIDS Support Group of Cape Cod, A Baby Center, Alzheimer's Family Caregiv er Support Center, Cape Cod Cooperative Extension, Cape Cod Times Needy Fund, Cape Wellnes s Collaborative, Housing Assistance Corporation on Cape Cod, National Alliance on Mental I llness Cape Cod, Samaritans on Cape Cod & the Islands, Team Maureen, and the YMCA Cape Cod Partners - Partner Name, Description and Web Address AIDS Support Group of Cape Cod - ww w asgcc org Alzheimers Family Caregiver Support Center - www alzheimerscapecod org A Baby Center - www ababycenter org Cape Cod Cooperative Extension - www capecodextension org Cap e Cod Times Needy Fund - www needyfund org Housing Assistance Corporation on Cape Cod - ww w haconcapecod org Cape Wellness Collaborative - www capewellness org Team Maureen - www t eammaureen National Alliance on Mental Illness Cape Cod - www namicapecod Samaritians on C ape Cod & The Islands - www capesamaritans org YMCA Cape Cod - www ymcacapecod org Contact Information Mary Pumphery 297 North Street Building 3, 3rd Floor Hyannis, MA 02601 Phone 774-470-5506 Detailed Description The FY18 Annual Strategic Grants Program was a competit ive grant initiative with the objective to support community-based chronic and infectious disease and prevention and wellness projects aligned with two of the four health prioritie s identified in the FY17 - FY19 Cape Cod Hospital and Falmouth Hospital Community Health N eeds Assessment Report and Implementation Plan Grants were awarded to organizations with projects that reached vulnerab

990 Schedule O, Supplemental Information

Return Reference	Explanation
Barnstable County Public Nursing Division, Barnstable County Regional	le populations, maximized partnership collaboration and featured evidence-based programs o r promising practices with the objective to improve the health of Barnstable County reside nts Recovery Specialist Program in the Emergency Departments at Cape Cod Hospital and Fal mouth Hospital Program Type Direct Services, Grant/Donation/Foundation/Scholarship, Outre ach to Underserved Statewide Priority Address Unmet Health Needs of the Uninsured, Chron ic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Popula tions, reducing Health Disparity EOHHS Focus Issue(s) (optional) Mental Illness and Ment al Health, Substance Use Disorders DoN Health Priorities (optional) Social Environment Target Population Regions Served County-Barnstable - Health Indicator Access to Health Care, Mental Health, Other Alcohol and Substance Abuse, Other Hepatitis, Other Uninsure d/Underinsured, substance Abuse - Sex All - Age Group Adult, Adult-Elder, Adult-Young, A ll Adults - Ethnic Group All - Language All Goal Description Engage and consult with at least 250 patients with Substance Use Disorders treated in the Emergency Departments at C ape Cod Hospital and Falmouth Hospital Goal Status The Recovery Specialists provided cons ultations to 548 patients in Cape Cod Hospital and Falmouth Hospital Emergency Departments in FY18 Goal Description Motivate and assist 40% of patients who receive a consultation from the Recovery Specialist to accept a transfer to treatment or direct referral to treat ment prior to discharge from the Emergency Department Goal Status Seventy-six percent (76 %) of the 548 patients who received Recovery Specialist consultation and engagement accept ed direct transfer or direct referrals to inpatient/outpatient treatment upon discharge fr om the Emergency Departments Treatment modalities included inpatient detoxification, hosp ital transfers, intensive outpatient programs, and Medication Assisted Treatment and Offic e-Based Addiction Programs Goal Description Offer post-discharge follow-up and assistance to patients with Substance Use Disorders who refused services while in the Emergency Depa rtments Goal Status Post-discharge follow-up was offered to patients beginning in Februar y of 2018 Two hundred and eighty-four (284) patients received post-discharge follow-up by phone including Specialists extending their assistance by coordinating referrals and trea tment program placement Twenty-six percent (26%) of those receiving post-discharge follow -up support accepted direct referrals to treatment accepted direct referrals to treatment

990 Schedule O, Supplemental Information

Return Reference	Explanation
Partner Name, Description and Web Address	Gosnold, Inc - www gosnold org Barnstable County Regional Substance Use Council - www bch umanservices net/initiatives/regional-substance-use-council/ Outer Cape Health Services - www outercape org Duffy Health Center - www duffyhealthcenter org Community Health Center of Cape Cod - www chcofcapecod org Harbor Community Health Center- Hyannis - www hhsi us/l ocations/harbor-community-health-center-hyannis/ Contact Information Mary Pumphery Cape C od Healthcare 297 North Street, Building 3, 3rd Floor Hyannis, MA, 02601 Phone 774-470-55 06 Detailed Description - Cape Cod Hospital and Falmouth Hospital partnered with Gosnold, Inc to provide peer-led Recovery Specialist services in the Emergency Departments at both hospitals Recovery Specialists have the lived experience of addiction and recovery and e ngage patients with Substance Use Disorders prior to discharge from the Emergency Departme nts Recovery Specialists work as part of the hospital care team with the objective to mot ivate patients to accept treatment for Substance Use Disorders through a transfer to an in patient treatment program or direct referrals to outpatient treatment programs CCHC Cance r Support Services and Survivorship Activities Program Type Community Education, Direct S ervices, Grant/Donation/Foundation/Scholarship, Support Group Statewide Priority Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populati ons, Reducing Health Disparity EOHHS Focus Issue(s) (optional) Chronic Disease with focu s on Cancer, Heart Disease, and Diabetes DoN Health Priorities (optional) Built Environm ent Target Population Regions Served County-Barnstable - Health Indicator Other Cance r, Other Cancer - Breast, Other Cancer - Cervical, Other Cancer - Colo-rectal, Other C ancer - Lung, Other Cancer - Multiple Myeloma, Other Cancer - Other, Other Cancer - Ova rian, Other Cancer - Prostate, Other Cancer - Skin, Other Cardiac Disease, Other Cultu ral Competency, Other Nutrition, Physical Activity - Sex All - Age Group All - Ethnic G roup All - Language All Goal Description Oncology Social Workers will provide psycho-so cial support to over 3,000 patients Goal Status Oncology Social Workers provided services to more than 3,500 oncology patients Services included direct counseling, family counsel ing, referrals to support services, referrals to support groups and financial counseling Patients were provided direct referrals to the following community-based programs transpo rtation provided by the American Cancer Society's Road to Recovery Program and Lyft rides to appointments through Boston Cancer Support program, access to free complementary servic es such as massage, acupuncture and nutritional counseling through the Cape Wellness Colla borative, and physical reconditioning programs through CCHC's Living Fit for You! Cancer W ellness Program and the YMCA's LIVESTRONG program Goal Description Support groups will be provided to patients and fami

990 Schedule O, Supplemental Information

Return Reference	Explanation
Partner Name, Description and Web Address	lies Goal Status More than 550 patients and family members attended CCHC support groups i n FY18 Support groups included Leukemia and Lymphoma Society Family Support Groups, Suppo rt for People with Oral, Health, and Neck Cancers, Breast Cancer Support Groups and Ostomy Clinics Support groups were facilitated by CCHC staff and hosted at CCHC facilities Goa l Description Host a Cancer Survivorship Day event to celebrate survivors, inspire those r ecently diagnosed and support families and caregivers Goal Status The FY18 Survivorship D ay event hosted more than 150 attendees and 25 volunteers from the CCHC Cancer Program Su pport organizations, including The American Cancer Society, Team Maureen, and the Cape Wel lness Collaborative provided information on prevention, support programs and self-care CC HC employees donated 103 gift bags that were distributed to survivors Goal Description Ho st a Cancer Survivorship Day event to celebrate survivors, inspire those recently diagnose d and support families and caregivers Goal Status The FY18 Survivorship Day event hosted more than 150 attendees and 25 volunteers from the CCHC Cancer Program Support organizati ons, including The American Cancer Society, Team Maureen, and the Cape Wellness Collaborat ive provided information on prevention, support programs and self-care CCHC employees don ated 103 gift bags that were distributed to survivors Goal Description Through a grant fr om the American Cancer Society, CCHC will offer an Oncology Nutrition program to improve p atients' quality of life and outcomes Goal Status CCHC launched an Oncology Nutrition pro gram and provided 1 1 counseling for 216 patients and their families with a Registered Die titian through 300 visits Services offered by the Oncology Nutrition program include meal planning for various diets and nutritional needs, assistance with initiating a tube feed for patients who are no longer able to consume foods orally, working closely with patient' s care team to ensure adequate nutrition at patient's home, and providing local grocery st ore and local organic market gift cards for patients in need of additional monetary/dietar y support Partner Name, Description and Web Address American Cancer Society www cancer or g/about-us/local/massachusetts html YMCA Cape Cod LIVESTRONG www ymcacapecod org/programs/ health-well-being/livestrong/ Cape Wellness Collaborative Visiting Nurse Association of Ca pe Cod Team Maureen www capewellness org/ www vnacapecod org www teammaureen org Boston Ca ncer Support www bostoncancersupport org Contact Information Mary Pumphery Cape Cod Healt hcare 297 North Street, Building 3, 3rd Floor Hyannis, MA, 02601 Phone 774-470-5506 Detai led Description CCHC Cancer Support Services provides oncology patients and their families ' psychological and social support during their treatment journey A team of Oncology Soci al Workers provide ongoing counseling and support groups and direct referrals to services such as transportation, home c

990 Schedule O, Supplemental Information

Return Reference	Explanation
Partner Name, Description and Web Address	are, and community-based wellness services such as reiki, acupuncture and massage A new O ncology Nutrition program was started in FY18 and cancer survivorship is celebrated, suppo rted and recognized within hospital departments and in the community Living Fit for youl Cancer Wellness Program at Cape Cod Hospital and Falmouth Hospital Program Type Direct Se rvices Statewide Priority Chronic Disease Management in Disadvantage Populations, Promot ing Wellness of Vulnerable Populations EOHHS Focus Issue(s) (optional) Chronic Disease w ith focus on Cancer, Heart Disease, and Diabetes DoN Health Priorities (optional) Not Sp ecified Target Population Regions Served County-Barnstable - Health Indicator Mental H ealth, Other Cancer, Other Cancer - Breast, Other Cancer - Cervical, Other Cancer - Co lo-rectal, Other Cancer - Lung, Other Cancer - Multiple Myeloma, Other Cancer - Other, Other Cancer - Ovarian, Other Cancer - Prostate, Other Cancer - Skin, Other Chronic Pa in, Other Nutrition, Physical Activity, - Sex All - Age Group All - Ethnic Group All - Language All Goal Description Provide free group exercise program, 1 1 wellness counsel ing, oncology rehabilitation screenings and access to cancer survivorship programs for adu lts undergoing or recovering from treatment for cancer Goal Status In FY18, 82 patients w ere referred to the program with 262 individualized exercise classes and wellness consults provided to address fatigue, de-conditioning, stress reduction, distress management, nutr itional services, diabetes education and sleep issues Goal Description Referrals will be made to appropriate services to continue rehabilitation and improved health outcomes Goal Status The program referred nearly 90% of patients to additional rehabilitative services including pulmonary, cardiac, nutrition, speech and occupational therapy Partner Name, De scription and Web Address Cape Cod Healthcare - www capecodhealth org/classes-events Cape Wellness Collaborative - www capewellness org Contact Information Mary Pumphery Cape Cod Healthcare 297 North Street, Building 3, 3rd Floor Hyannis, MA, 02601 Phone 774-470-5506 Detailed Description Living Fit for Youl is a free, structured, and medically-supervised s ix-week exercise and education program for cancer survivors before, during or after treatm ent Activities focus on improving fatigue, de-conditioning and a loss of physical functio n The program was founded at Falmouth Hospital and expanded to include Cape Cod Hospital in August of 2018 Moms Do Care Cape Cod Program Type Community Participation/Capacity Bu ilding Initiative, Direct Services, Grant/Donation/Foundation/Scholarship, Health Screenin g, Outreach to Underserved, School/Health Center Partnership, Support Group Outreach to U nderserved, School/Health Center Partnership, Support Group

990 Schedule O, Supplemental Information

Return Reference	Explanation
Program Type Community Participation/Capacity Building Initiative,	Direct Services, Grant/Donation/Foundation/Scholarship, Health Screening, Outreach to Unde rserved, School/Health Center Partnership, Support Group Outreach to Underserved, School/ Health Center Partnership, Support Group Statewide Priority Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity E OHHS Focus Issue(s) (optional) Housing Stability/Homelessness, Mental Illness and Mental Health, Substance Use Disorders DoN Health Priorities (optional) Built Environment, Empl oyment, Housing, Social Environment Target Population Regions Served County-Barnstable - Health Indicator Access to Health Care, Mental Health, Other Alcohol and Substance Abu se, Other Family Planning, Other Homelessness, Other Language/Literacy, Other Nutritio n, Other Parenting Skills, Other Uninsured/Underinsured, Substance Abuse, - Sex Female- Age Group All Adults - Ethnic Group All - Language English Goal Description Provide p renatal and postpartum care coordination, access to MAT programs, and addiction recovery s ervices to 75 pregnant women in Barnstable County Goal Status Moms Do Care enrolled 62 wo men in the program Substance use treatment and access to prenatal care services were coor dinated by a Certified Addiction Registered Nurse and a Recovery Coach provided peer suppo rt services and assistance addressing social determinants of health such as housing and tr ansportation Goal Description Increase positive health outcomes for the women enrolled in program Outcomes measured using baseline data included, but was not limited to, overdose rates, use of alcohol and illegal use of drugs and increased utilization of outpatient me ntal health and Medication-Assisted Treatment Goal Status Advocates for Human Potential, an organization selected by MA Department of Public Health, served as the evaluator for Mo ms Do Care Cape Cod and Moms Do Care Worcester projects From baseline reporting at the ti me of enrollment through follow-up interviews 6 months after their child was delivered, ag gregated data from both sites demonstrated that Moms Do Care participants experienced a re duction in the number of overdoses, a reduction in the use of alcohol or illegal drugs, an d increased utilization and adherence to mental health and substance use treatment service s Goal Description Develop a sustainability plan to continue program activities in the co mmunity at the project funding conclusion in July 2018 Goal Status CCHC worked closely wi th collaborators transitioning the program to Duffy Health Center in August of 2018 Duffy Health Center was awarded a MA DPH grant to continue the program starting in October 2018 CCHC provided a bridge grant of $21,000 to support the program during the transition and ensure program activities continued between grant cycles CCHC remains a committed collab orator on the project and refers to the program from different clinical departments includ ing hospital emergency and mat

990 Schedule O, Supplemental Information

Return Reference	Explanation
Program Type Community Participation/Capacity Building Initiative,	ernity departments, behavioral health departments, and obstetrical practices Partner Name , Description and Web Address The Duffy Health Center - www duffyhealthcenter org Gandara Center - www gandaracenter org Institute for Health and Recovery - www healthrecovery org/ projects/moms-do-care/ Massachusetts Department of Public Health Bureau of Substance Addi ction Services - www mass gov/orgs/bureau-of-substance-addiction-services Contact Informat ion Mary Pumphery Cape Cod Healthcare 297 North Street, Building 3, 3rd Floor Hyannis, MA, 02601 Phone 774-470-5506 Detailed Description Cape Cod Hospital received grant funds fro m the MA Department of Public Health to design and operate a program called Moms Do Care w ith the objectives of expanding access to substance use treatment, prenatal care and peer- based recovery support services for pregnant women with Opioid Use Disorders living in Bar nstable County Specialty Network for the Uninsured Harbor Community Health Center Hyanni s Program Type Grant/Donation/Foundation/Scholarship, Outreach to Underserved Statewide P riority Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadva ntage Populations, Promoting Wellness of Vulnerable Populations EOHHS Focus Issue(s) (opt ional) Chronic Disease with focus on Cancer, Heart Disease, and Diabetes DoN Health Prior ities (optional) Not Specified Target Population Regions Served County-Barnstable - Hea lth Indicator Access to Health Care, Other Arthritis, Other Asthma/Allergies, Other Ca ncer, Other Cancer - Prostate, Other Cardiac Disease, Other Chronic Pain, Other Coliti s/Crohn Disease, Other Cultural Competency, Other Diabetes, Other Family Planning, Othe r Hearing, Other Hepatitis, Other Hypertension, Other Language/Literacy, Other Lyme D isease, Other Osteoporosis/Menopause, Other Parkinson's Disease, Other Pregnancy, Other Pulmonary Disease/Tuberculosis, Other Stroke, Other Uninsured/Underinsured, Other Vis ion,- Sex All - Age Group All - Ethnic Group All - Language All, Portuguese, Spanish Goal Description Increase access to specialty care for low-income, uninsured and under-ins ured individuals Goal Status In FY18, SNU coordinated 518 appointments with local medical specialists for low-income, uninsured or under-insured individuals The FY18 program expe rienced an increase of 5% over the number of visits provided in FY17 Goal Description Pro vide access to specialists for uninsured or under-insured residents who face language barr iers to care Goal Status The number of SNU participants requesting a medical interpreter during a specialty appointment nearly doubled from FY17 (10%) to FY18 (19%) In FY18, 81% of individuals requesting a medical interpreter requested Portuguese translation and 19% r equested Spanish translation Goal Description Analyze program utilization data to identif y the specialty services most needed by SNU program participants Goal Status In FY18, the five most frequently utilized

990 Schedule O, Supplemental Information

Return Reference	Explanation
Program Type Community Participation/Capacity Building Initiative,	specialty services included urology, ophthalmology, ear, nose and throat (ENT), cardiolog y and general surgery Partner Name, Description and Web Address Cape Cod Healthcare - www capecodhealth org Community Health Center of Cape Cod - www chcofcapecod org Duffy Health Center - www duffyhealthcenter org Harbor Community Health Center Hyannis - www hhsi us I sland Health Care - www ihimv org Contact Information Mary Pumphery Cape Cod Healthcare 29 7 North Street, Building 3, 3rd Floor Hyannis, MA, 02601 Phone 774-470-5506 Detailed Desc ription Cape Cod Healthcare Community Benefits provides annual grant support to Harbor Com munity Health Center-Hyannis to coordinate the Specialty Network for the Uninsured (SNU) The SNU program increases access to specialty care for uninsured and under-insured residen ts of Barnstable County through managing a network of medical specialists who provide offi ce visits, procedures and continued care of uninsured and under-insured individuals Barns table County Tick Disease Testing and Education Project Program Type Grant/Donation/Found ation/Scholarship Statewide Priority Chronic Disease Management in Disadvantage Populati ons, Promoting Wellness of Vulnerable Populations EOHHS Focus Issue (s) (optional) Not Sp ecified DoN Health Priorities (optional) Not Specified Target Population Regions Served County-Barnstable - Health Indicator Other Lyme Disease - Sex All - Age Group All - Ethnic Group All - Language All Goal Description Provide up to 1,500 subsidized tick te sts for Barnstable County residents Testing to include identification of tick species an d life stage, high resolution micrographs of tick, assessment of feeding status, and secur e private delivery of pathogen testing results Goal Status As of September 30, 2018, just over 1,110 tick tests were completed and the results provided data and information to aid in personal risk assessment Goal Description Provide county-wide surveillance data for u se by medical providers and public health officials The detection of one or more pathogen s in ticks will be reported Goal Status Approximately, 32% of the 1,112 tested positive w ith one or more pathogens Data and information is shared with the Cape Cod Cooperative Ex tension It was also noted that Barnstable residents submitted a relatively low-rate of no n-tick samples compared to other regions in MA, signaling that residents assisted by this grant appear more likely to properly detect and identify ticks as opposed to other arthrop ods or foreign substances Goal Description The Cape Cod Extension will develop, produce a nd release an online series of tick disease education and prevention videos for the public featuring a local epidemiologist

990 Schedule O, Supplemental Information

Return Reference	Explanation
The online videos will be promoted across the county via public locations	including schools, libraries, councils on aging and other civic gathering locations aging and other civic gathering locations gathering locations Goal Status A series of ten tic k education videos titled "Tickology" were released to the public on September 25, 2018 P romotion of the videos has been targeted towards libraries, garden centers, businesses, mu seums, land use organizations, and public health officials Videos can be accessed on the Cape Cod Extension's website, www capecodextension org/ticks/ and YouTube Partner Name, D escription and Web Address Cape Cod Cooperative Extension www capecodextension org UMASS Laboratory of Medical Zoology www tickdiseases org Contact Information Mary Pumphery Cape Cod Healthcare 297 North Street, Building 3, 3rd Floor Hyannis, MA, 02601 Phone 774-470- 5506 Phone 774-470-5506 DETAILED DESCRIPTION CCHC Community Benefits provided grant fundi ng to subsidize a tick-borne pathogen testing program and expanded tick borne disease prev ention education for residents of Barnstable County Tick-testing and reporting was conduc ted by the UMASS Laboratory of Medical Zoology The Cape Cod Cooperative Extension develop ed, produced and released to the public a 10-part online video series titled "Tickology" p roviding easily-accessible community education on tick disease prevention by local epidemi ologists Community-Based Interpreter Services Program Type Outreach to Underserved Stat ewide Priority Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health E OHHS Focus Issue(s) (optional) Chronic Disease with focus on Cancer, Heart Disease, and D iabetes,Stability/Homelessness, Substance Use Disorders DoN Health Priorities (optional) Social Environment Target Population Regions Served Regions Served County-Barnstable - Health Indicator Access to Health Care, Other Arthritis, 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 H IV/AIDS, Other Hypertension, Other Lyme Disease, Other Nutrition, Other Osteoporosis/M enopause, Other Parkinson's Disease, Other Pregnancy, Other Pulmonary Disease/Tuberculo sis, Other Sexually Transmitted Diseases, Other Sickle Cell Disease, Other Smoking/Toba cco, Other Stroke, Other Uninsured/Underinsured, Overweight and Obesity, Physical Activi ty, Substance Abuse, Tobacco Use - Sex All - Age Group All Adults - Ethnic Group All, P ortuguese, Spanish - Language All, Portuguese, Spanish Goal Description Assist more than 800 individuals with free medical interpreters in community-based primary care and specia lty care settings Goal Status The Community Based Interpreters program served 883 individ uals with medical interpretation in community-based health care settings Goal Description Analyze program utilization d

990 Schedule O, Supplemental Information

Return Reference	Explanation
The online videos will be promoted across the county via public locations	ata to assess regional medical interpretation needs for program evaluation Goal Status Ov er 80% of people served requested Portuguese translation and 19% requested Spanish transla tion Overall the number of individuals served was similar to FY17, however the regions of Cape Cod where those served by the program reside shifted slightly The Mid-Cape region e xperienced an increase of 5% of the total population served and the Upper Cape region expe rienced a decrease in people served In FY17 and FY18, only 1% of individuals served by th e program resided in the Outer and Lower regions of Cape Cod Partner Name, Description an d Web Address Community Based Medical Offices on Cape Cod - Various Harbor Community Healt h Center Hyannis - www hhsi us/cape-cod/harbor-community-health-center-hyannis Contact Inf ormation Mary Pumphery Cape Cod Healthcare 297 North Street, Building 3, 3rd Floor Hyannis , MA, 02601 Phone 774-470-5506 Detailed Description CCHC provides free medical language i nterpreters to community-based physician offices to assist limited and non-English speakin g patients and their families The availability of proficient and professional interpreter services ensures the delivery of safe, quality health care and positive clinical outcomes EMS Interpreter's Services Program A collaboration between Cape Cod Healthcare and the Cape and Islands Emergency Medical Services System Program Type Direct Services, Grant/Do nation/Foundation/Scholarship, Health Professional/Staff Training Statewide Priority Pro moting Wellness of Vulnerable Populations, Reducing Health Disparity EOHHS Focus Issue(s) (optional) N/A DoN Health Priorities (optional) Social Environment Brief Description or Objective CCHC Community Benefits provides support to the regional SHINE program to ex pand information, counseling and assistance with Medicare and health insurance needs at va rious outposts across Barnstable County Target Population Regions Served County-Barnstab le - Health Indicator Other Cultural Competency, Other Language/Literacy - Sex All - A ge Group All - Ethnic Group All - Language All Goal Description Pilot the program with Hyannis Fire Department and Yarmouth Fire Department, two of the three largest fire and r escue departments in Barnstable County, to assess need, develop training resources and tra ck service utilization Goal Status According to survey data, over 90% of fire department staff from both towns identified that they had encountered language barriers making it dif ficult to accurately assess and document health information from a patient who speaks a la nguage other than English prior to arrival at the hospital In response, CCHC trained fire fighters and emergency responders to use phone-based interpreter services and provided a t oll free number to access interpreter services from their cell phones In addition, a lang uage identification poster and a medical visual translator document were provided to each ambulance in the town In the

990 Schedule O, Supplemental Information

Return Reference	Explanation
The online videos will be promoted across the county via public locations	pilot phase of the program, EMT's utilized the service for 32% of patients who required tr anslation services upon arrival at the hospital The average translation call was 3 8 minu tes and cost less than $4 per call Goal Description Expand the program beyond two pilot s ites to other municipal fire and rescue departments in Barnstable County Goal Status CCHC Community Benefits provided program funds for ongoing costs of interpreter services and m aterials for the program, expanding to 13 out of the 15 towns in Barnstable County Staff from the interpreter services departments at Cape Cod Hospital and Falmouth Hospital provi ded training to the town departments on use of interpreter services and visual language id entifiers Data collection is ongoing Partner Name, Description and Web Address Cape and Islands Emergency Medical Services System - www capeandislandsems org Contact Information Mary Pumphery Cape Cod Healthcare 297 North Street, Building 3, 3rd Floor Hyannis, MA, 026 01 Phone 774-470-5506 Detailed Description Cape Cod Healthcare (CCHC) and the Cape and Is lands Emergency Medical Services System partnered to create a unique program that provides phone-based medical interpreter services offered via the cell phones of paramedics and fi rst responders on ambulances to improve communication with limited-English speaking patien ts during an emergency and to increase accuracy of information relayed by patients during transport to a hospital Program Type Community Participation/Capacity Building Initiativ e,Grant/Donation/Foundation/Scholarship, Health Screening, Prevention Statewide Priority Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations EOHHS Focus Issue(s) (optional) Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,DoN Health Priorities (optional) Built Environment, Social Environme nt Target Population Regions Served County-Barnstable - Health Indicator Other Hyperte nsion, Other Stroke, Overweight and Obesity, Physical Activity- Sex All - Age Group All Ethnic Group All - Language All Goal Description Increase the number of residents part icipating in the Health Parks, Healthy People seasonal walking program and 5K Run/Walk aim ed at improving health knowledge and awareness of free and open spaces for physical activi ty Goal Status In FY18, over 285 individuals participated in the summer walking program a nd 5K Run/Walk at the Cape Cod National Seashore representing a 30% increase in the number of participants over FY17 Partner Name, Description and Web Address Cape Cod National Se ashore - www nps gov/caco/index htm National Park Service - www nps gov/ /healthy-parks- healthy-people Cape Cod Healthcare - www capecodhealth org/wellness-wise/healthy-parks-hea lthy-people/ www capecodhealth org/wellness-wise/healthy-parks-healthy-people/

990 Schedule O, Supplemental Information

Return Reference	Explanation
National Alliance on Mental Illness (NAMI) Cape Cod www namicapecod org	Contact Information Mary Pumphery Cape Cod Healthcare 297 North Street, Building 3, 3rd Fl oor Hyannis, MA, 02601 Phone 774-470-5506 Detailed Description Cape Cod Healthcare collab orated with the Cape Cod National Seashore and the National Park Services to promote commu nity open space for wellness, exercise and physical activity to improve the health of Cape Cod residents and visitors Prescription Assistance Program for Vulnerable Populations Ca pe Cod Hospital and Falmouth Hospital Program Type Direct Services Statewide Priority A ddress Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Pop ulations, Reducing Health Disparity Disparity Disparity Disparity Mary Pumphery Cape C od Healthcare 297 North Street, Building 3, 3rd Floor Hyannis, MA, 02601 Phone 774-470-55 06 Phone 774-470-5506 DETAILED DESCRIPTION CCHC Community Benefits provided grant funding to subsidize a tick-borne pathogen testing program and expanded tick borne disease preven tion education for residents of Barnstable County Tick-testing and reporting was conducte d by the UMASS Laboratory of Medical Zoology The Cape Cod Cooperative Extension developed , produced and released to the public a 10-part online video series titled "Tickology" pro viding easily-accessible community education on tick disease prevention by local epidemiol ogists Detailed Description Cape Cod Healthcare collaborated with the Cape Cod National S eashore and the National Park Services to promote community open space for wellness, exerc ise and physical activity to improve the health of Cape Cod residents and visitors Prescr iption Assistance Program for Vulnerable Populations Cape Cod Hospital and Falmouth Hospi tal Program Type Direct Services Statewide Priority Address Unmet Health Needs of the U ninsured, Chronic Disease Management in Disadvantage Populations, Reducing Health Disparit y Disparity Disparity Disparity EOHHS Focus Issue(s) (optional) Chronic Disease with focus on Cancer, Heart Disease, and Diabetes DoN Health Priorities (optional) Not Specif ied Target Population Regions Served County-Barnstable - Health Indicator Access to Hea lth Care, Other Uninsured/Underinsured- Sex All Age Group All Ethnic Group All Languag e All Goal Description Assist residents who are unable to afford medications to ensure c ompliance with hospital discharge planning Goal Status In FY18, Cape Cod Hospital and Fal mouth Hospital emergency and behavioral health departments provided prescription vouchers and prescription assistance totaling more than $18,300 for uninsured, under-insured or fin ancially disadvantaged populations Total spending on the prescription assistance program dropped by approximately 22% from FY17 This reduction is attributed to the hospital pharm acies now providing subsidized prescriptions rather than the previous approach of providin g vouchers for patients to purchase prescriptions from large, national retail pharmacies Partner Name, Description and

990 Schedule O, Supplemental Information

Return Reference	Explanation
National Alliance on Mental Illness (NAMI) Cape Cod www namicapecod org	Web Address Cape Cod Hospital - www capecodhealth org Falmouth Hospital - www capecodhealt h org Contact Information Mary Pumphery Cape Cod Healthcare 297 North Street, Building 3, 3rd Floor Hyannis, MA, 02601 Phone 774-470-5506 Detailed Description The Prescription Ass istance Program is an initiative of Cape Cod Hospital and Falmouth Hospital emergency, beh avioral health and pharmacy departments as a community benefit assisting uninsured, under- insured and financially disadvantaged patients with no other viable means to pay for medic ations upon discharge from hospital facilities Transportation Assistance Program for Vuln erable Populations Cape Cod Hospital and Falmouth Hospital Program Type Direct Services Statewide Priority Reducing Health Disparity EOHHS Focus Issue(s) (optional) Chronic Dise ase with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health, S ubstance Use Disorders DoN Health Priorities (optional) Built Environment Target Populat ion Regions Served County-Barnstable - Health Indicator Access to Health Care, Other Sa fety, Other Uninsured/Underinsured - Sex All - Age Group All - Ethnic Group All - Lang uage All Goal Description Assist residents who are unable to afford or access transporta tion to ensure compliance with their discharge plan Goal Status Cape Cod Hospital and Fal mouth Hospital emergency and behavioral health departments provided transportation voucher s totaling more than $62,500 for financially disadvantaged patients upon discharge FY18 h ospital transportation assistance increased more than 50% over FY17 Partner Name, Descrip tion and Web Address Local Taxi Companies - N/A Contact Information Mary Pumphery Cape Cod Healthcare 297 North Street, Building 3, 3rd Floor Hyannis, MA, 02601 Phone 774-470-5506 Detailed Description In an effort to assist low-income and vulnerable populations, Cape C od Hospital and Falmouth Hospital provided access to transportation upon discharge from em ergency and behavioral health departments, to those patients without resources for transpo rtation Health Education and Support Services for Wellness at Cape Cod Hospital and Falmo uth Hospital Program Type Community Education, Direct Services, Health Screening, Outreach to Underserved, Prevention, School/Health Center Partnership, Support Group Statewide Pr iority Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulne rable Populations, Reducing Health Disparity EOHHS Focus Issue(s) (optional) Chronic Dise ase with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health, S ubstance Use Disorders DoN Health Priorities (optional) Built Environment, Education Tar get Population Regions Served County-Barnstable - Health Indicator Access to Health Care , Immunization, Mental Health, Other Alcohol and Substance Abuse, Other Alzheimer Diseas e, Other Arthritis, Other Asthma/Allergies, Other Bereavement, Other Cancer, Other Ca rdiac Disease, Other Cultural

990 Schedule O, Supplemental Information

Return Reference	Explanation
National Alliance on Mental Illness (NAMI) Cape Cod www namicapecod org	Competency, Other Diabetes, Other HIV/AIDS, Other Hypertension, Other Nutrition, Othe r Parenting Skills, Other Pregnancy, Other Stroke, Overweight and Obesity, Physical Act ivity,- Sex All - Age Group All - Ethnic Group All - Language English, Portuguese, Spa nish Goal Description Provide health education and support activities for the community o n a continuum of issues including, but not limited to, chronic disease prevention, screeni ng and self-management for conditions such as cancer, heart disease, and diabetes, breastf eeding and parenting, behavioral health, and cultural competency in care Goal Status In F Y18, over 14,500 staff hours were dedicated to ensuring health education and support servi ces Classes and support groups were offered and facilitated for individuals, families and the community Partner Name, Description and Web Address American Cancer Society - www ca ncer org Visiting Nurses Association of Cape Cod - www vnacapecod org YMCA Cape Cod - www ymcacapecod org Contact Information Mary Pumphery Cape Cod Healthcare 297 North Street, Bu ilding 3, 3rd Floor Hyannis, MA, 02601 Phone 774-470-5506 Detailed Description At Cape Co d Hospital and Falmouth Hospital, health education and outreach activities, classes, suppo rt groups and services to increase wellness are offered to the community across a number o f different health areas From maternity department tours and new parenting classes, to co mmunity-based diabetes and stroke education, fall prevention classes, bereavement support groups and advance care planning presentations, the hospitals dedicate clinical staff and resources to support the wellness of Barnstable County residents Workforce and Career Dev elopment Initiatives Cape Cod Healthcare Program Type Community Participation/Capacity Bu ilding Initiative, Health Professional/Staff Training, Mentorship/Career Training/Internsh ip, Outreach to Underserved, School/Health Center Partnership Statewide Priority Reducing Health Disparity, Supporting Healthcare Reform EOHHS Focus Issue(s) (optional) Chronic D isease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health DoN Health Priorities (optional) Education, Employment Target Population Regions Served County-Barnstable - Health Indicator Access to Health Care - Sex All - Age Group Adul t, Adult-Young - Ethnic Group All - Language All Goal Description CCHC staff in various departments will provide clinical oversight and supervision to students engaged in allied health programs and various job training initiatives in the region CCHC staff in various departments will provide clinical oversight and supervision to students engaged in allied health programs and various job training initiatives in the region

990 Schedule O, Supplemental Information

Return Reference	Explanation
Goal Status	In FY18, over 26,000 staff hours were devoted to workforce and career development partnership efforts including supervision of student training, job shadowing and clinical oversight Staff hours allocated to workforce development initiatives increased by more than 30% over FY17 This increase is reflective of growth in strategic partnerships aimed at increasing educational and employment opportunities in our region increasing educational and employment opportunities in our region Partner Name, Description and Web Address Barnstable High School - www barnstable k12 ma us Cape Cod Community College - www capecod edu/ Cape Cod Regional Technical High School - www capetech us MA College of Pharmacy and Health Sciences - www mcphs edu The Riverview School - www riverviewschool org University of Massachusetts - www massachusetts edu/ Upper Cape Regional Technical School - www uppercapetech com/ Contact Information Mary Pumphery Cape Cod Healthcare 297 North Street, Building 3, 3rd Floor Hyannis, MA, 02601 Phone 774-470-5506 DETAILED DESCRIPTION CCHC invests in partnerships with local high schools, vocational schools, community colleges, and allied health programs for job training and shadowing and internships with health care providers in various hospital departments including, but not limited to, phlebotomy, radiology, behavioral health, and materials management Our efforts contributed to regional economic development efforts to increase opportunity for educational attainment and provide experience for individuals to obtain stable, quality, and well-compensated jobs in our region CCHC invests in partnerships with local high schools, vocational schools, community colleges, and allied health programs for job training and shadowing and internships with health care providers in various hospital departments including, but not limited to, phlebotomy, radiology, behavioral health, and materials management Our efforts contributed to regional economic development efforts to increase opportunity for educational attainment and provide experience for individuals to obtain stable, quality, and well-compensated jobs in our region departments including, but not limited to, phlebotomy, radiology, behavioral health, and materials management Our efforts contributed to regional economic development efforts to increase opportunity for educational attainment and provide experience for individuals to obtain stable, quality, and well-compensated jobs in our region well-compensated jobs in our region

990 Schedule O, Supplemental Information

Return Reference	Explanation
FUNCTIONAL EXPENSE NOTE	FORM 990, PART I AND PART IX FUNDRAISING IS CONDUCTED ON BEHALF OF CAPE COD HEALTHCARE, IN C BY CAPE COD HEALTHCARE FOUNDATION, INC CERTAIN OFFICERS ARE COMPENSATED BY CAPE COD HE ATHCARE, 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 AND OFFICERS SIT ON THE BOARDS OF THE FOLLOWING EMERALD PHYSICI ANS MEMBER TRUST PHILIP MCLOUGHLIN JOEL CROWELL CAPE HEALTH INSURANCE COMPANY MICHAEL K LAUF MICHAEL L CONNORS MICHAEL G JONES BRUCE JOHNSTON PHILIP MCLOUGHLIN THE MEMBERS OF CAP E COD HEALTHCARE, INC 'S BOARD ALSO SIT ON THE BOARD OF CAPE COD MEDICAL OFFICE BUILDING A ND EMERALD PHYSICIAN SERVICES, LLC, FOR-PROFIT RELATED ORGANIZATIONS FORM 990, PART VI, L INE 4 The organization's bylaws were amended to include the following items deletion of t he development and philanthropy committee as a standing board committee as the function ha s been absorbed by Cape Cod Healthcare Foundation, deletion of a minimum number of members , prior automatic removal as a member for failing to attend three consecutive annual meeti ngs have been removed, trustees may serve a maximum of three consecutive 3-year terms inst ead of four, physician trustees may serve three consecutive 2-year terms instead of four, establishment of a requirement for the Compliance Officer to make an annual compliance rep ort to the Board of Trustees, and proxy votes may be submitted by facsimile transmission FORM 990, PART VI, LINES 6&7(A) THE ORGANIZATION HAS MEMBERS/INCORPORATORS WHO ELECT THE O RGANIZATION'S TRUSTEES FORM 990, PART VI, LINE 7(B) THE DECISIONS OF THE GOVERNING BODY T HAT NEED APPROVAL BY ITS MEMBERS/INCORPORATORS INCLUDE APPROVAL OF CHANGES MADE TO THE COR PORATION'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 S EVERAL LEVELS THE ORGANIZATION ENGAGES A PUBLIC ACCOUNTING FIRM TO ASSIST IN THE PREPARAT ION AND REVIEW OF ITS FORM 990 AND WHO SIGNS AS PAID PREPARER SENIOR MANAGEMENT OF THE OR GANIZATION IS RESPONSIBLE FOR THE TIMELY PREPARATION OF FORM 990 THE COMPLETED FORM 990, WITH THE EXCEPTION OF AN ANONYMOUS DONOR, IS PROVIDED TO THE FINANCE COMMITTEE AND THE ENT IRE BOARD IN ADVANCE OF THE FILING DEADLINE FORM 990, PART VI, LINE 12 THE ORGANIZATION M AINTAINS A CONFLICT OF INTEREST POLICY AND REGULARLY AND CONSISTENTLY MONITORS AND ENFORCE S COMPLIANCE WITH THIS POLICY ON AN ANNUAL BASIS, EACH TRUSTEE, OFFICER AND EMPLOYEE AT T HE 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 COMPLI ANCE WHO PREPARES A SUMMARY FOR CCHC'S COMPLIANCE OFFICER ANY MATERIAL INTERESTS SO DISCL OSED ARE PRESENTED TO THE CORPORATION'S GOVERNANCE COMMITTEE FOR REVIEW AND RESOLUTION AL L DISCLOSURE STATEMENTS SUBMIT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FUNCTIONAL EXPENSE NOTE	TED BY EMPLOYEES WILL BE REVIEWED BY HUMAN RESOURCES AND/OR CCHC'S DIRECTOR OF CLINICAL AN D RESEARCH COMPLIANCE FOR ANY DISCLOSURE THAT IS CONSIDERED SUBSTANTIVE THE EMPLOYEE'S AR EA MANAGER WILL BE CONSULTED TO DETERMINE IF THE SITUATION IS GENERALLY ACCEPTABLE, REQUIR ES FURTHER EXAMINATION AND POSSIBLE ACTION OR IS GENERALLY NOT ACCEPTABLE ANY ACTION PLAN CREATED TO MANAGE A CONFLICT OF INTEREST WILL BE MONITORED BY THE EMPLOYEE'S AREA MANAGER OR SUPERVISOR FORM 990, PART VI, LINE 15 THE ANNUAL PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, OFFICERS, EXECUTIVES AND KEY EMPLOYEES INCLUDE THE FOLLOWING CEO - COMPENSATION WILL BE DETERMINED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTE ES, AND WILL INCLUDE CONSIDERATION OF RELEVANT MARKET DATA FURNISHED BY A DISINTERESTED CO MPENSATION CONSULTANT, AND A REVIEW OF JOB PERFORMANCE OFFICERS, EXECUTIVES AND KEY EMPLO YEES - 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 COM PENSATION CONSULTANT, AND A REVIEW OF JOB PERFORMANCE THE CEO'S DETERMINATION OF SUCH COM PENSATION WILL BE SUBJECT TO THE APPROVAL OF THE COMPENSATION COMMITTEE OF THE BOARD OF TR USTEES THE PROCESS AND CONCLUSIONS ARE DOCUMENTED IN THE MEETING MINUTES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 JOEL CROWELL TRUSTEE, SERVED AS TREASURER/CLERK/TRUSTEE UNTIL 5/18 TITLE FOR MICHAEL G JONES, ESQ SR VP & CHIEF LEGAL OFFICER / CLERK FROM 5/18 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES ($3,069,833) NET ASSETS RELEASED FROM RESTRICTION (563,057) TRANSFER TO/FROM AFFILIATES 575,802 CHANGE IN VALUE SPLIT INTEREST AGREEMENT 492,634 CHANGE IN VALUE BENEFICIAL INTEREST (174,493) TRANSFER OF NET ASSETS 2,736,781 CONTRIBUTIONS ELIMINATIONS (53,989) INCLUSION OF CCRI TO GROUP EXEMPTION ---------- ($56,155) OTHER CHANGES IN NET ASSETS OR FUND BALANCES

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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

2017

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 297 NORTH STREET BLDG 3 HYANNIS, MA 02601 22-2600704	PARENT CORP	MA	501(c) (3)	10	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) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CAPE AND ISLAND ENDOSCOPY CENTER 700 ATTUCKS LANE HYANNIS, MA 02601	ENDOSCOPY CENTER	MA	NA									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)CAPE HEALTH INSURANCE COMPANY PO BOX 1051GT GRAND CAYMAN CJ 98-1230418	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	0	15,000	100 000 %	Yes	
(3)POOLED INCOME FUNDS (2)	SUPPORT	MA	NA					Yes	
(4)EMERALD PHYSICIAN SERVICES LLC 25 COMMUNICATION WAY HYANNIS, MA 02601 04-3369730	PRIMARY CARE	MA	EMERALD TRUST	S CORP	26,802,932	13,385,182	100 000 %	Yes	
(5)EMERALD PHYSICIANS MEMBER TRUST 297 NORTH STREET BLDG 3 HYANNIS, MA 02601 46-7220648	EMRLD SHAREHO	MA	MACC	TRUST	0	0	100 000 %	Yes	
(6)CHARITABLE REMAINDER TRUSTS (20)	SUPPORT	MA	NA					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		
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	2,957,963	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)