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PUBLIC DISCLOSURE COPY

Form	990
Departm	ent of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.



AF	or th	e 2012 calendar year, or tax year beginning $ m JUN1,2013$ and $ m e$	ending S	EP 30, 2013		
	heck if pplicab			D Employer identif	ication number	
a						
COMMUNITY CARE COLLABORATIVE						
	Name	e Doing Business As		46-1	185754	
X	Initial	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone numbe		
	ated	IIII EASI CESAK CHAVEZ SIKEEI		512-	975-8464	
	Amen	City, town, or post office, state, and ZIP code		G Gross receipts \$	33,594,294.	
X	Applic tion pendi	AUSTIN, TX 78701		H(a) Is this a group r		
	pendi	F Name and address of principal officer: JOHN STEPHENS		for affiliates?	Yes X No	
		SAME AS C ABOVE		H(b) Are all affiliates in	cluded? Yes No	
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 🛄 527	If "No," attach a	a list. (see instructions)	
		te: WWW.COMMUNITYCARECOLLABORATIVE.NET		H(c) Group exemption		
		forganization: 🗶 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2012	v State of legal domicile: $ extsf{TX}$	
Pa		Summary				
ø	1	Briefly describe the organization's mission or most significant activities: TO PI	ROVIDE	HIGH QUALI	TY, COST	
Governance		EFFECTIVE, PATIENT CENTERED CARE THAT IM				
ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispos				
Š		Number of voting members of the governing body (Part VI, line 1a)			5	
		Number of independent voting members of the governing body (Part VI, line 1b) $\ _{.}$			2	
Activities &		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			0	
ivit	6	Total number of volunteers (estimate if necessary)			0	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
				Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)			33,592,316.	
Revenue		Program service revenue (Part VIII, line 2g)			0.	
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			1,978.	
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			33,594,294.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	
ens		Professional fundraising fees (Part IX, column (A), line 11e)			0.	
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		01 000 EE2	
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			21,200,553.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			21,200,553. 12,393,741.	
<u>_s</u>	19	Revenue less expenses. Subtract line 18 from line 12		sinning of Current Voor		
Net Assets or Fund Balances				ginning of Current Year	End of Year 13,399,444.	
Asse Bala	20	Total assets (Part X, line 16)			1,005,703.	
let /	21	Total liabilities (Part X, line 26)			12,393,741.	
	22 art II	Net assets or fund balances. Subtract line 21 from line 20			12,393,741.	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and etatem	ents and to the hest of m	w knowledge and belief, it is	
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			ויז התשוטעטט מווע שבוובו, וג וא	
<u></u> ,	00110		ποτι μισμαισι			
Sig	n	Signature of officer		Date		
Her		JOHN STEPHENS, EXECUTIVE DIRECTOR				
i iei	0	Type or print name and title				
)ate Charle		

	Print/Type preparer's name	Preparer's signature / / /	Date	Check PIIN
Paid	SEAN HOLCOMB	Au L What	1/21/15	if self-employed P01249221
Preparer	Firm's name MAXWELL LOCKE &	RITTER LLP	Firm's	sEIN 74-2900215
Use Only	Firm's address 💊 401 CONGRESS AVE	NUE, SUITE 1100		
	AUSTIN, TX 78701	-9682	Phone	e no. $512 - 370 - 3200$
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
232001 12-1	0-12 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2012) COMMUNITY CARE COLLABORATIVE	46-1185754 Page 2
Ра	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: IMPLEMENT AND MAINTAIN AN INTEGRATED HEALTHCARE DELIVER TOD THE CAREFUL NET DODULATION IN TRANSCOMMENTATION AND DADT	
	FOR THE SAFETY NET POPULATION IN TRAVIS COUNTY AND PART	
	TEXAS HEALTHCARE TRANSFORMATION AND QUALITY IMPROVEMENT STATEWIDE MEDICAID 1115 WAIVER PROGRAM.	PROGRAM, A
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ?	
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 21,200,553. including grants of \$) (Reven ORGANIZE AND INTEGRATE THE INDIGENT HEALTHCARE DELIVERY	
	TRAVIS COUNTY AND PROVIDE A FRAMEWORK FOR PARTICIPATING	
	HEALTHCARE AND QUALITY IMPROVEMENT PROGRAM, A STATEWIDE	
	WAIVER PROGRAM.	MEDICAID 1115
	WAIVER PROGRAM.	
46		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
40	(Code:)/Expanses \$ including grants of \$) (Rouge	ue \$
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4c		ue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
		ue \$)
4c	Other program services (Describe in Schedule O.)	ue \$)
4d		ue \$)

Form	990 (2012) COMMUNITY CARE COLLABORATIVE 46-1185	5754
	t IV Checklist of Required Schedules	// 5 1
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
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2
3	public office? If "Yes," complete Schedule C, Part I	3
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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	Ť
-	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
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
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.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a
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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	
لم	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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	11c
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	
	Schedule D, Parts XI and XII	12a
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a
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	446
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1 3
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16
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	17
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18

2 Х a b a I

	or more? If "Yes," complete Schedule F, Parts I and IV	14b	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16	
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	17	
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	X
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	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Form **990** (2012)

Yes

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Form 990 (2				COLLABORATIVE
Part IV	Checklist of	Required Schedu	lles (cont	inued)

46-1185754 Page 4

Unless Sizes on Part IX, column (A), ine 17 // "es," complete Schedule /, Parts fand II 21 X 20 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 // "es," complete Schedule /, Parts I and III 22 X 20 Did the organization narwer "Ves" to Part VII, Soction A, line 3, 4, or S about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? // "Ves," complete Schedule / 23 X 21 Did the organization narwer "Ves" to Part VII, Soction A, line 3, 4, or S about compensation of the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24 X 23 Did the organization invest any proceeds of tax exempt bonds buyond a temporary period exception? 24 X 24 Did the organization mantain an escrow account of the tran a refunding excrow at any time during the year? 24d X 25 Section 50(4)(3) and 501(4) organizations. Did the organizations recess benefit transaction with a disqualified person during the year? 24d X 25 Section 50(4)(3) and 501(4) organizations. Did the organizations is a coses benefit transaction with a disqualified person in a prior year, and that the transaction was a transaction with a disqualified person in a prior year, and that the transaction has no theo reganization states are organization s				Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 X 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 officer, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 23 X 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the liast day of the year, that was usued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If 'No', to thin 25 24b 24b 24 Did the organization main an ecrow account other than a retunding ecrow at any time during the year? 24d 24d 25 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory exit, and that the enganization any expert If "Nes," complete Schedule L, Part I 25a X 26 Was a loan to or by a current or former officer, director, trustee, key employee, substantial contributor or employee benefit completer schedule L, Part I 25b X 27 Did the organization and sparty to a business transaction with one of the following parties (see Schedule L, Part I 26a X 28 A current or former officer, director, trustee, key employee, Schedule L, Part	21				
column (Å), line 27 If Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer Yes' to Part VI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation and 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', or to line 25. 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24d X c Did the organization aniatian an escrew account other than a refunding secrow at any time during the year of defease any tax-exempt bonds? 24d X 25 Section 50 (C(2)) and 50 (C(4) or ganizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction any of the organization's prior Forms 590 or 90 EC17 Yes," complete Schedule L, Part I 25a X 27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a or any of the organization's prior Forms 590 or 90 EC17 Yes," complete Schedule L, Part II 25b X 28 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person in a prior year, and that the transaction with ane or the organization's prior Forms 590 or 90 EC21 Yes," complet		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
and former officers, furstees, key employees, and highest compensated employees? If 'Yes,' complete 23 24 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 I, I''No', g to line 25 24 Did the organization ninvest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 25 Section 501(c)3) and 501(c)4) organizations. Did the organization engage 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-E27 If 'Yes,' complete Schedule L, Part I 26 Was a loan to ro by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person in a prior year, and that the transaction with an existance to an officer, director, trustee, key employee, highest complexes substantial contributor or employee thered, 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 II 28 Was had no robus current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 29 Did the organization party to a business transaction with one of the following parties (see Schedule L, Part IV 20 Did the organization indiver, director, trustee, or key employee? If 'Yes,' complete Sche	22	· · · ·	22		x
Schedule J 23 X 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, 200? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No'' go to line 25 24a X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b X 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d X 25b Ection 501(c)(3) and 501(c)(4) organizations. Did the organization ingage in an excess benefit transaction with a disqualified person during the year? 24d X 25b Is the organization reset that it engaged in an excess benefit transaction with a disqualified person during the year? 24d X 27b Ud the organization is any a current of former officer, director, trustee, key employee, highest compensated employee, or disqualified person out proyee there of the organization's tax year 1/1 'Yes,' complete Schedule L, Part I/ 25a X 27b Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part I/V 28a X 27b A anny member of a current or former officer, director, trustee, or key employee(11'Yes,' complete Schedule L, Part I/V 28a X 27b Did the organization ceve on that the schease optical sche	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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 I, If "No", g to the reganization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c 24c c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c 24c d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d 24d d Sa Section 501(c)(a) and 501(c)(a) organizations. Did the organization on the alignualified person in a prior year, and that the mascelon has not been reported on any of the organization spice Forms 900 or 900 E27 If "Nes," complete Schedule L, Part I 25a X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest complexes Schedule L, Part II 26a X 28 Was a loan or bap icaution to romer officer, director, trustee, ref wey omployee? If "Yes," complete Schedule L, Part II 28a X 29 Was take organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 28 A current or former officer, director, trustee, or key employee (or a famity member of a current		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
ast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K, If 'No', go to line 25 X b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bond? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bond? 24d d Bud the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization ingage in an excess benefit transaction with a disqualified person in a proy year, and that the threaction with a disqualified person in a proy year, and that the threaction for organization are organization any of the organization's tax year? If 'Yes,' complete Schedule L, Part I 25b X 27 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 28b X 29 Ub the organization incerved, a grant selection committee exceptions? A current or former officer, director, trustee, or key employee (II 'Yes,' complete Schedule L, Part IV 28b X 20 Ub the organization cevel wore? If 'Yes,' complete Schedule L, Part IV 28c X 21 Did the organization necelwore contri		Schedule J	23		X
Schedule K. If 'No', go to line 25 24a X b Did the organization numeriatin an escrow account of ther than a refunding escrow at any time during the year / defease any tax-exempt bonds? 24b 24c 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization angape in an excess benefit transaction with a disqualified person during the year // "Nes," complete Schedule L, Part I 25a X 25b Section 501(c)(3) and 501(c)(4) organizations. Did the organization vith a disqualified person in a prior year, and that the transaction has not been reported on any of the organization vith a disqualified person in a prior year, and that the transaction has not been reported on any of the organization orwite and for the organization orwite and for the organization orwite and the organization orwite and the repart of the organization orwite and the repart of the organization orwite and or the organization orwite are assistance to an officer, director, trustee, ever purpoyee, 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 II 27 X 27 Was the organization provide a grant or stansaction with one of the following parties (see Schedule L, Part II visite, or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part II 27 X 28 X current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization provide Schedule L, Par	24a	· · · · · · · · · · · · · · · · · · ·			
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? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? H "Yes," complete Schedule L, Part I 25a 25 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person during as of the end of the organization stay year? H "Yes," complete Schedule L, Part I 26b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization 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? H "Yes," complete Schedule L, Part IV 27 X 28 A current or former officer, director, trustee, or key employee? H "Yes," complete Schedule L, Part IV 28a X 29 Did the organization proventifies director, trustee, or key employee? H "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? H "Yes," complete Schedule L			24a		x
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 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete Schedule N, Part II 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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 X 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 and that is treated organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 	31	Did the organization liquidate, terminate, or dissolve and cease operations?			
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 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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 36 X 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 	32				
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Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 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 35b 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 X 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 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 4 X			33		_ A
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If "Yes," complete Schedule R, Part V, line 2 36 X 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 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 36 X	26		330		
 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? <i>If "Yes," complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 	30		26	x	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI37X38Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		30		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	57		37		x
• • • • • • • • • • • • • • • • • • • •	38				_
		Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2012)

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	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					v
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		•			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		Overview add to the merice	_		x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uirea	7.		x
ام	to file Form 8282?	7d		7c		
			40	7.		х
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g		
g h	If the organization received a contribution of qualined intellectual property, did the organization meters of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization meters are a contribution of cars, boats, airplanes, or other vehicles, did the organization meters are a contribution of cars, boats, airplanes, or other vehicles, did the organization meters are a contribution of cars, boats, airplanes, or other vehicles, did the organization meters are a contribution of cars, boats, airplanes, or other vehicles, did the organization meters are a contribution of cars, boats, airplanes, are a contribution of cars, boats, are a contribution of cars, boats, airplanes, are a contribution of cars, boats, are a contribution of cars, are a contribution of cars, boats, are a contribution of cars, a			79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			711		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	any an	io during the your	<u> </u>		
a	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
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				
	Enter the amount of reserves on hand	13c				
				14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

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COMMUNITY	CARE	COLLABORATIVE

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

Form **990** (2012)

Form 990 (2012) Part V

012)	COMMUNITY	CARE	COLLABO	RATIVE
Statements F	Regarding Othe	r IRS Fili	ings and Ta	x Compliance

Form 990 (2012)

COMMUNITY CARE COLLABORATIVE

46-1185754 Page 6

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

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

37	L

Sec	tion 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		5		
	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		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with	n any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under t					
	of officers, directors, or trustees, or key employees to a management company or other person?			3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockł	nolders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O					X
Sec	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
10-				40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such or and branches to appure their operations are appreciated with the organization's event burpage?	-		10b		
11-	and branches to ensure their operations are consistent with the organization's exempt purposes?					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a				12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			12.0		
	in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?					Х
14	Did the organization have a written document retention and destruction policy?					Х
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		-			
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		X
	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 arrange	ement	with a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	on's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE	T /0	H F01()(C)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	I (Sec	ation 501(c)(3)s only) availal	DIE	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain	n in Sc	chedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c			and fina	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the organiz	zation:		
	JEFF KNODEL - 512-978-8191 1111 EAST CESAR CHAVEZ, AUSTIN, TX 78702			-		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable

compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(2) CHRISTIE GARBE 1.00	
hours per week (list any hours for related organizations below line) box, unless person is both an officer and a director/trustee) compensation from the organizations (W-2/1099-MISC) compensation from related organizations (W-2/1099-MISC) amount of other compensation from the organizations (1) JUAN GARZA 1.00 X 0.00 0.00 0.00 (2) CHRISTIE GARBE 1.00 X 0.00 0.00 0.00	
Week (list any hours for related organizations below line) intervieweek (list any hours for related organizations below line) interviewee and below line) interviewee below below line) interviewee below below line) interviewee below below line) interviewee below below below line) interviewee below below below line) interviewee below b	
(1) JUAN GARZA 1.00 X 0. 0. 0. CHAIR X 0. 0. 0. 0. (2) CHRISTIE GARBE 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.	
(1) JUAN GARZA 1.00 X 0. 0. 0. CHAIR X 0. 0. 0. 0. (2) CHRISTIE GARBE 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.	ึ่งท
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(2) CHRISTIE GARBE1.00DIRECTORX0.0.	
DIRECTOR X 0. 0.	0.
(3) GREG HARTMAN 1.00	0.
	0.
(4) JESUS GARZA 1.00	
	0.
(5) LARRY WALLACE 10.00	_
	0.
(6) TRISH BROWN 1.00	_
	0.
(7) TIM LAFREY 1.00	-
	0.
(8) JEFF KNODEL 10.00	-
	0.
(9) LAURA MILES 10.00	•
	0.
(10) MARK HERNANDEZ 40.00	~
смо Х О. О. (0.

Form 990 (2012) COMMUNITY	Y CARE (COI	ĽLZ	ABC)R <i>I</i>	AT I	IVI	E	46-11	857	754	Pa	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C		es (continued)				
(A) Name and title	(B) Average hours per week	box, offic	not c , unle:	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC))	fro orga and	pensa om the anizati I relate nizatio	e ion ed
1b Sub-total c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but number)							no re	0 . eceived more than \$100		0.			0.
compensation from the organization												Yes	0 No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	,			•	•			•			3	103	x
4 For any individual listed on line 1a, is the su								her compensation from		···	3		
and related organizations greater than \$15Did any person listed on line 1a receive or a									idual for services		4		X
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J fe	or sı	uch	pers	son .		-			5		Х
1 Complete this table for your five highest co	•	•							•	ensa	ation fr	rom	
the organization. Report compensation for (A)	the calendar y	eare	enai	ng v	vitn	or w	<u>iitnir</u>	(B)	year.		(C)	
Name and business	address	NC	ONE	3			_	Description of s	services	Co	ompen	satio	n
							-						
							+						
2 Total number of independent contractors (i	ncludina but n	ot lir	mite	d to	tho	se li	sted	above) who received n	ore than				

2	Total number of independent contractors (including	g but not limited to those I	listed above) who received more than
	\$100,000 of compensation from the organization	10	

12

Total revenue. See instructions.

aru	: VI	II Statement of Revenue				
		Check if Schedule O contains a response to	any question ir	n this Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue
and Other Similar Amounts	1 a	Federated campaigns 1a				
2		Membership dues 1b				
8		Fundraising events 1c				
IIar			7,597,493.			
5			8,994,823.			
ē	f	All other contributions, gifts, grants, and	7 000 000			
5			.7,000,000.			
	ç	Noncash contributions included in lines 1a-1f: \$		33,592,316.		
	r	1 Total. Add lines 1a-1f	usiness Code	55,552,510.		
	2 a		usiness Code			
	2 C					
۳,	Č					
Hevenue						
ř	e					
	f	All other program service revenue				
		Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest,	, and			
		other similar amounts)		1,978.		
	4	Income from investment of tax-exempt bond proc	ceeds 🕨			
	5	Royalties				
		(i) Real	(ii) Personal			
		Gross rents				
		Less: rental expenses				
		Rental income or (loss)				
		I Net rental income or (loss)				
	7 8	Gross amount from sales of (i) Securities	(ii) Other			
	L	assets other than inventory				
	Ľ	Less: cost or other basis				
		and sales expenses c Gain or (loss)				
		Net gain or (loss)				
		Gross income from fundraising events (not				
		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18 a				
	k	b Less: direct expenses b				
'	c	Net income or (loss) from fundraising events	►			
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 a				
	k	b Less: direct expenses b				
	c	Net income or (loss) from gaming activities	►			
1	10 a	Gross sales of inventory, less returns				
		and allowances a				
		b Less: cost of goods sold b				
F	C	Net income or (loss) from sales of inventory				
F			usiness Code			
1	11 a					
	k					
	C	;				
	~	All other revenue	1			

33,594,294.

(D) Revenue excluded from tax under sections 512, 513, or 514

1,978.

Ο.

1,978.

COMMUNITY CARE COLLABORATIVE

Secti	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oth	her organizations must c	omplete column (A).	
	Check if Schedule O contains a respo	nse to any question in th	nis Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(Å) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
а	HEALTH CARE DELIVERY		19,775,763.		
b	DSRIP PROJECT	1,420,834.			
с	OTHER EXPENSES	3,956.	3,956.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	21,200,553.	21,200,553.	0.	0.
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 I if following SOP 98-2 (ASC 958-720)				

990 (; t X	2012) COMMUNITY CARE Balance Sheet	COLLABORATIVE		46-	1185754 Page 11
	Check if Schedule O contains a response to any	question in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1	7,755,527.
2	Savings and temporary cash investments			2	5,643,917.
3	Pledges and grants receivable, net	F		3	
4	Accounts receivable, net			4	
5	Loans and other receivables from current and for				
	trustees, key employees, and highest compensation				
				5	
6	Loans and other receivables from other disquali				
	section 4958(f)(1)), persons described in section				
	employers and sponsoring organizations of sect				
	employees' beneficiary organizations (see instr).			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment: cost or other	I I F			
	basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation			10c	
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 1			12	
13	Investments - program-related. See Part IV, line			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equa		0.	16	13,399,444.
17	Accounts payable and accrued expenses			17	1,005,703.
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
22	Loans and other payables to current and former	officers, directors, trustees,			
	key employees, highest compensated employee	es, and disqualified persons.			
	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrela	ted third parties		23	
24	Unsecured notes and loans payable to unrelated	d third parties		24	
25	Other liabilities (including federal income tax, page	yables to related third			
	parties, and other liabilities not included on lines	17-24). Complete Part X of			
	Schedule D			25	
26	Total liabilities. Add lines 17 through 25		0.	26	1,005,703.
	Organizations that follow SFAS 117 (ASC 958), check here ► 🛛 🗶 and			

13,399,444. Form 990 (2012)

12,393,741.

12,393,741.

27

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33

0.

0. 34

⁻ orm 990 (2	
Part X	Balan

Assets

Liabilities

Net Assets or Fund Balances

27

28

29

30

31

32

33

34

complete lines 27 through 29, and lines 33 and 34.

and complete lines 30 through 34.

Unrestricted net assets

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Permanently restricted net assets

Check if Schedule O contains a response to any question in this Part XI
Total revenue (must equal Part VIII, column (A), line 12)
Total expenses (must equal Part IX, column (A), line 25)
Revenue less expenses. Subtract line 2 from line 1
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
Net unrealized gains (losses) on investments
Donated services and use of facilities
Investment expenses

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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

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

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	12	,39	3,7	41.
Ра	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
					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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
	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	b Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	З,			
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					

COMMUNITY CARE COLLABORATIV	Έ
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46-1185754 Page 12

33,594,294.

21,200,553.

12,393,741.

Ò.

Form 990 (2012)

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3b

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Form 990 (2012)	COMMUNITY
Part XI	Reconciliation	of Net Assets

1

2

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7

SOHE	JULEA	D. J.			and all D	In 12 m	O	- -		UN	ID NO. 1040	-0047	
(Form 990 or 990-EZ)		Pur	olic Charity S ⁻	tatus	and F	JIIGU	Supp	ort			201	2	
		Comple	te if the organization is	a section	1 501(c)(3)	organiza	tion or a s	ection		-	-01	L	
	of the Treasury		4947(a)(1) no	-						-	pen to Pu		
Internal Reve	enue Service	► At	ttach to Form 990 or Form 990-EZ. ► See separate instructions.								Inspectio		
Name of	the organizati								Employer				er
			TY CARE COLL							<u>6-1</u> 1	18575	54	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	:.) See inst	ructions					
The orgar	nization is not a	private foundation	because it is: (For lines ⁻	1 through	11, check	only one b	ox.)						
1 📖	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)						
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3 🗌	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
	city, and stat												
5	•		benefit of a college or ur	niversity o	wned or o	perated by	a governi	mental u	nit describ	ed in			
		(b)(1)(A)(iv). (Comple		,	·	, ,	U						
6			ent or governmental uni	t describe	d in sectio	on 170(b)(⁻	I)(A)(v).						
7 X	-		eives a substantial part			• • •		or from th	e general	public	describe	ed in	
	-	b)(1)(A)(vi). (Comple	-			. ge . e			e general	101010			
8	-		ection 170(b)(1)(A)(vi).	(Complete	Part II)								
9	•		eives: (1) more than 33			rom contri	hutions m	emberst	nin fees a	nd aro	ss receir	nts fro	m
•			nctions - subject to certa										
		-	axable income (less sect								-		
		509(a)(2). (Complete				1311103303 6	acquired b		janization	anero	une oo, i	1375.	
10			perated exclusively to te	et for publ	ic cafoty	Soo coctic	n 500(a)(/	n					
									rn, out the	nurna		an or	
11 📖			perated exclusively for the										
			ations described in section				2). See sec	suon ous	(a)(3). Ch	eck ine	BOX INA	11	
			organization and compl					і 🗌 ту		o funct	ionally in	toara	tad
- 🗆	a L Type I			ype III - Fu	-	-		,	pe III - No			•	lea
e 📖			t the organization is not										
			han one or more publicly						J9(a)(1) or	Sectio	1 509(a)(2).	
f	•		ten determination from t									Г	_
		ganization, check th									••••••	L	
g	-		organization accepted ar			•					5		_
			irectly controls, either al								Ye	es N	lo
	•	v ,	upported organization?								1g(i)		
			n described in (i) above?								1g(ii)		
		•	person described in (i) o							[11	g(iii)		
h	Provide the fo	ollowing information	about the supported or	ganization	(s).								
-			1					()	la tha				
	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c in col. (i) lis			u notify the ion in col.	organiza	Is the tion in col.	(vii) Ar	mount of r		ary
org	anization		(described on lines 1-9 above or IRC section	governing			support?	(i) organ	ized in the S.?		support		
			(see instructions)	ů ů		(, ,							
			, ,, ,,	Yes	No	Yes	No	Yes	No				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

OMB No. 1545-0047

Total

SCHEDULE A

Schedule A (Form 990 or 990-EZ) 2012 COMMUNITY CARE COLLABORATIVE

Part II	Su
	(Co
	e

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					33,592,316.	33,592,316.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					33,592,316.	33,592,316.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						33,592,316.
	tion B. Total Support		•	•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4					33,592,316.	33,592,316.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					1,978.	1,978.
9	Net income from unrelated business	·					
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						33,594,294.
	Gross receipts from related activities,	etc. (see instructi	ions)	1		12	
	First five years. If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	organization, check this box and stop						
Sec	ction C. Computation of Public	ic Support Pe	rcentage				····· •
-	Public support percentage for 2012 (I			column (f))		14	%
	Public support percentage from 2011					15	%
	33 1/3% support test - 2012. If the c						x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the c						is box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	•	
h	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
			20/ 01/ 10/ 10/ 10		2, 01001, 110 000		

Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Sec</u>	ction A. Public Support		-	-				-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e	e) 2012	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513							
4	Tax revenues levied for the organ- ization'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							
	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							
	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	6	e) 2012	(f) Total
	Amounts from line 6	(u) 2000	(8) 2000	(0) 2010	(4) 2011	, (i	J 2012	() ()
	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							
	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							
12	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is for	the organization'	l s first second thi	l rd fourth or fifth t	I	1 = 501(l
14	-	-			•			
500	check this box and stop here	c Support Pe	rcontago					
	Public support percentage for 2012 (li			aaluma (f)		15		0/
								<u>%</u>
	Public support percentage from 2011					16		%
	ction D. Computation of Inves							
	Investment income percentage for 20					17		%
	Investment income percentage from 2						(%
19a	33 1/3% support tests - 2012. If the							
F	more than 33 1/3%, check this box ar							
C	33 1/3% support tests - 2011. If the							
00	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	a dia not check a	box on line 14, 19	a, or 190, check t	his box and see in	structio	DIIS	▶∟

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

THE CURRENT TAX YEAR IS A SHORT YEAR BECAUSE IT IS THE INITIAL YEAR

RETURN.

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury	
Internal Revenue Service	

Schedule B

(Form 990, 990-EZ. or 990-PF)

Name of the organization

	COMMUNITY CARE COLLABORATIVE	46-1185754
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Part I

Employer identification number

COMMUNITY CARE COLLABORATIVE

46-1185754 **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 8,994,823.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>7,597,493.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>17,000,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Turpe of contribution
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
Name of organization

Page 3

Employer identification number

46-1185754

COMMUNITY CARE COLLABORATIVE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

lame of orga	anization		Employer identification number
COMMUN	ITY CARE COLLABORATIVE		46-1185754
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if additior	vidual contributions to section 501(he following line entry. For organizat c., contributions of \$1,000 or less fo nal space is needed.	I(C)(7), (8), or (10) organizations that total more than \$1,000 for total tions completing Part III, enter for the year. (Enter this information once.) \$\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·			
		(e) Transfer of gi	yift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·			
		(e) Transfer of gi	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
F		(e) Transfer of gi	l yift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·			
\vdash		(e) Transfer of gi	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
.			

SCHEDULE D)
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(Form 9	90)
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Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047			
2012			
ZU IZ			
Open to Public			
Inspection			

Interna	Revenue Service Attach to Form	sso. See separate instructions.		mspectre	
Nam	e of the organization COMMUNITY CARE COLI	LABORATIVE	Em	ployer identification 46-11857	
Pa		-	or Accou		
	organization answered "Yes" to Form 990, Part IV, line				
		(a) Donor advised funds	(b) Fur	nds and other accou	nts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds		
	are the organization's property, subject to the organization's of	exclusive legal control?		Ves	🗌 No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring		
					No No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, P	art IV, line 7		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (e.g., recreation or e	ducation)	torically imp	ortant land area	
	Protection of natural habitat	Preservation of a certi	fied historic	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	of a conserv	ation easement on t	he last
	day of the tax year.			.	/
				Held at the End of the	e lax Year
a	Total number of conservation easements				
b					
с	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
~	listed in the National Register			L	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organizatio	n during the tax	
4	year ► Number of states where property subject to conservation eas	amont is located			
4 5					
5	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements it			Yes	
6	Staff and volunteer hours devoted to monitoring, inspecting,				
7	Amount of expenses incurred in monitoring, inspecting, and e				
8	Does each conservation easement reported on line 2(d) abov			Ψ	•
Ũ	and section 170(h)(4)(B)(ii)?	• •		Yes	
9	In Part XIII, describe how the organization reports conservation				
-	include, if applicable, the text of the footnote to the organizat				
	conservation easements.		5	5	
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Simi	lar Assets.	
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and bal	ance sheet works of	art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	nce of public	service, provide, in	Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.			
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance	e sheet works of art,	historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of put	olic service,	provide the following	amounts
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1		►	\$	
				\$	
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	gain, provid	le	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:			
а	Revenues included in Form 990, Part VIII, line 1		►	\$	

b Assets included in Form 990, Part X

\$

Sche	dule D (Form 990) 2012 COMMUNI	TY CARE CO	LLAB	ORATIV	Έ		46-13	18575	4 Pa	age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	r Other	Similar Ass	ets (conti	nued)	
3	Using the organization's acquisition, accessi (check all that apply):	on, and other record		-	-	-	nificant use of its	s collectio	on item	IS
а	Public exhibition	c			hange prograr					
b	Scholarly research	e	e 🗆	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	he organizatio	n's exem	ot purpose in Pa	art XIII.		
5	During the year, did the organization solicit o									-
_	to be sold to raise funds rather than to be ma							Yes		No
Pai	TIV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "	res" to Fo	orm 990, Part IV	, line 9, or		
1a	Is the organization an agent, trustee, custod on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
	, , , , , , , , , , , , , , , , , , , ,	I.	5					Amour	t	
с	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance									
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.]
	rt V Endowment Funds. Complete i									_
	i	(a) Current year		rior year	(c) Two years		Three years back	(e) Fou	r years	back
1a	Beginning of year balance						, , ,			
	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		L Ce (line 1	a column (a)) held as:					
- a	Board designated or guasi-endowment	rent year end balan	%	9, 00101111 (8	<i>))</i> field as:					
b	Permanent endowment	%								
c	Temporarily restricted endowment	%								
Ŭ	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
32	Are there endowment funds not in the posse		ration the	at are held a	nd administer	od for the	organization			
Ja	by:	ssion of the organiz		at are neiu a	nu aurimister		organization		Yes	No
	-							2a(i)	163	NO
	0 0									
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations		on Sobo							
4	Describe in Part XIII the intended uses of the							30		
_	t VI Land, Buildings, and Equipm									
1 41	Description of property	(a) Cost or d			or other		umulated	(d) Boo	k volu	
		basis (invest		. ,	(other)		eciation	(u) BUC	ik valu	e
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment									
e	Other									-
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	t X, colur	nn (B), line 1	0(c).)					0.
							Sahadu	D (For	~ 000)	2012

Schedule D (Form 990) 2012

Sch	ed	ule	Ð	(Fo	rm	990)	2012

COMMUNITY CARE COLLABORATIVE

(a) Discription of Nutling of valuation: Cost or end of year market value (b) Book value (c) Method of valuation: Cost or end of year market value (a) Discription of Nutling of Valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (b) Other (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market (c) Method of valuation: Cost or end of year market value (d) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (d) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (d) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (f) (g) Description of investmant type (b) Book value (c) Method of valuation: Cost or end of year market value (f) (g) Description of investmant type (h) Method of valuation: Cost or end of year market value (f) Method of valuation: Cost or end of year market value (f) (g) Description of investmant type (h) Book value (f) Method of valuation: Cost or end of year market value (f)		Investments - Other Securities. See				- f
(2) Closely-held equity interests			(b) Book value	(c) Method of V	valuation: Cost or en	d-of-year market value
B) Other						
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(B) Image: Control of Sector (Control						
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Image: Section 200, Part X, col. (8) line 12) Image: Section 200, Part X, inc 10, Image: Section 200, Part X, inc 200, Image: Section 200, Part X, incol (200, Image: Section 200, Part X, image: Section 20						
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)						
	(9)					
	(9) (10) (11)					

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

Sche	dule D (Form 990) 2012 COMMUNITY CARE COLLABORAT	IVE		46-	1185754 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per R	eturi	n
1	Total revenue, gains, and other support per audited financial statements			1	33,592,316.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	. 2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	33,592,316.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	1,978.		
С	Add lines 4a and 4b			4c	1,978.
5				5	33,594,294.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater			Retu	
1	Total expenses and losses per audited financial statements			1	21,198,575.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
_					
а	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b			
a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		2e	0.
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		2e 3	
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 :	2a 2b 2c 2d			0.
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d 2d			0.
a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 :	2a 2b 2c 2d 2d			0. 21,198,575.
a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	1,978.	3 4c	0. 21,198,575. 1,978.
a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	1,978.	3	0. 21,198,575.

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTEREST INCOME NETTED WITH OTHER EXPENSES FOR AUDIT

1,978.

1,978.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST INCOME NETTED WITH OTHER EXPENSES FOR AUDIT

Schedule D (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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. OMB No. 1545-0047

COMMUNITY CARE COLLABORATIVE

Employer identification number 46 - 1185754

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH EXPANDED CARE COORDINATION, TYPES OF CARE, AND PATIENT

MANAGEMENT.

FORM 990, PART VI, SECTION A, LINE 3: THE EXECUTIVE DIRECTOR OF THE ORGANIZATION IS AN EMPLOYEE OF CENTRAL HEALTH, A RELATED ORGANIZATION. THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION SHALL HAVE THE MEMBERS OF THE ORGANIZATION SHALL BE DIVIDED INTO MEMBERSHIP MEMBERS. INITIALLY, THE ORGANIZATION SHALL HAVE ONLY CLASS A MEMBERS. CLASSES. BY MUTUAL AGREEMENT OF THE CLASS A MEMBERS, THE CORPORATION MAY (A) INCREASE THE NUMBER OF CLASS A MEMBERS AND (B) CREATE ONE OR MORE ADDITIONAL CLASSES OF MEMBERS. ANY ADDITIONAL MEMBERS SHALL (I) BE WHOLLY COMMITTED TO THE MISSION, PURPOSES. AND OBJECTIVES OF THE ORGANIZATION, INCLUDING A SUBSTANTIAL FOCUS ON DEVELOPING PROJECTS THAT WILL TRANSFORM THE PRESENT DELIVERY SYSTEM AND ELIMINATE THE PRESENT, FRAGMENTED, NON-COLLABORATIVE STRUCTURE, (II) DEMONSTRATE A WILLINGNESS AND COMMITMENT TO PROVIDE SUBSTANTIAL CHARITY CARE SERVICES AND TO PROVIDE SERVICES TO THE SAFETY NET POPULATION OF TRAVIS COUNTY WITHOUT REGARD TO PAYMENT, AND (III) ACCEPT AND AGREE TO AN APPROPRIATE FINANCIAL COMMITMENT AND ACCEPTANCE OF FINANCIAL RISK TO SUPPORT THE ORGANIZATION COMMENSURATE WITH ITS MEMBERSHIP INTEREST AS DETERMINED BY THE CLASS A MEMBERS. THE CLASS A MEMBERS OF THE ORGANIZATION ARE CENTRAL HEALTH, WHICH HAS A 51% MEMBERSHIP INTEREST, AND SETON, WHICH HAS A 49% MEMBERSHIP INTEREST.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization COMMUNITY CARE COLLABORATIVE	Employer identification number $46-1185754$
FORM 990, PART VI, SECTION A, LINE 7A: PARAGRAPH 3.5 FROM	THE MASTER
AGREEMENT WITH SETON HEALTHCARE: "OPERATING BOARD OF DIR	ECTORS. THE CCC
SHALL INITIALLY HAVE A FIVE-PERSON OPERATING BOARD OF DIR	ECTORS ("CCC
BOARD" OR "CCC OPERATING BOARD"), COMPOSED OF THREE CENTR	AL HEALTH
APPOINTEES ("CENTRAL HEALTH BOARD REPRESENTATIVES") AND T	WO SETON
APPOINTEES ("SETON BOARD REPRESENTATIVES"). EACH PARTY SH	ALL HAVE THE RIGHT
TO SELECT, REMOVE, AND REPLACE ITS BOARD APPOINTEES IN IT	S SOLE AND
EXCLUSIVE DISCRETION. THE PARTIES MAY MUTUALLY AGREE TO C	HANGE THE SIZE AND
COMPOSITION OF THE CCC BOARD CONSISTENT WITH THE TERMS OF	THE CCC GOVERNING
DOCUMENTS.	
FORM 990. PART VI. SECTION A. LINE 78: PURSUANT TO SECTIO	N 3.6 - CENTRAL

FORM 990, PART VI, SECTION A, LINE 7B: PURSUANT TO SECTION 3.6 - CENTRAL HEALTH UNILATERAL POWERS; 3.8 - RESERVED POWERS AND 3.9 - MATERIAL DECISIONS FROM THE MASTER AGREEMENT.

3.6 CENTRAL HEALTH UNILATERAL POWERS: THE PARTIES ACKNOWLEDGE AND AGREE THAT, SUBJECT TO THE TERMS OF THIS AGREEMENT, CENTRAL HEALTH RETAINS THE UNILATERAL RIGHT IN ITS SOLE AND EXCLUSIVE DISCRETION TO MAKE THE DECISIONS SET FORTH BELOW:

(1) FUNDING OF THE INTEGRATED DELIVERY SYSTEM (IDS) AND THE

INTER-GOVERNMENTAL TRANSFER (IGT) AS SET FORTH IN SECTION 4.2;

(2) APPROVAL, SUPPORT, AND FUNDING OF WOMEN'S HEALTH PROJECTS, OR OTHER

PROJECTS, DEEMED NECESSARY FOR THE COMMUNITY BY CENTRAL HEALTH THAT SETON

CANNOT PARTICIPATE IN AS A RESULT OF ERD RESTRICTIONS;

(3) DETERMINATION OF THE MATTERS SET FORTH IN SECTION 3.13(I); AND

(4) APPROVAL, SUPPORT, AND/OR FUNDING ANY TYPE OF PROJECT IF CENTRAL HEALTH

AS A HOSPITAL DISTRICT IS OBLIGATED BY LAW TO PROVIDE SUCH PROJECT AND IF

THE CCC IS UNABLE OR UNWILLING TO SUPPORT OR FUND SUCH PROJECT.

Name of the organization

COMMUNITY CARE COLLABORATIVE

SUCH UNILATERAL RIGHTS DO NOT (I) AFFECT OR OVERRIDE CENTRAL HEALTH'S DUTY TO COMPLY WITH OTHER TERMS OF THIS AGREEMENT AND ALL ANCILLARY AGREEMENTS OR (II) PRECLUDE SETON FROM TERMINATING THIS AGREEMENT AS SPECIFICALLY PERMITTED BY ITS TERMS.

3.8 RESERVED POWERS: IN THEIR CAPACITY AS MEMBERS OF THE CCC, CENTRAL HEALTH AND SETON SHALL HAVE SOLE AND EXCLUSIVE POWER AND AUTHORITY BY MUTUAL AGREEMENT, FOLLOWING CONSULTATION WITH THE CCC BOARD, TO MAKE THE DECISIONS AND TAKE THE CORPORATE ACTIONS (COLLECTIVELY REFERRED TO AS THE "RESERVED POWERS") FOR AND ON BEHALF OF CCC AS SET FORTH BELOW:

(1) AMENDMENT OR RESTATEMENT OF THE CCC'S RESTATED CERTIFICATE OF FORMATION OR BYLAWS;

(2) CHANGE IN THE TAX-EXEMPT STATUS OR PURPOSE OF THE CCC;

(3) ADMISSION OF ANY NEW MEMBER TO THE CCC OR ANY TRANSFER BY ANY MEMBER OF ITS MEMBERSHIP INTEREST IN THE CCC;

(4) CAPITAL CONTRIBUTION TO THE CCC (EXCEPT AS PERMITTED OR REQUIRED BY

THE AGREEMENT) OR ASSUMPTION OR GUARANTEE OF DEBT OF THE CCC BY EITHER

MEMBER;

(5) PAYMENT OF MONIES OR CONVEYANCE OF ASSETS BY THE CCC TO ANY MEMBER OR

AN AFFILIATE OF A MEMBER;

(6) ANY AGREEMENT (OR AMENDMENT OF AN EXISTING AGREEMENT) BETWEEN THE CCC

AND A MEMBER OR AN AFFILIATE OF A MEMBER (EXCEPT AS PERMITTED OR REQUIRED

BY THE AGREEMENT);

(7) MERGER, ACQUISITION, CONSOLIDATION, REORGANIZATION OF THE CCC OR,

EXCEPT FOR MANDATORY DISSOLUTION PURSUANT TO SECTION 8.1.2 OF THE

AGREEMENT, DISSOLUTION AS PERMITTED BY THIS AGREEMENT;

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization COMMUNITY CARE COLLABORATIVE	Employer identification number 46-1185754
(8) CREATION OF COMMITTEES AND APPOINTMENT OF OFFICERS AN	ID COMMITTEE
MEMBERS IN ACCORDANCE WITH THE CCC GOVERNING DOCUMENTS;	
(9) APPROVAL OF THE ANNUAL OPERATING AND CAPITAL BUDGETS,	THE FISCAL AND
PURCHASING POLICIES, AND ANY MATERIAL DEVIATION FROM THE	ANNUAL OPERATING
OR CAPITAL BUDGETS OR FISCAL AND PURCHASING POLICIES;	
(10) INCURRENCE OF DEBT OVER \$25,000, EXCLUDING TRADE PAY	ABLES;
(11) CONVEYANCE OF ANY ASSET OVER \$25,000;	
(12) ADOPTION OF THE BUSINESS AND STRATEGIC PLAN OF THE C	CC AND THE IDS;
(13) DETERMINATION OF THE COVERED POPULATION TO BE SERVED	BY THE IDS
(INCLUDING WITHOUT LIMITATION THE POPULATION COVERED BY M	IAP) AS SET FORTH
IN THE CCC/SETON SERVICES AGREEMENT;	
(14) FILING OF ANY VOLUNTARY PETITION IN BANKRUPTCY OR FO	R THE APPOINTMENT
OF A RECEIVER;	
(15) APPROVAL OF ANY CONTRACT OVER \$100,000 IN VALUE OR T	HAT INCLUDES A
TERM OF GREATER THAN ONE YEAR;	
(16) APPROVAL OF FUTURE DSRIP PROJECTS FOR OR TO BE FUNDE	D, MANAGED, OR
IMPLEMENTED BY THE CCC;	
(17) FILING OF ANY VOLUNTARY PETITION IN BANKRUPTCY OR FO	OR THE APPOINTMENT
OF A RECEIVER;	
(18) ELECTION AND REMOVAL OF CCC OFFICERS AND DESIGNATION	I OF TITLES FOR
SUCH OFFICERS; AND	
(19) APPROVAL OF THE COORDINATION AND FUNDING OF THE FQHC	S AS SET FORTH IN
SECTION 4.5.	
THE CENTRAL HEALTH BOARD, BY RESOLUTION, WILL DETAIL HOW	CENTRAL HEALTH'S
APPROVAL OF ANY RESERVED POWER OR UNILATERAL RIGHT RESERV	ED TO CENTRAL

HEALTH UNDER THIS AGREEMENT OR BYLAWS (INCLUDING IN ITS CAPACITY AS A

 MEMBER)
 WILL
 BE
 OBTAINED
 WHETHER
 BY
 VOTE
 OF
 THE
 CENTRAL
 HEALTH
 BOARD
 OR
 BY

 232212 01-04-13
 Schedule O (Form 990 or 990-EZ) (2012)
 Schedule O (Form 990 or 990-EZ) (2012)

	Schedule O (Form 990 or 990-EZ) (2012) Page 2 Iame of the organization Employer identification number							
Name of the organization								numper
	COMMUNITY CAR	COLLAB	JRATIVE			40-1	.185754	
								0.000
APPROVAL OF A	CENTRAL HEALTI	I OFFICE	R; HOWEVER	K, SETON	MAY	RELY ON	ANY A	STION
APPROVED IN AC	CORDANCE WITH	THE CCC	BYLAWS, A	AND ANY	SUCH	ACTION	SHALL]	BE
CONSIDERED TO	BE A VALID ACT	C OF THE	CCC					

3.9 MATERIAL DECISIONS: THE ACTIONS AND DECISIONS OF THE CCC SET FORTH BELOW (COLLECTIVELY REFERRED TO AS THE "MATERIAL DECISIONS") MUST BE APPROVED BY BOTH A MAJORITY OF THE CENTRAL HEALTH BOARD REPRESENTATIVES AND BOTH OF THE SETON BOARD REPRESENTATIVES IN ORDER TO BECOME EFFECTIVE:

(1) COMPOSITION AND SELECTION OF THE CCC PROVIDER NETWORK AND THE FORM OF THE PROVIDER CONTRACTS;

(2) BENEFIT PLAN AND CARE MANAGEMENT APPROACH TO SERVICES TO BE OFFERED BY THE CCC TO THE COVERED POPULATION (INCLUDING WITHOUT LIMITATION THE

POPULATION COVERED BY MAP);

(3) APPROVAL OF ANY APPLICATION OR REQUEST FOR ANY GRANTS OR AWARDS,

SERVICE AGREEMENTS, OR PROVIDER CONTRACTS; AND

(4) EMPLOYMENT OF ANY INDIVIDUAL (INCLUDING APPROVAL OF ANY EMPLOYMENT

CONTRACT) OR ENTERING INTO ANY PERSONAL SERVICE CONTRACT NOT SPECIFICALLY CONTEMPLATED IN THE ANNUAL BUDGET.

THE CENTRAL HEALTH BOARD BY RESOLUTION SHALL INSTRUCT THE CENTRAL HEALTH BOARD REPRESENTATIVES REGARDING THEIR AUTHORITY TO VOTE ON ISSUES BEFORE THE CCC OPERATING BOARD WITH OR WITHOUT CENTRAL HEALTH BOARD APPROVAL; HOWEVER, SETON MAY RELY ON ANY ACTION APPROVED IN ACCORDANCE WITH THE CCC BYLAWS, AND ANY SUCH ACTION SHALL BE CONSIDERED TO BE A VALID ACT OF THE CCC.

Schedule O (Form 990 or 990-EZ) (2012) Page 2					
Name of the organization COMMUNITY CARE COLLABORATIVE	Employer identification number $46 - 1185754$				
OFFICERS, WITH THE ASSISTANCE OF COUNSEL, PRIOR TO FILING	. A COPY IS ALSO				
PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.					

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO

DISCLOSE ANY CONFLICT OF INTEREST ONCE THEY BECOME AWARE OF THE CONFLICT IN ADDITION TO ANNUAL SIGNED DISCLOSURES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PUBLISHES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ON ITS WEBSITE AND THEY ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE PROCESS OF OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND

SELECTION OF AN INDEPENDENT ACCOUNTANT HAS BEEN ADOPTED WITH THIS

INITIAL RETURN.

SCH	EDI	JLE	R
0011			

(Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047 2012 Open to Public

Inspection

Employer identification number

46-1185754

Name of the organization

COMMUNITY CARE COLLABORATIVE

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

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

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II 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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
TRAVIS COUNTY HEALTHCARE DISTRICT D/B/A							
CENTRAL HEALTH - 06-1730907, 1111 E. CESAR							
CHAVEZ, AUSTIN, TX 78702	HEALTHCARE DISTRICT	TEXAS					x

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012 COMMUNITY CARE COLLABORATIVE

46-1185754 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	nd-of-year ate allocations?		Code V-UBI amount in box 20 of Schedule	managir partner	or Percenta g ownersh
		country)		sections 512-514)		400010	Yes	No		Yes N	o 📃
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	I Dragnizationa Taxabla		ration or Truct (Co	I malata if the organizat	ion answard "Va	I o" to Earm 000 D	ort IV/	line 24	L		
V Identification of Related C organizations treated as a	corporation or trust durin	ng the tax	year.)	implete il the organizat	ion answered te	5 to Form 990, P	aitiv, I	iii le 34			orereiat
(0)	<u>.</u>	-	/h)	(a) (d)	10			_	(m)	(h)	(1)

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(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 Sec 512(t contr ent	i) bi(13) rolled tity?
		country)				233613			No

Schedule R (Form 990) 2012 COMMUNITY CARE COLLABORATIVE

Part V Transactions With Related Organizations (Complete if the organization and	swered "Yes" to Forr	n 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 organization engage in any of the following transaction	ns with one or more I	related organizations listed	in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				. 1a		Х	
b Gift, grant, or capital contribution to related organization(s)						Х	
c Gift, grant, or capital contribution from related organization(s)				1c	X		
d Loans or loan guarantees to or for related organization(s)						X	
e Loans or loan guarantees by related organization(s)						X	
				40		x	
f Dividends from related organization(s)						X	
g Sale of assets to related organization(s)						X	
	h Purchase of assets from related organization(s)						
i Exchange of assets with related organization(s)				<u>1i</u>		X X	
j Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>			
k lease of facilities, equipment, or other assets from related organization(s)				1k		x	
 k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) 							
	 m Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) 						
						X X	
	 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 						
				. 10	X		
p Reimbursement paid to related organization(s) for expenses							
 q Reimbursement paid by related organization(s) for expenses 				. <u>1p</u> 1q		X X	
r Other transfer of cash or property to related organization(s)				1r		x	
s Other transfer of cash or property from related organization(s)						X	
2 If the answer to any of the above is "Yes," see the instructions for information on					1		
	(b)		(d)				
(a) Name of other organization	Transaction type (a-s)	(c) Amount involved	Method of determining amount ir	volved			
TRAVIS COUNTY HEALTHCARE DISTRICT D/B/A							
(1) CENTRAL HEALTH	C	7,597,493.	FAIR MARKET VALUE - CAS	H			
(2)							
(3)							
<u>(4)</u>							
_(5)							
<u>(6)</u>							

Schedule R (Form 990) 2012 COMMUNITY CARE COLLABORATIVE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e Are a partners 501 (c orgs) all s sec.)(3) 5.?	(f) Share of total income	(g) Share of end-of-year assets		opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener manag partn) Iging her?	(k) Percentage ownership
		country	under section 512-514)	Yes	<u>No</u>	income	455615	Yes	No	(FOTTI 1065)	Yes	NO	
												_	

Schedule R	Supplemental Information	40-1105754 Page5
Part VII		
	Complete this part to provide additional information for responses to questions on Schedule R (see instr	uctions).