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A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

DLN: 93493223006330

Form **990**

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)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

B Ch	eck if ap	plicable Plea s		C Name of organization	D Em	D Employer identification number				
	dress cha	ange use	IRS	THE WILLIAM W BACKUS HOSPITAL			06	0250773		
_	me chan	label		Doing Business As				phone num	ber	
_		type	. See				(86	0)889-83	31	
_	tıal returi	Insti		Number and street (or P O box if mail is no 326 WASHINGTON STREET	ot delivered to street addre	ess) Room/su	ute	· ·	\$ 308,409,460	
Te	mınatıor	tions	5.	SZO WASHINGTON STREET						
- Am	nended re	eturn		City or town, state or country, and ZIP + 4 NORWICH, CT 06360						
— _{Ap}	plication	pending		NORWICH, CT 00300						
		F	Nar	ne and address of Principal Officer		H(a) Is	this a gro	up return fo	.r	
				Whitehead			iliates?	up return to	⊤Yes ▼No	
				ASHINGTON STREET ICH,CT 06360						
r Ta	ıx-exemi	•		(3) ◀ (insert no)	527			es included?		
					327	-			ee instructions)	
J W	eb site	: F www bac	kusho	spital org		H(c) G	oup Exem	iption Num	per 🕶	
V T			1	on		V		1001 M 61	-tfllddCT	
Кіур	e or orga	anization J Co	orporat	ion trust association other F		L Year of	Formation	1891 M St	ate of legal domicile CT	
Pa	rt I	Summary	y							
	1	Briefly descr	ıbe th	e organization's mission or most signi	ficant activities					
φ	1			HOSPITAL DELIVERS AND COORDI			-			
Governance	1			HE NEEDS OF INDIVIDUALS IN EAS D ACCOUNTABLE TO THOSE FOR W						
Ě	1	ITS COMMU								
8	2	Check this b	ox 厂	ıf the organization discontinued its op	erations or disposed	of more thai	n 25% of	ts assets		
	3	Number of vo	ting r	nembers of the governing body (Part V	I, line 1a)			з	13	
ණ ග	4	Number of in	deper	ident voting members of the governing	body (Part VI, line 1	b)		4	9	
ACTIVITIES &	5	Total number	rofer	nployees (Part V, line 2a)				5	1,935	
<u> </u>				lunteers (estimate if necessary) .					461	
4				ted business revenue from Part VIII,					3,216,800	
		_		ness taxable income from Form 990-7	,			7ь 7b	626,179	
						Prior Year		Current Year		
	8	Contribution	ns an	d grants (Part VIII, line 1h)				0,659	713,612	
ā	9			revenue (Part VIII, line 2g)		'	242,13		259,652,271	
Revenue	-	-				·			<u> </u>	
Ž	10			ne (Part VIII, column (A), lines 3, 4, a art VIII, column (A), lines 5, 6d, 8c, 9				5,120	-2,455,678	
	11			dd lines 8 through 11 (must equal Par		, <u> </u>	2,30	4,772	2,668,006	
	12	12)	ue—a	du illes o tillough II (must equal Far	t VIII, column (A), m		252,80	2,378	260,578,211	
	13	Grants and	sımıla	ar amounts paid (Part IX, column (A), l	ınes 1–3)		18	3,770	83,063	
	14	Benefits pai	d to c	or for members (Part IX, column (A), lii	ne 4)				0	
	15	Salaries, ot	herco	ompensation, employee benefits (Part	IX, column (A), lines	5-				
Expenses		10)					116,50	5,734	139,676,198	
ä	16a	Professiona	l fund	raising fees (Part IX, column (A), line	11e)				0	
ੜੇ	b	(Total fundrais	sing ex	penses, Part IX, column (D), line 25 0)					
	17	Otherexpe	nses	(Part IX, column (A), lines 11a-11d, 1	1f-24f)		121,49	4,363	110,950,609	
	18	•		add lines 13–17 (must equal Part IX,			238,18		250,709,870	
	19			penses Subtract line 18 from line 12	. ,,			8,511	9,868,341	
<u>ኞ</u> ቋ			·			Beai	nning of Y		End of Year	
9.00 0.00	20	Total asset	s (Pai	t X, line 16)			289,12		312,498,408	
38									·	
Net Assets or Fund Balances	21		•	Part X, line 26)			147,91		199,488,251	
	22			d balances Subtract line 21 from line	20		141,20	7,517	113,010,157	
Pa	rt II	Signatur								
				gury, I declare that I have examined this retu correct, and complete Declaration of preparer						
Plea	se	*****	,		,	1	010-08-11		, ,	
Sigr		Signature of	of office	er			ate			
Here		daniel e lol	ar cfo							
		Type or pri		e and title						
		P		In	ate	Check If	Prena	rer's PTIN (Se	e Gen Inst)	
ام: ۵۵		Preparer's signature	Dougla	as Farrington		self-	`		o sen inse,	
Paid		<u> </u>				empolyed 🕨	<u> </u>			
JP	A	C	r your	s 🗽 MARCUM LLP	 EIN ▶					
	arer's	Firm's name (or if self-employe		•			I LTIA E			
	arer's Only	if self-employe address, and Z	d),	CITY PLACE II 185 ASYLUM STREET			_			
		ıf self-employe	d),	CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103			_	e no ▶ (860) 549-8500	
Jse	Only	ıf self-employe address, and Z	d), IP + 4		e instructions)		_	eno ▶ (860) 549-8500 Yes No	

Part III Statement of Program Service Accomplishments (See the instructions.)

			A CONTINUUM OF HIGH QUALITY CARE T ESPONSIVE AND ACCOUNTABLE TO THOS		
	Did the organization unde the prior Form 990 or 990		program services during the year	which were not listed on	Yes ✓ No
	If "Yes," describe these n	ew services on Sched	ule O		
3	Did the organization ceas services?	e conducting or make	significant changes in how it con		Yes ▼ No
	If "Yes," describe these c	hanges on Schedule C)		
4	Section 501(c)(3) and (4) organizations and 49	each of the organization's three 147(a)(1) trusts are required to r for each program service reporte	eport the amount of grants and	
4a	IN FISCAL YEAR 2009, BACKU	S HOSPITAL HAD 10,878 AI	05,218,647 including grants of \$ DMISSIONS, 63,648 EMERGENCY DEPAR AL PROCEDURES BACKUS PERFORMED PARTIAL HOSPITAL VISITS		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4d	Other program services		·		
	(Expenses \$		g grants of \$ 05,218,647 <i>Must equal Part IX,</i>) (Revenue \$ Line 25, column (B).)

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		Yes	
	Parts VI, VII, VIII, IX, or X as applicable	11	163	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	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	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not applicable				
	1	a 241			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	b 0			
c	—— Did the organization comply with backup withholding rules for reportable payments to v	endors and reportable			
_	gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements filed for the calendar year ending with or within the year covered by this return	a 1,935			
ь	If at least one is reported in 2a, did the organization file all required federal employmen	<u>'</u>			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re	turn.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	ne year covered by this	3a	Yes	
h	return?		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signs		- 55	163	
Ta	over, a financial account in a foreign country (such as a bank account, securities account)?	•	4a		Νο
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report Financial Accounts.	t of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during t	the tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax	shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Er	ntity Regarding Prohibited			
	Tax Shelter Transaction?		5с		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that were not tax deductible?	such contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.				
а	Did the organization provide goods or services in exchange for any quid pro quo contrib more?	oution of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services prov	ıded?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property	·	7-		NI -
4	file Form 8282?		7c		No
u	Thes, indicate the number of forms 5252 med during the year	<u>u</u>			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay probenefit contract?	emiums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a persona	Il benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 889	99 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a	a Form 1098-C as	_		
_	required?		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a spoexcess business holdings at any time during the		8		
_	year ²				
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		_		
	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 10	, l			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club				
D	facilities	,			
11	Section 501(c)(12) organizations Enter				
а	Gross income from members or shareholders	la			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	Lb			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie	u of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b			

Section A. Governing Body and Management

No

Νo

Νo

Yes

Yes

Yes

Yes

Yes

Yes

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstance

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below	, describe the circumstance	s,
	processes, or changes in Schedule O. See instructions.		
а	Enter the number of voting members of the governing body	1a	1

b	Enter the number of voting members that are independent	1b					
	Did any officer, director, trustee, or key employee have a family relationship or a but			•			
	other officer, director, trustee, or key employee?	•					

Did the organization delegate control over management duties customarily performed by or under the direct
supervision of officers, directors or trustees, or key employees to a management company or other person?

•						•	•	•	•	-	•	•	•	
Did the	org	ganız	zation ma	ake any	significant	change	s to i	ts c	organizationa	al documents	since	the prior	Form 99	0 was
filed?														

5	Did the organization become aware during the year of a material diversion of the organization's assets?		
6	Does the organization have members or stockholders?		

_																										
Does the organiza	atio	n ha	ve	mer	nbe	rs, s	toc	kho	lde	rs, c	or ot	her	per	sons	wh	o ma	ау е	elec	t or	ne o	r m	ore	me	mbe	rs c	of the
governing body?	•																									

b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the

	Did the digamization contemporaneously document the meetings held of written detions undertaken during the
	year by the following
a	the governing hody?

b	each committee with authority to act on behalf of the governing body?		•					
	Does the organization have local chapters, branches, or affiliates? .							

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ıch	cha	oter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

Was a copy of the Form 990 provide	led to the organization's	governing body befor	e it was filed? Al	lorgar	nızat	ions	3
must describe in Schedule O the p	rocess, if any, the organi	ızatıon uses to review	the Form 990				

	. , , , , , , , , , , , , , , , , , , ,		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be	reache	d at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		N o
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
 - L9 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DANIEL E LOHR 326 WASHINGTON STREET Norwich, CT 06360 (860) 889-8331

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

			(tion that a			Ш			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			+							
				\vdash						
			<u> </u>	Ш.			<u> </u>	3,890,042	<u>.</u> l	1,162,322

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►107

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
yale new haven hospital 20 YORK STREET new haven, CT 06504	medical services	1,780,169
norwich anesthesia associates 111 founders plaza east hartford, CT 06108	medical services	855,103
Davita Inc PO Box 403008 Atlanta, GA 30384	medical services	708,567
D&Y PO Box 635715 Cincinnati, OH 45263	medical services	391,815
Navin Hafty & Assoc Inc 200 Cordwainer Dr Norwell, MA 02061	consulting	348,565
2 Total number of independent contractors (including those in 1) who rec	, ,	25

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated cam	npaigns 1a					
ints nts	ь	Membership di	ues					
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	1b					
its, am		_	1c					
<u>a</u>	d	Related organi		69,229				
Sir.	е	Government gran	, ,	642,728		ļ		ļ
黃疸	f		ions, gifts, grants, and iot included above	1,655				
를 할	g	Noncash contr	1f ributions included in					
	9	lines 1a-1f \$						
0 ~	h	Total (Add line	es 1a-1f)		713,612			
				Business Code				
anue	2a	INPATIENT		900,099	115,910,276	115,910,276		
a, e,e	ь	OUTPATIENT		900,099	97,310,554	97,310,554		
J +3	С	EMERGENCY DEP	Т	900,099	43,214,641	43,214,641		
ervi	d	LAB COURIER SER	RVICE	621,500	3,216,800		3,216,800	
3 (e							
Program Serwce Revenue	f	All other progr	am service revenue					
- - P4∘	g	Total. Add line ► \$ 259,652,27	es 2a-2f 71					
	3		come (including divid	· · · · · · · · · · · · · · · · · · ·	1,820,731			1,820,731
			mounts)	▶	1,020,731			1,020,731
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5	Royalties .						
		-	(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental	387,452 112,600					
		expenses						
	С	Rental income or (loss)	274,852					
	d	Net rental inco	ome or (loss)	· · · · .	274,852			274,852
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	42,420,053	711,230				
		assets other than inventory						
	ь	Less cost or other basis and	46,367,373	1,040,319				
	c	sales expenses Gain or (loss)	-3,947,320	-329,089				
	d	Net gain or (lo		,	-4,276,409			-4,276,409
			<u> </u>	. •				
	8a	Gross income events (not inc	from fundraising cluding					
ψ.		\$						
泵		of contribution 1c) See Part I	s reported on line IV, line 18					
eve		Attach Schedule	e G ıf total exceeds					
μ Œ	ь	\$15,000						
Other Revenue	c		kpensesb (loss) from fundraisi	ng events				
0	9a	Gross income		<u> </u>				
		activities See	part IV , line 19					
		Complete Sched exceeds \$15,00						
			а					
	ь	Less directe						
	С	Net income or	(loss) from gaming a	activities F -				
	10a		inventory, less					
		returns and all	owances . a	427,866				
	ь	Less cost of g	goods sold b	310,957				
	С		(loss) from sales of		116,909			116,909
		Miscellaneou	s Revenue	Business Code				
	11a	CAFETERIA		722,320				1,049,650
	Ь	CHILD CARE		624,410				336,700
	С	PURCHASE D	ISCOUNTS	900,099				274,879
	d	All other rever	nue		615,016	615,016		
	e	Total. Add line	es 11a-11d	 \$ 2,276,245				
	12	Total Revenue	. Add lines 1h, 2g, 3		260,578,211	257,050,487	3,216,800	-402,688
		8c,	1e					
	J	oc, ruc, and I	Te	• • • • • •				Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re	anizations mu	plete columns ((B), (C), and (D)	
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	77,063	77,063		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,000	6,000		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	,	•		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,417,291	799,461	1,617,830	
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	109,766,742	94,867,728		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,132,842	7,854,244	1,278,598	
9	Other employee benefits	10,681,125	9,185,767	1,495,358	
10	Payroll taxes	7,678,198	6,603,250	1,074,948	
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,150,211		1,150,211	
С	Accounting	237,772		237,772	
d	Lobbying	43,079		43,079	
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	36,230		36,230	
g	Other	12,269,160	10,514,406	1,754,754	
12	Advertising and promotion	137,509	137,509		
13	Office expenses	37,210,628	36,226,243	984,385	
14	Information technology	3,287,243	2,709,558	577,685	
15	Royalties				
16	Occupancy	5,838,193	941,232	4,896,961	
17	Travel	207,687	86,706	120,981	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	60,147	25,458	34,689	
20	Interest	3,091,298		3,091,298	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,939,369	8,182,516	8,756,853	
23	Insurance	819,098	119,872	699,226	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	BAD DEBT	16,898,318	16,898,318		
b	LAB EXPENSES	4,334,894	4,334,894		
c	MAINTenance/Svc CONTRAC	4,018,511	3,052,672	965,839	
d	FOOD / DIETARY	1,422,947	1,270,390	152,557	
е	EDUCATION	713,132	576,163	136,969	
f	All other expenses	2,235,183	749,197	1,485,986	
25	Total functional expenses. Add lines 1 through 24f	250,709,870	205,218,647	45,491,223	(
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Shoot
	Balance	Sneer

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				3,921,457	1	1,537,978
	2	Savings and temporary cash investments		43,184,605	2	56,399,972		
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net				33,683,248	4	36,111,295
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			oloyees or	, ,	5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	ection	n 49.			6	
	7	Notes and loans receivable, net				29,470	7	203,437
	8	Inventories for sale or use				1,954,103	8	3,292,014
22	9	Prepaid expenses and deferred charges				4,837,910	9	3,925,993
ssets	10a							
As	_	Land, buildings, and equipment cost basis	10a		212,571,840			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b		114,440,708	95,130,673	10c	98,131,132
	11	Investments—publicly traded securities				61,159,368		67,243,895
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	Part VI.	I of		39,045,569	12	41,160,106
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.	Part VI	II			13	
	14	Intangible assets				1,397,515	14	270,843
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				4,777,511	15	4,221,743
	16	Total assets. Add lines 1 through 15 (must equal line 34)				289,121,429		312,498,408
	17	Accounts payable and accrued expenses .				16,782,395		25,902,374
	18	Grants payable			18			
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities				66,705,000	20	64,950,000
eS.	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Lia		persons Complete Part II of Schedule L		22				
_	23	Secured mortgages and notes payable to unrelated third partie	s .				23	
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D		64,426,517	25	108,635,877		
	26	Total liabilities. Add lines 17 through 25				147,913,912	26	199,488,251
· •		Organizations that follow SFAS 117, check here 🕨 🔽 and com	plet e l	lines	27			
Balance		through 29, and lines 33 and 34.						
<u>a</u>	27	Unrestricted net assets				132,811,282		102,700,895
<u> </u>	28	Temporarily restricted net assets		2,475,427	28	3,447,432		
Fund	29	Permanently restricted net assets				5,920,808	29	6,861,830
or Fu		Organizations that do not follow SFAS 117, check here ► ☐ a lines 30 through 34.	nd con	nplet	e			
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
	32	Retained earnings, endowment, accumulated income, or other f		32				
Net	33	Total net assets or fund balances				141,207,517	33	113,010,157
	34	Total liabilities and net assets/fund balances				289,121,429	34	312,498,408
Pa	rt XI	Financial Statements and Reporting						

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493223006330

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

THE V	VILLIAM	W BACKUS HO	SPITAL					0.6	025077	2		
Da	rt I	Peacon	for Public C	harity Status (to be co	mnleted	hy all or	ganizatio		-025077: Instruct			
				ation because it is (Please					moduce	.10113)		
1	Г		•	nurches, or association of ch			'	-	(A)(i).			
2	Ē	•		tion 170(b)(1)(A)(ii). (Attac					X7(-7-			
3	Ī			e hospital service organizati		•	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Ē	•	·	zation operated in conjunction			-				•	
-	•		name, city, and	•						(,(,-		
5	Г	•	, , ,	or the benefit of a college or	universit	v owned o	r operated	l by a gove	ernmental	unit desc	ribed in	
_	•	Section 170(b)(1)(A)(iv). (Complete Part II)										
6	Г			overnment or governmental	unit descr	ibed in Se	ction 170	(b)(1)(A)	(v).			
7	Ţ.	•	-	ally receives a substantial p						n the gene	eral public	
_	,	_		o)(1)(A)(vi) (Complete Pari			 			5		
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)					
9	Ė		•	ally receives (1) more than		•	•	ontribution	ns, membe	rship fees	, and gross	
	·	receipts fro	m activities re	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	income (l	less sectio	on 511 ta:	x) from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of	
				orted organizations describe						Section 5	09(a)(3). Check	
			t describes the ype I b		ype of supporting organization and complete lines 11e through 11h Type II Type II Type III - Functionally Integrated d Type III - Other							
e	_	•		rtify that the organization is					d one or mor			
-	,	•		agers and other than one or			•			•	•	
		section 50		J.		, ,,	,				()()	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
		check this		as the organization accepted	d any gift i	or contrib	ution from	any of the			ı	
g		following pe		as the organization accepted	a any gne	or contrib	ation nom	any or the	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (111) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (11) al	bove?				11g(iii)	
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports					
				T			1		l		T	
		ame of	(ii) EIN	(iii) Type of organization		s the	1	ou notify		sthe	(vii) A mount of	
		oorted nization		(described on lines 1-9 above or IRC section	_	ation in Iisted in		nızatıon i) of your		ation in organized	support?	
				(See Instructions))	your go			oort?		US?		
					docur	nent?						
					Yes	No	Yes	No	Yes	No		
							 	†		 		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (Prizations complete Part III	roxy Tax)		·
Na	me of the organization E WILLIAM W BACKUS HOSPITAL				itification number
Par		oy all organizations exempt e the instructions for Schedule		06-0250773 n 501(c) and section	527
1	Provide a description of the or	ganızatıon's dırect and ındırect politi	cal campaign act	ıvıtıes ın Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	t I-B To be completed b for Schedule C for d	oy all organizations exempt etails.)	under sectior	501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under section	1 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par		y all organizations exempt for Schedule C for details.)	under sectior	1 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	t function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ted to other orgar	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona	aid from the filing I to a separate po	organization's own interna litical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			1		
For I	Paperwork Reduction Act Notice	, see the instructions for Form 990.	Cat No 50	0084S Schedule C (Form 990 or 990-EZ) 2008

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		bly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

,			•
Part II-B	To be completed by	organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election unde	er section 501(h)). (See the instructions for Schedule C for details.)	

			(a)		(D)	
		Yes	No	4	A moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		l			
а	Volunteers?		No			
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo			
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?	Yes			4	13,079
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through		1		4	13,079
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νο	1		
	If "Yes" enter the amount of any tax incurred under section 4912		<u>I</u>	1		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), se	ction	501(c)(5), or	
	section 501(c)(6). (See the instructions for Schedule C for details.)				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	163	140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-			
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		-	3		
	t IIII-B To be completed by all organizations exempt under section 501(c)(4), se	ction	501() or	
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." (See the instructions for Schedule C for details.	" OR i				
1	Dues, assessments and similar amounts from members	,	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	I				
а	Current Year		2a \$			
	Carryover from last year		2b\$			
c	Total		2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?	:al	4 \$			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Ident if ier	Return Reference	Explanation

5 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Schedule D (Form 990) 2008

terna	l Revenue Service	answered res, tore	7 m 990, Part 14, line 0, 7, 8, 9, 10, 11, 01	121	Inspection
	me of the organi WILLIAM W BACKU			Employer identific	cation number
				06-0250773	
Pa			dvised Funds or Other Similar F	unds or Account	s. Complete if t
	organiz	zation answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and	other accounts
	Total number a	t end of year	(a) Donor advised fands	(D) Fallas alla	other decedants
	Aggregate Con	itributions to (during year)			
	Aggregate Gra	nts from (durıng year)			
	Aggregate valu	ue at end of year			
	_	zation inform all donors and donor advi organization's property, subject to the	sors in writing that the assets held in don organization's exclusive legal control?	or advised	┌ Yes ┌ N
	used only for c impermissible	haritable purposes and not for the ben private benefit?	donor advisors in writing that grant funds efit of the donor or donor advisor or other		┌ Yes ┌ N
a	rt III Conse	rvation Easements. Complete	<u>if the organization answered "Yes" t</u>	o Form 990, Part	IV, line 7.
	Protection Preservati Complete lines	ion of land for public use (e g , recreating of natural habitat ion of open space s 2a-2d if the organization held a quali y of the tax year	<u> </u>	nhistorically importa irtified historic struc	ture
	on the last day	of the tax year		Held a	t the End of the Y
1	Total number	of conservation easements		2a	
•	Total acreage	e restricted by conservation easement	s	2b	
	Number of co	nservation easements on a certified hi	storic structure included in (a)	2c	
I	Number of co	nservation easements included in (c) a	acquired after 8/17/06	2d	
	Number of con	servation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organizatio	n durıng
	the taxable yea	ar 🟲			
	Number of stat	tes where property subject to conserva	ation easement is located ►		
	_	nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, viola	ations, and	┌ Yes ┌ N
	Staff or volunte	eer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
	A mount of exp	enses incurred in monitoring, inspectii	ng, and enforcing easements during the ye	ear 🕨 \$	
	Does each con	nservation easement reported on line 2	(d) above satisfy the requirements of sec	tion	_
	170(h)(4)(B)(ı) and 170(h)(4)(B)(II)?			┌ Yes ┌ N
	balance sheet,		onservation easements in its revenue and he footnote to the organization's financial nents		
a) li	Comple	ete if the organization answered '	ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.		
•	art, historical t	treasures, or other sımılar assets held	116, not to report in its revenue stateme for public exhibition, education or resear ancial statements that describes these if	ch in furtherance of p	
)	historical treas	· ·	116, to report in its revenue statement a public exhibition, education, or research i		•
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$	
	(ii) Assets inc	luded in Form 990, Part X		► \$	
		tion received or held works of art, historics required to be reported under SFA	orical treasures, or other similar assets fo S 116 relating to these items	or financial gain, prov	ride the
3	Revenues inclu	uded in Form 990, Part VIII, line 1		► \$	
b	A coato includa	ed in Form 990. Part X		b - ¢	

Cat No 52283D

Part	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Treası</u>	ires, or Othe	r Similar	Asse	ts (ca	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that ai	re a sıgnıfıcant u	ise of its co	llection	1	
а	Public exhibition		d	Γ	Loan or exc	hange programs				
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how	v the	y further the	organızatıon's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Г	Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon answ	ered "Yes	" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	diary	for c	ontributions	or other assets	not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	9				T			
								A mou	ınt	
с	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	,	21?					Г	Yes	No
	If "Yes," explain the arrangement in Part XIV									
Pa	t V Endowment Funds. Complete								V V	Dl-
1a	Beginning of year balance	(a)Current Year 23,203	(D)	Prior \	rear (c)	vo Years Back (d)	Three Years E	ack (e)rour t	ears back
ь	Contributions	0								
c	Investment earnings or losses	39								
d	Grants or scholarships									
e	Other expenditures for facilities and programs	-39								
f	Administrative expenses	0								
g	End of year balance	23,203								
2	Provide the estimated percentage of the yea	<u> </u>								
a	Board designated or quasi-endowment	r end balance held as	,							
_	Permanent endowment									
Ь										
c 3a	Term endowment ► Are there endowment funds not in the posses	scion of the organizat	tion t	·hat a	ra hald and	administered for	tho.			
Ja	organization by	ssion of the organizat		.iiat c	ile lielu aliu d	adillillistered for	tile		Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		Νο
b	If "Yes" to 3a(11), are the related organizatio	•						3b		
4	Describe in Part XIV the intended uses of th									
Par	t VI Investments—Land, Buildings	s, and Equipmen	t. S	<u>ee F</u>	orm 990, P	art X, line 10.	1			
	Description of investment				Cost or other s (investment)	(b) Cost or other basis (other)	(c) Depreci	ation	(d) Bo	ok value
1a	and					388,170				388,170
b I	Buildings				11,146,308	32,927,169	28,62	20,064	1	5,453,413
c I	easehold improvements					67,840,683	25,66	53,020	4	2,177,663
d I	Equipment					96,017,849	60,15	57,624	3	5,860,225
e (Other	<u></u> . <u></u> .				4,251,661				4,251,661
Tota	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colum	n (B)	, lıne	10(c).)				9	8,131,132
							Sched	ule D (F	Form 9	90) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method	d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other LABORATORY NETWORK LLC	12,632		С
Other BACKUS FOUNDATION	41,147,474		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	41,160,106		
Part VIII Investments—Program Related. Se	e Form 990 Part X line 1	13	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(a) Description of investment type	(b) Book Value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip			(b) Book value
Table (Colonia (b))	(5)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
tax exempt series f&g bond premium (net)	806,536		
DUE TO 3RD PARTY REIMB AGENCIES	12,138,228		
EMPLOYEE RELATED OBLIGATIONS	84,442,697		
SELF-INSURED PROFESSIONAL LIABILITIES	10,580,762		
OTHER LIABILITIES	667,654		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	108,635,877		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	260,578,211
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	250,709,870
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,868,341
4	Net unrealized gains (losses) on investments	4	5,568,667
5	Donated services and use of facilities	5	
6	Investment expenses	6	-168,173
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-43,466,195
9	Total adjustments (net) Add lines 4 - 8	9	-38,065,701
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-28,197,360
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	
1	Total revenue, gains, and other support per audited financial statements	1	268,340,660
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	8,125,718
3	Subtract line 2e from line 1	3	260,214,942
4	A mounts 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 168,173		
b	Other (Describe in Part XIV) 4b 195,096		
c	Add lines 4a and 4b	4c	363,269
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	260,578,211
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	296,525,177
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	45,954,015
3	Subtract line 2e from line 1	3	250,571,162
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	138,708
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	250,709,870

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	ASC 740-10, UNCERTAIN TAX POSITIONS, PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THIS INTERPRETATION ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS AND DISCLOSURE REQUIREMENTS FOR UNCERTAIN TAX POSITIONS MANAGEMENT HAS EVALUATED THE IMPLICATIONS OF ASC 740-10 AND DETERMINED THAT ITS IMPACT ON THE FINANCIAL STATEMENTS IS NOT SIGNIFICANT
Part XI, Line 8 - Other Adjustments		change in EQUITY of backus FOUNDATION 2045306 change in pension funding obligation -45512326 partnership loss 825
Part XII, Line 2d - Other Adjustments		partnership loss 825 LOSS ON FIXED ASSETS 329089 RENTAL EXPENSE 112600 change in equity interest of foundation 2114537
Part XII, Line 4b - Other Adjustments		SUPPORT FROM FOUNDATION 69229 AUXILIARY INCOME 125867
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSE 112600 change in pension funding obligation 45512326 LOSS ON FIXED ASSETS 329089
Part XIII, Line 4b - Other Adjustments		AUXILIARY EXPENSE 138708

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. ► Attach to Form 990.

Hospitals

Name of the organization THE WILLIAM W BACKUS HOSPITAL **Employer identification number**

06-0250773 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a **1**a Yes If "Yes," is it a written policy? 1b Yes If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care За Yes T 200% Other 250 000000000000% T 100% Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care Yes **▼** 350% T 400% **F** 200% T 300% If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? . . . Yes Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . 5a Yes If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . 5b Νo If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? . . 5c 6a Does the organization prepare an annual community benefit report? Yes Yes 6b Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these

7	Charity Care and Certain (Other Commu	nity Benefits a	at Cost			
	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
а	Charity care at cost (from worksheets 1 and 2)			2,969,512	320,462	2,649,050	1 130 %
b	Unreimbursed Medicaid (from worksheet 3, column a) .			36,195,466	21,760,111	14,435,355	6 170 %
С	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d	Total Charity Care and Means-Tested Government Programs			39,164,978	22,080,573	17,084,405	7 300 %
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)		50,178	774,683	17,140	757,543	0 320 %
f	Health professions education (from worksheet 5)		3,081	222,208	140	222,068	0 090 %
g	Subsidized health services (from worksheet 6)			17,758,885	13,574,571	4,184,314	1 790 %
h	Research (from worksheet 7)		3	19,111	0	19,111	0 010 %
i	Cash and in-kind contributions to community groups (from worksheet 8)		1,011	44,861	0	44,861	0 020 %
j	Total Other Benefits		54,273	18,819,748	13,591,851	5,227,897	2 230 %
k	Total (line 7d and 7j)		54,273	57,984,726	35,672,424	22,312,302	9 5 3 0 %

Pa	rt II Community Buildin activities) (Optional		s (Complete	this table if the oi	ganıza	tion co	nduct	ed any commu	nıty	buildi	ng
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	1 ' '	ırect offs revenue	etting	(e) Net communit building expense		(f) Pero total ex	
1	Physical improvements and housing			995			0	9	95		
2	Economic development										
3	Community support		370	31,667			0	31,6	67	0 0	10 %
4	Environmental improvements			360			0	3	60		
5	Leadership development and training										
6	for community members Coalition building		25 41	3,023 12,082			0	3,C 12,0	82		
7	Community health improvement		462					,			
8	Workforce development		462	3,103			0	3,1	.03		
9	Other										
10	Total		898	51,230				51,2	30	0 0	10 %
Par	t IIII Bad Debt, Medicar	e, and Colle	ection Pract	tices (Optional fo	r 2008,)					
Sect	ion A—Bad Debt Expense									Yes	No
1	Does the organization report b		se ın accordan	ce with Heathcare F	nancial	Manag	ement /	Association	1		No
2	Statement No 15? Enter the amount of the organi		ebt expense (a	t cost)		 ₂		7,435,260		+	INO
3	Enter the estimated amount of	f the organızatı	on's bad debt e	expense (at cost)	-	3		, ,			
_	attributable to patients eligible							3,296,001			
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt an	ng methodolog	y used in dete					•			
sect 5	ion B—Medicare Enter total revenue received fi	rom Madicara	(including DSH	and IME)		5		65,286,664			
6	Enter Medicare allowable cost					6		70,891,118			
7	Enter line 5 less line 6—surp					7		-5,604,454			
8	Describe in Part VI the extent the costing methodology or so following methods was used	urce used to d		mount reported on li							
	Cost accounting system	Гс。	st to charge ra	tio Γ	Other						
Sect	ion C—Collection Practices			_							
9a	Does the organization have a visit of the street of the organization of the organizati				lastion		• •	followed for	9a	Yes	<u> </u>
9b	patients who are known to qua	lify for charity	care or financi	al assistance? Desc	rıbe ın P				9b	Yes	
Pa	rt IV Management Com	panies and	Joint Ventu	<u>ires (Optional for</u>	2008)		Ι				
	(a) Name of entity	(b	Description of pi activity of entity	imary	c) Organı profit % o ownersh	r stock	eı	Officers, directors trustees, or key mployees' profit % stock ownership%	pro	e) Physiofit % or ownershi	r stock
1											
2											
3											
4		1							+		
5							+		+		
							-				
6									_		
7											
8											
9											
10											
11									+		
12							+		-		
									-		
13											
14									1		

Part V Facility Information (Required for 2008)

Part V Facility Information (Required for 20	<i>108)</i>								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
WILLIAM W BACKUS HOSPITAL 326 WASHINGTON ST	x	Х					х		
NORWICH,CT 06360 BACKUS OUTPATIENT CARE CENTER 111 SALEM TURNPIKE NORWICH,CT 06360									OUTPATIENT SERVICES
BACKUS OUTPATIENT CENTER 12/19 CASE STREET NORWICH,CT 06360									LAB / X-RAY / MAMMOGRAPHY
COLCHESTER BACKUS HEALTH CENTER 163 BROADWAY COLCHESTER, CT 06415									RADIOLOGY / LAB
MONTVILLE BACKUS HEALTH CENTER 88 norwich-new london tpke uncasville, CT 06382									X-RAY / LAB
GROTON BACKUS OUTPATIENT CENTER 85 POHEGANUT DRIVE GROTON,CT 06340									DIAGNOSTIC IMAGING SERVICES
GALE FERRY HEALTH CENTER 1666 RT 12 GALES FERRY,CT 06335									LAB/X-RAY
JEWETT CITY PATIENT SERVICE CENTER 70 MAIN STREET JEWETT CITY, CT 06351									LAB
PLAINFIELD BACKUS PATIENT SERVICE CENTER 122 PLAINFIELD ROAD MOOSUP,CT 06354									LAB
PAIN MANAGEMENT 112 LAFAYETTE STREET NORWICH,CT 06360									PAIN MANAGEMENT
INFECTIOUS DISEASE CLINIC 107 LAFAYETTE STREET NORWICH, CT 06360									CLINIC
MEDICAL OFFICE BUILDING 330 WASHINGTON STREET NORWICH,CT 06360									LAB / RADIATION THERAPY

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
- Part I, Line 7 BAD DEBT EXPENSE OF 16,898,318 WAS REMOVED FROM THE TOTAL OF PART IX LINE 25 COLUMN A TO CALCULATE LINE 7 COLUMN (F)

Part III, Line 4 "THE HOSPITAL PROVIDES SERVICES WITHOUT CHARGE, OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO PATIENTS WHO MEET THE CRITERIA OF ITS CHARITY CARE POLICY BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO BE CHARITY CARE, SUCH SERVICES ARE NOT REPORTED AS NET REVENUE THE HOSPITAL'S CHARITY CARE POLICY UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE FOR PATIETNS WHO DO NOT APPLY OR DO NOT QUALIFY, THE UNCOLLECTED AMOUNTS ARE RECOGNIZED AS BAD DEBT EXPENSE ESTIMATED COST (OF BAD DEBT) IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY HOSPITAL SPECIFIC DATA "PART III, LINE 3 THE HOSPITAL DOES ITS BEST TO IDENTIFY POTENTIAL CHARITY CARE PATIENTS AS DESCRIBED IN PART IV QUESTION 3 ACCOUNTS NOT IDENTIFIED AS CHARITY CARE AND THAT HAVE NOT BEEN PAID ARE SENT TO A COLLECTION AGENCY ACCOUNTS RETURNED AS UNCOLLECTIBLE FROM THE AGENCY ARE DEEMED TO HAVE NO ABILITY TO PAY AND ARE REPORTED FOR TAX RETURN PURPOSES AS CHARITY CARE IN THE YEAR THEY ARE RETURNED

Part III, Line 8 THE MEDICARE SHORTFALL WAS NOT INCLUDED IN THE COMMUNITY BENEFIT COST INCLUDED IN PART I, LINE 7 THE COSTING METHODOLOGY CONSISTED OF INFORMATION FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM AS WELL AS COSTS FROM THE 2009 MEDICARE COST REPORT

- 2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
- Part VI, Line 2 (A) IN ADDITION TO CONDUCTING ITS OWN RESEARCH, BACKUS HOSPITAL COLLABORATES WITH LOCAL AND REGIONAL HEALTH CARE ORGANIZATIONS TO DETERMINE THE NEED FOR HEALTH-RELATED PROGRAMS AND SERVICES (B) THE HOSPITAL IS A FOUNDING MEMBER OF CHAMP, A REGIONAL COMMUNITY HEALTH ACCESS MANAGEMENT PROGRAM THE ORGANIZATION COMMISSIONED AND, DEVELOPED AND DISTRIBUTED THE FIRST COUNTY-WIDE HEALTH NEEDS ASSESSMENT, (WWW LEDGELIGHTHD ORG/PROGRAMS/NLCSTUDY HTML) THE REPORT IS THE RESULT OF A RANDOM SAMPLE TELEPHONE HEALTH SURVEY OF MORE THAN 1,300 NEW LONDON COUNTY RESIDENTS THE NEW LONDON COUNTY HEALTH COLLABORATIVE WAS SUBSEQUENTLY FORMED TO ADDRESS THE ISSUES RAISED BY THE REPORT HOSPITAL REPRESENTATIVES SERVE ON COMMITTEES FORMED BY THE COLLABORATIVE, THESE INCLUDE ACCESS TO CARE, TO IMPROVE THE WAY EMERGENCY DEPARTMENTS ARE USED, CHILD WELLNESS AND ORAL HEALTH (C) THE HOSPITAL IDENTIFIES HEALTH PROBLEMS IN THE COMMUNITY THROUGH INDICATORS AND MEASURES OF HEALTH RISK, DISEASE PREVALENCE, DISEASE MANAGEMENT AND OUTCOMES USING SOURCES SUCH AS BIRTH AND MORTALITY RECORDS, CENSUS DATA, HOSPITAL DISCHARGE RECORDS, CANCER REGISTRY DATA, BEHAVIORAL RISK FACTOR SURVEY DATA, AND OTHER DATASETS (D) THE HOSPITAL PARTNERS WITH TWO REGIONAL FEDERALLY QUALIFIED HEALTH CENTERS - UNITED COMMUNITY AND FAMILY SERVICES, AND GENERATIONS HEALTHCARE CASE MANAGERS FROM THE HOSPITAL MEET TO DETERMINE UNMET COMMUNITY NEEDS TO DEVELOP EDUCATIONAL, OUTREACH AND PREVENTATIVE HEALTH PROGRAMS TO MEET THESE NEEDS (E) THE HOSPITAL CONDUCTS FOLLOW-UP SURVEYS WITH ALL PARTICIPANTS IN ITS FREE EDUCATIONAL PROGRAMS THE SURVEYS ASSESS PARTICIPANTS' SATISFACTION WITH THE PROGRAM, AND SOLICIT INFORMATION ABOUT OTHER NEEDS
- 3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
- Part VI, Line 3 (A) NOTIFICATION ABOUT CHARITABLE CARE AND ASSISTANCE PROGRAMS IS AVAILABLE AT ALL REGISTRATION AREAS, ON AND OFF THE MAIN HOSPITAL CAMPUS, IN WAITING AREAS, IN THE PATIENT HANDBOOK, ON OUR WEBSITE, ON PROMINENTLY PLACED SIGNS (IN ENGLISH AND SPANISH) ADDITIONALLY, CARE MANAGEMENT SOCIAL WORKERS MEET WITH PATIENTS, FAMILY, CLERGY AND OTHERS AS APPROPRIATE TO DISCUSS ASSISTANCE PROGRAMS AND SERVICES THAT MAY BE AVAILABLE HERE IS THE INFORMATION FROM OUR WEBSITE IF YOU DO NOT HAVE HEALTH INSURANCE AND ARE ELIGIBLE FOR A GOVERNMENT SPONSORED HEALTH PROGRAM, OUR ACCESS TO CARE STAFF AT BACKUS HOSPITAL IS AVAILABLE TO HELP YOU THROUGH THE APPLICATION PROCESS IF YOU QUALIFY, PROGRAMS SUCH AS HUSKY, T-19, AND SAGA MAY HELP YOU WITH ACCESS TO HEALTHCARE AND OTHER VITAL SERVICES FOR YOURSELF AND YOUR FAMILY IF YOU ARE UNINSURED, AND DO NOT QUALIFY FOR A GOVERNMENT SPONSORED INSURANCE PROGRAM YOU MAY BE ELIGIBLE FOR FREE OR DISCOUNTED SERVICES FROM BACKUS HOSPITAL DEPENDING ON YOUR INCOME LEVEL AND CIRCUMSTANCES IN ADDITION, EXTENDED PAYMENT PLANS ARE AVAILABLE TO PATIENTS WHO QUALIFY FOR PAYMENT ASSISTANCE AND WHO ARE MAKING GOOD-FAITH EFFORTS TO PAY THEIR BILL TO GET HELP ENROLLING IN A GOVERNMENT SPONSORED INSURANCE PROGRAM OR TO APPLY FOR CHARITABLE CARE FROM BACKUS HOSPITAL, PLEASE CALL OUR ADVOCATE FOR CHARITABLE CARE AT (860)889-8331, EXT 3831 OR CUSTOMER SERVICE AT (860)823-6394 OUR STAFF WILL WORK WITH YOU TO COMPLETE AN APPLICATION WHICH MUST BE RETURNED WITH INCOME AND RESOURCES INFORMATION WE LOOK FORWARD TO WORKING WITH YOU TO IMPROVE ACCESS TO CARE FOR YOU AND YOUR FAMILY (B) THE HOSPITAL PROVIDES AN ACCESS TO CARE SPECIALIST IN ITS EMERGENCY DEPARTMENT, WHO PROVIDES FREE INSURANCE ELIGIBILITY SCREENINGS TO UNINSURED CLIENTS SEEKING CARE THE SPECIALIST WORKS WITH UNINSURED PATIENTS TO CONNECT THEM WITH A PRIMARY MEDICAL HOME, SO THEY CAN RECEIVE PREVENTATIVE CARE, RATHER THAN USING COSTLY EMERGENCY SERVICES FOR ILLNESSES THAT ARE NOT MEDICAL EMERGENCIES SIGNIFICANT ONE-ON-ONE FOLLOW-UP IS PROVIDED THROUGH PHONE CALLS OR LETTERS TO MAKE APPOINTMENTS TO SCREEN PATIENTS AND HELP THEM FILL OUT APPLICATIONS FOR HUSKY OR STATE ADMINISTRATED GENERAL ASSISTANCE
- 4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Part VI, Line 4 THE WILLIAM W BACKUS HOSPITAL IS LOCATED IN NORWICH, 45 MINUTES SOUTHEAST OF HARTFORD IN THE PAST DECADE, THE REGION HAS UNDERGONE MAJOR ECONOMIC CHANGES, DUE TO THE OPERATION OF TWO NATIVE AMERICAN-OWNED CASINOS - BOTH AMONG THE LARGEST CASINOS IN THE WORLD THESE GAMBLING AND ENTERTAINMENT VENUES BRING AN AVERAGE OF 40,000 VISITORS INTO THE REGION EACH DAY THE CASINOS ARE THE LARGEST EMPLOYERS, AND ARE EXPERIENCING LAYOFFS AND CUTBACKS AS THE ECONOMY CONTINUES TO DECLINE THE HOSPITAL'S PRIMARY SERVICE AREA HAS AN ESTIMATED POPULATION OF ABOUT 71,000 THE SECONDARY SERVICE AREA CONSISTS OF LARGER COMMUNITIES, SUCH AS NEW LONDON AND GROTON, AND SMALLER LOWER-DENSITY RURAL COMMUNITIES THE TOTAL POPULATION OF THE SECONDARY SERVICE AREA IS ABOUT 227,000 THE SERVICE AREAS CONTAIN MUNICIPALITIES IN NEW LONDON AND WINDHAM COUNTIES THE FASTEST GROWING SEGMENT OF THE REGION'S POPULATION IS THE ELDERLY FOR THE LAST DECENNIAL CENSUS, THE REGION'S ELDERLY POPULATION GREW AT 10 TIMES THE RATE OF GROWTH FOR THE TOTAL POPULATION THE REGION'S LACK OF AFFORDABLE HOUSING BEGAN TO EMERGE AS A CRITICAL ISSUE EVEN BEFORE THE ECONOMIC DOWNTURN HOMELESSNESS IS A GROWING CONCERN, AS THE NUMBER OF MORTGAGE FORECLOSURES GROW UNEMPLOYMENT IN THE REGIONAL LABOR MARKET (LATEST AVAILABLE, MAY 2009) STANDS AT 11 7%, WELL ABOVE THE STATE AVERAGE OF 8 0% THE REGION ALSO DISPLAYED A SUDDEN EROSION IN ITS HOUSING MARKET HOME PRICES SANK 12 5% FROM MAY 2008 TO MAY 2009 (THE MOST RECENT DATA AVAILABLE), AND NEW HOUSING PERMITS PLUNGED BY ALMOST TWO-THIRDS - THE WORST RECORD ON BOTH SCORES OF ANY REGION IN THE STATE SALES OF SINGLE-FAMILY HOMES FELL 18 5% FROM MAY 2008 TO MAY 2009
- 5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- Part VI, Line 5 BACKUS HOSPITAL CONDUCTS AND SPONSORS 12 SUPPORT GROUPS THAT PROVIDE ONGOING EDUCATION AND COUNSELING FOR A WIDE ARRAY OF HEALTH-RELATED ISSUES, FROM INFANT CHILD LOSS TO CANCER HOSPITAL EMPLOYEES VOLUNTEER THEIR SERVICE ON DOZENS OF COMMUNITY NOT-FOR-PROFIT ORGANIZATIONS, MANY OF WHICH HAS HEALTHCARE AS A PRIMARY OR MAJOR FOCUS EXAMPLES INCLUDE THE NEW LONDON COUNTY HEALTHCARE COLLABORATIVE, THE HEALTH CARE COUNCIL OF EASTERN CONNECTICUT, THE FOUNDATION OF THREE RIVERS COMMUNITY COLLEGE (WHICH PROVIDES FUNDING FOR NURSING STUDENT EDUCATION AND EQUIPMENT), THE REGION'S NON-PROFIT HOSPICE ORGANIZATION, SERVICE AND BOARD MEMBERSHIPS ON THE REGION'S TWO FEDERALLY QUALIFIED HEALTH CENTERS ADDITIONALLY, BACKUS PERSONNEL VOLUNTEER ON OTHER BOARDS AND ORGANIZATIONS THAT ADVANCE THE QUALITY OF LIFE AND ECONOMIC WELL-BEING OF THE REGION, INCLUDING THE LOCAL LIBRARY, THE REGIONAL CHAMBER OF COMMERCE, NUMEROUS CIVIC AND GOVERNMENTAL BODIES, AND VARIOUS VOLUNTEER FIRE COMPANIES AND AMBULANCE SERVICES THE HOSPITAL REGULARLY HOST COMMUNITY FORUMS ON HEALTH-RELATED ISSUES, AND WAS A KEY COMMUNITY CONVENER FOR A MULTI-AGENCY EFFORT TO EQUIP ALL LOCAL SCHOOLS WITH AUTOMATED EXTERNAL DEFIBRILLATORS MEMBERS OF THE ADMINISTRATIVE STAFF ROUTINELY SUBMIT GOVERNMENT TESTIMONY ON BEHALF OF REGIONAL NOT-FOR-PROFIT HEALTH-RELATED ORGANIZATIONS, AND PROVIDE RESEARCH AND ADVOCACY FOR THE HEALTHCARE ACCESS
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt $purpose\ by\ promoting\ the\ health\ of\ the\ community\ (e\ g\ ,\ open\ medical\ staff,\ community\ board,\ use\ of\ surplus\ funds,\ etc\)$ Part VI, Line 6 (A) THE HOSPITAL IS GOVERNED BY A VOLUNTEER COMMUNITY BOARD OF DIRECTORS/TRUSTEES THESE INDIVIDUALS REPRESENT AN ARRAY OF PROFESSIONS AND BACKGROUNDS (B) THE HOSPITAL HAS 110 CORPORATORS -VOLUNTEER MEMBERS CHOSEN FROM ALL THE COMMUNITIES IN OUR PRIMARY AND SECONDARY SERVICE AREAS IN ADDITION TO THEIR OFFICIAL CAPACITY AS NOMINATORS OF BOARD MEMBERS, THE CORPORATORS SERVE AS THE HOSPITAL'S EYES AND EARS THROUGHOUT ITS SERVICE AREA (C) THE HOSPITAL OWNS AND OPERATES A MOBILE HEALTH RESOURCE CENTER - A 40-FOOT VAN THAT TRAVELS TO VARIOUS LOCATIONS IN EASTERN CONNECTICUT OFFERING HEALTH EDUCATION, COUNSELING, AND SCREENINGS THE VAN MAKES REGULARLY SCHEDULED STOPS AT SENIOR CITIZENS CENTERS, SOUP KITCHENS, ELDERLY HOUSING COMPLEXES AND HOMELESS SHELTERS NOT-FOR-PROFIT GROUPS ARE ENCOURAGED TO REQUEST THE VAN AND ITS SERVICES AT THEIR FUNCTIONS OR OFFICES (D) THE HOSPITAL PROVIDES FREE COMMUNITY CHOLESTEROL SCREENINGS, DIABETES EDUCATION, BACKPACK SAFETY, HIV EDUCATION/TESTING, BLOOD PRESSURE TESTS, SKIN CANCER SCREENINGS, NUTRITION EDUCATION AND MANY OTHER SERVICES (E) THE HOSPITAL PROVIDES FREE WEBSITE ACCESS TO COMPLETE AND CURRENT MEDICAL INFORMATION TO ANSWER THEIR CLINICAL QUESTIONS, THROUGH UPTODATE COM, A PEER-REVIEWED ONLINE MEDICAL REFERENCE UPTODATE COVERS MORE THAN 7,400 TOPICS IN 13 MEDICAL SPECIALTIES AND INCLUDES MORE THAN 76,000 PAGES OF TEXT, GRAPHICS, LINKS TO MEDLINE ABSTRACTS, MORE THAN 254,000 REFERENCES, AND A DRUG DATABASE (F) THE HOSPITAL PROVIDES FREE MEDICATION CARDS TO HELP PATIENTS KEEP TRACK OF THEIR CURRENT MEDICATIONS, AND ITS PHARMACISTS OFFER FREE REGULAR MEDICATION REVIEWS TO CHECK FOR POSSIBLE INTERACTIONS AND EXPIRED MEDICATIONS (G) THE HOSPITAL OFFERS FREE WIRELESS INTERNET (WI-FI) USE THROUGHOUT THE CAMPUS, AND PROVIDES FREE COMPUTER USE TO VISITORS (H) THE HOSPITAL PUBLISHES A MONTHLY CONSUMER HEALTH MAGAZINE THE PUBLICATION CONTAINS INFORMATION ABOUT HEALTH ISSUES AND TRENDS, A CALENDAR OF FREE HEALTHCARE EDUCATION AND SCREENINGS, AND CONTACT INFORMATION FOR HEALTHCARE PROVIDERS 44,000 COPIES ARE DISTRIBUTED MONTHLY
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

DLN: 93493223006330

OMB No 1545-0047

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

Name of the organization						Empl	oyer identification number
THE WILLIAM W BACKUS HOS	PITAL					06-0	0250773
Part I General Inform	nation on Gran	its and Assistance	l			·	
 Does the organization man the selection criteria used Describe in Part IV the or 	l to award the gran	ts or assistance?					
Form 990, Part I Part IV and Sche	V, line 21 for an edule I-1 if addit	y recipient that rece ional space is	ived more than \$5,0	000. Check this box	tes. Complete if the if no one recipient re	eceived more	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descript non-cash ass	1
HOSPICE OF SE CONNECTICUT227 DONHAM ST NORWICH,CT 06360	22-2667260	501(C)(3)	8,500				CORPORATE BENEFACTOR
CHAMBER OF COMMERCE OF SECT39 KINGS HGWY GALES FERRY, CT 06335	06-0475490	501(C)(6)	7,450				SPONSORSHIPS
AMERICAN CANCER SOCIETY106 RT 32 FRANKLIN,CT 06254	13-1788491	501(C)(3)	10,000				SPONSOR - RELAY FOR LIFE PLAINFIELD/NORWICH
NORWICH BRANCH NAACP PO BOX 24 NORWICH,CT 06360	51-0192310	501(C)(3)	5,000				SPONSOR - BIANNUAL HEALTH FAIR
TOWN OF COLCHESTER 127 NORWICH AVE COLCHESTER,CT 06415	06-6001974		5,000				HEALTH FAIR
NFA FOUNDATION321 BROADWAY NORWICH,CT 06360	22-2678033	501(C)(3)	10,000				FREE AND REDUCED LUNCH PROGRAM
AMERICAN HEART ASSOCIATION125 E BETHPAGE RD ST 100 PLAINVIEW,NY 11803	13-5613797	501(C)(3)	7,500				SPONSOR - HEART WALK ROCKY NECK
2 Enter total number of sect		_					5
organizations							• 2
	<u> </u>						

	•	
art III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	3	6,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	,	Schedule I, Part I, Line 2 DONATIONS MADE FOR LOCAL EVENTS SUCH AS THE RELAY FOR LIFE AND HEALTH FAIRS ARE TYPICALLY ATTENDED BY HOSPITAL EMPLOYEES THREE SCHOLARSHIPS IN THE AMOUNT OF \$2,000 EACH ARE AWARDED TO STUDENTS WHO WILL ATTEND SCHOOL EITHER FOR NURSING OR IN THE MEDICAL FIELD THE APPLICANTS ARE REVIEWED BY THE SCHOLARSHIP COMMITTEE OF THE AUXILIARY AND WINNERS ARE CHOSEN BASED ON ACADEMICS AS WELL AS COMMUNITY SERVICE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493223006330

OMB No 1545-0047

IB NO 1545-004

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

2008

Compensated Employees

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization THE WILLIAM W BACKUS HOSPITAL ${\bf Employer\ identification\ number}$

06-0250773

					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel		Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
ı	During the year, did any person listed in Form 990,	, Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	iqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-l	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
5	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		•	7	Yes	
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		N o

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
THOMAS P PIPICELLI	(ı) (ıı)	490,720	281,250	41,011	674,373	14,198	1,501,552	
David Whitehead	(1) (11)	173,474	30,000	4,719	11,501	19,854	239,548	
Daniel E Lohr	(ı) (ıı)	309,647	70,000	9,085	54,276	14,323	457,331	
mark santamarıa	(ı) (ıı)		40,000	7,863	30,552	19,854	395,101	
peter shea	(ı) (ıı)	336,810	23,000	6,745	44,709	19,854	431,118	
robert sıdman MD	(ı) (ıı)		93,757	750	38,097	19,672	440,923	
VICTOR ALEXANDER MD	(I)		64,237	48,475	36,891	20,014	399,033	
nader bahadory MD	(ı) (ıı)		75,788	4,200	29,704	19,882	363,717	
Daniel Fagnant DD	(ı) (ıı)		69,862	6,655	11,928	19,672	340,689	
Kyle McClaine MD	(ı) (ıı)		69,550	5,575	23,232	19,882	347,718	
David Kalla MD	(ı) (ıı)					19,854	135,634	
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
		TRAVEL FOR COMPANIONS INCLUDED ONE ANNUAL TRIP AS APPROVED BY THE CHAIRMAN OF THE BOARD THE FORMER PRESIDENT RECEIVED GROSS UP PAYMENTS ON SELECTED EXPENSES PROPERLY INCLUDED IN W2 WAGES
	Part I, Line 4a	daniel lohr - \$43,486 Thomas pipicelli - \$115,639
		BONUSES ARE BASED ON THE EVALUATION OF AN INDIVIDUAL'S PERFORMANCE AND ACCOMPLISHMENTS BY AN INDEPENDENT COMPENSATION COMMITTEE

Schedule J (Form 990) 2008

Software ID: Software Version:

EIN: 06-0250773

Name: THE WILLIAM W BACKUS HOSPITAL

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(ii) Base Compensation (ii) Bonus & Incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
THOMAS P PIPICELLI	(ı) (ıı)	490,720	281,250	41,011	674,373	14,198	1,501,552	
David Whitehead	(ı) (ıı)	173,474	30,000	4,719	11,501	19,854	239,548	
Daniel E Lohr	(I) (II)	309,647	70,000	9,085	54,276	14,323	457,331	
	(I)	296,832	40,000	7,863	30,552	19,854	395,101	
peter shea	(ı) (ıı)	336,810	23,000	6,745	44,709	19,854	431,118	
	(ı) (ıı)	288,647	93,757	750	38,097	19,672	440,923	
	(I) (II)	229,416	64,237	48,475	36,891	20,014	399,033	
nader bahadory MD	(ı) (ıı)	234,143	75,788	4,200	29,704	19,882	363,717	
	(ı) (ıı)	232,572	69,862	6,655	11,928	19,672	340,689	
	(ı) (ıı)	229,479	69,550	5,575	23,232	19,882	347,718	
David Kalla MD	(ı) (ıı)	115,780				19,854	135,634	
· ·								

DLN: 93493223006330 OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspect ion

Name of the organization THE WILLIAM W BACKUS HOSPITAL

Part I Bond Issues (Required for 2008)

Employer identification number

06-0250773

نكتا	bollu 133ues (Nequireu	101 2000)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of l	Purpose	(g) De	feased	Beha	On alf of uer
											Yes	No	Yes	No
A	STATE OF CT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES G	06-0806186	20774LSV3	08-10-	2005	28,992,719		ADVANCE REFUND SERIES D / FINANCE A PORTION OF THE COST OF THE PROJECT				x		×
В	STATE OF CT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES F	06-0806186	20774UC86	07-02-2008 30,168,922 IN			SERIES F BONDS/REMARKETED IN 2008 FROM VARIABLE AUCTION RATE TO FIXED RATE				х		х	
Pa	Proceeds (Optional for .	2008)				_				_				
	Tabal Danas da afita da				<u> </u>	 	В		С	D	·	+	E	
1	Total Proceeds of Issue			2	8,992,719	-	30,168,9	22						
	Gross Proceeds in Reserve Funds				755,086	 				<u> </u>				
	Proceeds in Refunding or Defeasar	ice Escrows		1	.6,750,062	:	30,100,0	00						
4	Other Unspent Proceeds					22								
5	Issuance Costs from Proceeds	369,723		68,9		22								
6	Working Capital Expenditures from													
7	Capital Expenditures from Proceed	is		10,514,25										
8	Year of Substantial Completion			2008										
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	current refunding iss	sue?		Х	Х								
10	Were the bonds issued as part of a	n advance refunding	ıssue?	Х			Х							
11	Has the final allocation of proceed:	s been made?		х		×								
12	Does the organization maintain additional allocation of proceeds?	equate books and rec	ords to support the	Х		х								
Par	t IIII Private Business Use	(Optional for 2008))	T						Γ				
					A	V	_	_	C No.	D V		V-	E	N-
1	Was the organization a partner in a which owned property financed by t		mber of an LLC,	Yes	No X	Yes	No X	Yes	No	Yes	No	Ye	5	No
2	Are there any lease arrangements which may result in private busines		nanced property		х		х							
For F	aperwork Reduction Act Notice, see the			Cat No 501	.93E			Scl	hedule K	(Form 99	0) 2008			

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

		, and a	Α		В		С		D		E
		Yes	No	Yes	No	Yes	No	Yes No		Yes	No
3a 	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х		Х						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		Х						
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х		Х	х						
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government		0 %	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х							
Par	t IV Arbitrage (Optional for 2008)									_	
			1	В	3	(С	Γ)	ı	E
		Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?									-	Ī
1 2	Has a Form 8038-T been filed wth respect to the bond issue? Is the bond issue a variable rate issue?									-	Ī
	·									-	Ī
2	Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with									-	Ī
2 3a	Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?									-	Ī
2 3a b	Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? Name of provider									-	1
2 3a b	Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge									-	Ī
2 3a b c 4a	Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge Were gross proceeds invested in a GIC?									-	Ī
2 3a b c 4a b	Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge Were gross proceeds invested in a GIC? Name of provider									-	Ī
2 3a b c 4a b	Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge Were gross proceeds invested in a GIC? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the									-	1

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

DLN: 93493223006330 OMB No 1545-0047

Inspection

Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Return

Employer identification number

06-0250773

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		board members steve chevalier and robert ramsdell have a business relationship

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		The amended and restated certificate of incorporation for the william was executed on november 19, 2009, the amendments enacted by the restated certificate are as follows 1 - the revised charter updates references to the connecticut general statutes and to the internal revenue code of 1986, as amended 2 - provisions have been added which limit the personal liability of the hospital's trustees, permit the hospital to indemnify its trustees and officers who may be parties to a proceeding, and permit the hospital to advance expenses for the defense of such a proceeding 3 - provisions have been added relating to the hospital's taxexempt status under the internal revenue code, as amended

ldentifier	Return Reference	Explanation			
Form 990, Part VI, Section A, line 6		The Hospital shall have but one member, Backus Corporation, which shall have the right to elect the Board of Trustees and have all of the rights, powers and privileges usually or by law accorded to the members of a nonstock nonprofit corporation. In addition, Backus Corporation as the sole member, shall have the following rights a to approve the annual operating capital budgets, any programs and expenditures requiring Certificate of Need approval by appropriate governmental bodies and plans which materially affect the growth and development of the Hospital b to remove any member of the Board of Trustees at any time, regardless of the term for which such member may have been elected c to vote upon all matters on which members are entitled to vote under the Nonstock Corporation Act of the State of Connecticut and d to act on any other matters on which action by members is required or permitted by the Bylaws. The Board of Trustees shall consist of no fewer than twelve nor more than eighteen members. Three classes of no more than five members each elected to terms of three years on alternating years such that the terms of office of one class expires at each Annual Meeting. The classes shall consist of persons elected from the general public, plus no fewer than one nor no more than two members of the Medical Staff, and the President of the Hospital. Three ex officio members, with full voting powers, whose term shall coincide with those of their office, the President of the Medical Staff, the Vice President of the Medical Staff, and the President of the Auxiliary.			

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Section A, line 7a		The Hospital shall have one member, Backus Corporation, which shall have the right to elect the Board of Trustees of the Hospital from nominations properly submitted in accordance with the Backus Corporation Bylaws				

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The administrative powers of the Hospital shall be vested in the Board of Trustees who shall have charge, control and management of the property, affairs and funds of the Hospital, shall be responsible for the delivery and maintenance of quality patient care, the promotion of quality improvement, oversight of risk management activities, and which shall have the power and authority to do and perform all acts and functions not inconsistent with the Bylaws. The Board of Trustees shall make all policies and rules that govern the Hospital and shall provide for the ability of hospital leadership to establish and implement policies and to provide necessary resources.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 is prepared by the accounting staff and then reviewed by an independent accounting firm. The 990 is then reviewed by the CFO and any questions or concerns are addressed and any corrections or clarifications that need to made are made. The 990 is then provided to the finance committee of the Board for their review prior to filing the return. Any questions or concerns the finance committee have are addressed. The final form 990 with all required schedules is then provided to all voting members of the board prior to filing.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		All trustees and officers of the Hospital shall complete and sign a disclosure statement. The statement will include an itemization and description of any actual or potential conflict of interest and all material facts related thereto for such trustee or officer by virtue of his or her activities or the activities of related persons. Trustees and officers are urged to be inclusive in this disclosure of potential and actual conflicts of interest is essential to ensuring discussion of conflict. Disclosure statements shall be returned to the corporate compliance officer. All disclosures made will be reviewed by the compliance officer, under the direction of the Chair and the President, who shall exercise good faith judgment as to whether a conflict exists. The Chair and the President shall be responsible for monitoring transactions or arrangements in which a trustee or officer may have a conflict of interest and for assuring that the trustee or officer serves the Hospital's best interests. The Compliance officer, the Chair and/or the President may consult with any trustee or officer and obtain information necessary for an ordinarily prudent person to make a judgment as to whether a conflict exists and each trustee and officer shall cooperate with such requests. The Compliance Officer, the Chair and/or the President shall provide guidance to the trustee of officer and to the Board of Trustees as to the appropriate course of action. When deemed prudent by the Chair or the President, the Chair and the President shall seek the advice and approval of the full Board of Trustees or Governance Committee in determining whether a conflict of interest exists and that the trustee or officer serves the Hospital's best interests. If, after completing and signing the annual disclosure statement, an actual or potential conflict arises, the trustee or officer with the conflict shall promptly notify the Compliance Officer in wirting. Trustees and officers who have declared or have been deemed to have a conflict of interest must ref

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		A performance review committee consisting of independent board members reviews the performance of the senior management team. Compensation is based on the results of the these reviews. The committee also takes into consideration information from compensation surveys.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Hospital shall make its business records (including Bylaw's, Conflict of Interest Policy and financial statements) available for inspection and copying (for which the Hospital may charge a reasonable fee for any reproduction and, if applicable, the actual postage costs for mailing such business records) by any donor or recipient or beneficiary of the services of the Hospital who makes a written request of the Hospital. Such request for inspection must be given to the Hospital at least five days in advance of such inspection and should specify with reasonable particularity which documents are to be inspected and the purpose of such inspection. Such inspection shall take place by appointment only, in the Hospitals administrative offices located at 326 Washington. Street, Norwich, Connecticut, during normal business hours which are 8.00 am through 5.00 pm, Monday through. Friday, excluding holidays. An officer of the Hospital, or other employee designated by the Chief Financial Officer or Corporate Compliance Officer, may be present at an inspection. The Hospital may require that all reproduction and mailing costs be paid in advance.

ldentifier	Return Reference	Explanation				
FORM 990, PART XI, LINE 2C		THE AUDIT COMMITTEE CONSISTING OF INDEPENDENT BOARD MEMBERS SELECTS THE INDEPENDENT ACCOUNTANT AND IS RESPONSIBLE FOR OVERSIGHT OF FINANCIAL STATEMENTS AUDIT				

ldentifier	Return Reference	Explanation			
form 990, PART vI, LINE 16b		ALL NEW VENTURES ARE REVIEWED BY Outside COUNSEL AND PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL			

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

Cat No 51056K

Schedule O (Form 990) 2008

Part I Identification of Disregarded Entities

DLN: 93493223006330

2008

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury

(Form 990)

SCHEDULE R

THE WILLIAM W BACKUS HOSPITAL

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

See separate instructions. Internal Revenue Service Name of the organization

Employer identification number

06-0250773

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	ations				
(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 statu: (if section 501(c)(3)	(F) Direct controlling entity
BACKUS FOUNDATION INC					
326 WASHINGTON ST NORWICH, CT06360 22-2481795	FUNDRAISING	ст	501(C)(3)	7	BACKUS CORPORATION
	SUPPORT OF AFFILIATED ORGaNIZATIONS	СТ	501(C)(3)	pf	BACKUS CORPORATION
BACKUS PROPERTIES INC 326 WASHINGTON ST NORWICH, CT06360 22-2767730	TITLE HOLDING COMPANY	СТ	501(C)(2)	N/A	BACKUS CORPORATION
BACKUS CORPORATION 326 WASHINGTON ST NORWICH, CT06360 22-2757608	SUPPORTING ORGANIZATION	СТ	501(C)(3)	11 type ॥	

Part III	Identification of Related Organizations	Taxable as a Partnership

Identification of Related organizations Tuxuble as a Partite simp											
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets		prtionate ations?	e (I) Code V—UBI amount on Box 20 of K-1	n mana part	(J) neral or naging rtner?
	1	1 '	1				Yes	No	1	Yes	No
OMNI HOME HEALTH SERVICES OF EASTERN CT LLC 31 CLINTON AVE NORWICH, CT06360 06-1458837	HOME HEALTH CARE	ст	N/A								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
WWB CORPORATION 326 WASHINGTON ST NORWICH, CT06360 06-1094838	HOLDING COMPANY	СТ	N/A	С			
CONNCARE INC 326 WASHINGTON ST NORWICH, CT06360 06-1387598	HEALTH CARE SERVICES	СТ	N/A	С			
BACKUS MEDICAL CENTER CONDO ASSOC INC 330 WASHINGTON ST NORWICH, CT06360 06-1542647	CONDO ASSOCIATION	СТ	THE WILLIAM W BACKUS HOSPITAL	С			69 000 %
							D / Form 000\ 2009

No

No No

No

No No No No

No

No

No No

Part V	Transactions with Related Organizations
--------	-----------------------------------------

Part	Transactions with Related Organizations		
N	lote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes
1 Duri	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a R	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	
b G	Gift, grant, or capital contribution to other organization(s)	1b	
c G	Gift, grant, or capital contribution from other organization(s)	1c	Yes
d L	oans or loan guarantees to or for other organization(s)	1d	Yes
e L	_oans or loan guarantees by other organization(s)	1e	
f S	Sale of assets to other organization(s)	1f	
g P	Purchase of assets from other organization(s)	1 g	
h E	Exchange of assets	1h	
i Le	ease of facilities, equipment, or other assets to other organization(s)	1i	
j Le	ease of facilities, equipment, or other assets from other organization(s)	1j	Yes
k P	Performance of services or membership or fundraising solicitations for other organization(s)	1k	
I Pe	erformance of services or membership or fundraising solicitations by other organization(s)	11	Yes
m S	Sharing of facilities, equipment, mailing lists, or other assets	1m	
n S	Sharing of paid employees	1n	Yes
o R	Reimbursement paid to other organization for expenses	10	
	Reimbursement paid by other organization for expenses	1p	Yes
p R	Tennbursement paid by other organization for expenses		
q 0	O ther transfer of cash or property to other organization(s)	1q	
r O	Other transfer of cash or property from other organization(s)	1r	

2 I	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds										
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved								
(1)	BACKUS PROPERTIES INC	D	2,095,890								
(2)	BACKUS PROPERTIES INC	J	644,148								
(3)	BACKUS PROPERTIES INC	Р	868,522								
(4)	BACKUS PROPERTIES INC	N	53,948								
(5)											
(6)											

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			

Software ID: Software Version:

EIN: 06-0250773

Name: THE WILLIAM W BACKUS HOSPITAL

Form 990, Part VII - Section Aaa

Torin 990, Part VII - Section Add		Posit t	(C tion (hat a	chec		I			(5)	(F) Estimated amount of other compensation from the organization and related organizations	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		
THOMAS P PIPICELLI , Former PRESIDENT	40 00	Х		x				812,981	0	688,571	
stephen t briggs md , Director	2 00	Х						0	0	0	
James P Cronin , treasurer	6 00	Х		Х				0	0	0	
Peter V Disch , Chairman	6 00	Х		Х				0	0	0	
Joseph Fatone , Secretary	6 00	Х		Х				0	0	0	
ronald goldstein , Director	2 00	Х						0	0	0	
Grace S Jones PhD , Director	2 00	Х						0	0	0	
patrıcıa stuart md , Dırector	2 00	Х						0	0	0	
steve chevalier , Director	2 00	Х						0	0	0	
elizabeth conway , Director	2 00	Х						0	0	0	
todd postler , Dırector	2 00	Х						0	0	0	
robert ramsdell , V ice Chairman	6 00	X		Х				0	0	0	
Bert A Coppotelli MD , Director	2 00	Х						0	0	0	
Anthony Joyce , Director	2 00	Х						0	0	0	
Elizabeth Trudelle , Director	2 00	X						0	0	0	
David Whitehead , President	40 00	Х		Х				208,193	0	31,355	
Daniel E Lohr , sr Vice President / CFO	40 00			Х				388,732	0	68,599	
mark santamarıa , sr Vıce President / COO	40 00				х			344,695	0	50,406	
peter shea , SR VP - medical director	40 00				Х			366,555	0	64,563	
robert sıdman MD , PHYSICIAN	40 00					Х		383,154	0	57,769	
VICTOR ALEXANDER MD , PHYSICIAN	40 00					х		342,128	0	56,905	
nader bahadory MD , PHYSICIAN	40 00					Х		314,131	0	49,586	
Daniel Fagnant DD , PHYSICIAN	40 00					Х		309,089	0	31,600	
Kyle McClaine MD , PHYSICIAN	40 00					Х		304,604	0	43,114	
David Kalla MD , Acting Chair - surg svcs	18 00						Х	115,780	0	19,854	